DLN: 93493268003009 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization
ENTERPRISE COMMUNITY INVESTMENT INC D Employer identification number B Check if applicable ☐ Address change 52-1206840 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 11000 BROKEN LAND PARKWAY NO 700 ☐ Amended return □ Application pending (410) 772-2787 City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MD $\,$ 21044 G Gross receipts \$ 204,432,628 Name and address of principal officer H(a) Is this a group return for CHARLES WERHANE □Yes ☑No subordinates? 11000 BROKEN LAND PARKWAY NO 700 H(b) Are all subordinates COLUMBIA, MD 21044 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(4) **◄**(insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTP //WWW ENTERPRISECOMMUNITY ORG/ L Year of formation 1981 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 248 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 41,215 **Prior Year Current Year** 142,028,757 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 44,807,721 36,827,274 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 144,321 21,372 _____ 25,555,225 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,226,499 61,178,541 204,432,628 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 5,601,000 7,580,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 34,630,659 35,256,426 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 17,572,574 21,606,350 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 57,804,233 64,442,776 19 Revenue less expenses Subtract line 18 from line 12 . 3,374,308 139,989,852 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 157,517,839 295,958,976 24,873,746 21 Total liabilities (Part X, line 26) . 24,412,183 22 Net assets or fund balances Subtract line 21 from line 20 . 271,085,230 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 2019-09-16 Signature of officer Sign Here SALLY HEBNER SVP & CFO Type or print name and title

Here

SALLY HEBNER SVP & CFO
Type or print name and title

Print/Type preparer's name

Preparer's signature

Print/Type preparer's name

Preparer's signature

Date 2019-09-23 Check If P01485017 self-employed self-employed

Firm's name

DELOITTE TAX LLP

Firm's elin ▶ 86-1065772

Firm's address ▶ 7900 TYSONS ONE PLACE STE 800

Phone no (703) 251-1000

May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

MCLEAN, VA 22102

☑ Yes ☐ No

Form	990 (2	2018)				Page 2
Pa	rt III	Statement of Program Se	rvice Accomplis	hments		
		Check if Schedule O contains a	response or note to	any line in this Part III .		🗹
1	Briefly	describe the organization's miss		•		
CENT OUT	RAL TO WE BEI) THISMISSION, ENTERPRISE'S F LIEVE THAT THESE OPPORTUNIT	UNDAMENTAL COMM IES ARE BEST PROVI	ITMENT TO GIVE PEOPL IDED IN COMMUNITIES	RDABLE HOUSING IN DIVERSE, THE LIVING IN POVERTY AN OPPORT WITH A DIVERSE MIX OFAFFORDA MENT TO THE ENVIRONMENT AND	UNITY TO MOVE UP AND BLE AND MARKET
2	Did th	ne organization undertake any sig	nıfıcant program ser	vices during the year wh	nich were not listed on	
	the pr	rior Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these new services o	n Schedule O			
3	Did th	ne organization cease conducting,	or make significant	changes in how it condu	ıcts, any program	
		es?				☐ Yes 🗹 No
4	Descri Sectio	ibe the organization's program se	rvice accomplishmer izations are required	to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code) (Expenses \$	59,706,500	including grants of \$	7,580,000) (Revenue \$	62,382,499)
	See Ad	dditional Data				
	-					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services (Describe in S	chedule O)			
		nses \$	including grants of	\$) (Revenue \$)
4 e	Total	program service expenses	59.706.5	00		

Pa	tiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		No
ŭ	If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "S	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22		No

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Νo

orm	990 (2018)			Page 4
Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

All Form 990 filers are required to complete Schedule O

37

38

Part V

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

35b

36

37

38

1c

88

0

1a

1b

Yes

Yes

Yes

Form 990 (2018)

Νo

No

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

Yes

Form 990 (2018)

No

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

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

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

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

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

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

Note. See the instructions for additional information the organization must report on Schedule O

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

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

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

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

19

20

-01111	990 (2	2016)			Page (
Pai	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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	"No" resp	oonse to	lines 🗸				
Se	ction	A. Governing Body and Management							
				Yes	No				
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a	18						
	body,	ere are material differences in voting rights among members of the governing, or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O							
b	Enter	the number of voting members included in line 1a, above, who are independent 1b	17						
2	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?								
3	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? .								
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No				
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	Did th	he organization have members or stockholders?	6	Yes					
7a		he organization have members, stockholders, or other persons who had the power to elect or appoint one or m bers of the governing body?	ore 7a	Yes					
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b		No				
8		he organization contemporaneously document the meetings held or written actions undertaken during the year ollowing	by						
а	The g	governing body?	8a	Yes					
b	Each	committee with authority to act on behalf of the governing body?	. 8 b	Yes					
9	Is the	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Coc	le.)					
				Yes	No				
		he organization have local chapters, branches, or affiliates?	10a	1	No				
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliate oranches to ensure their operations are consistent with the organization's exempt purposes?	5, 10b						
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing th	ne 11a	Yes					
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did th	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise tots?	12b	Yes					
С		he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes					
13	Did th	he organization have a written whistleblower policy?	13	Yes					
14	Did th	he organization have a written document retention and destruction policy?	14	Yes					
15		ne process for determining compensation of the following persons include a review and approval by independer ons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t						
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other	r officers or key employees of the organization	15b	Yes					
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ole entity during the year?	16a	Yes					
b	ın joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participat nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem s with respect to such arrangements?		Yes					
Se	ction	C. Disclosure							
17	Lıst th	he States with which a copy of this Form 990 is required to be filed▶ CA							
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply							
4.5		Own website Another's website Upon request Other (explain in Schedule O)							
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest /, and financial statements available to the public during the tax year							

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

compensated employees, and former such persons

Page 7

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

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.

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

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

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

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

BOCARSLY EMDEN COWAN & ESMAIL

compensation from the organization ▶ 17

7700 OLD GEORGETOWN RD BETHESDA, MD 20814

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

Page 8

Section A. Officers, Direct	ors, rrustees	, key	Empi	loye	:es,	and	nigi	iest comp	pensate	u Employees	COIN	.iriuea)		
(A) Name and Title	(B) Average hours per week (list any hours	than c	one bo	ox, u an of	ot che unles	eck moss ss pers r and a tee)	son	(D) Report compens from organizati	able sation the ion (W-	(E) Reportable compensatior from related organizations (w-	(F) Estima amount o compens	ated of other sation the	
	for related organizations below dotted line)	individu or direk	Institut	Officer	key em	Highest	Former	2/1099-	MISC)	2/1099-MISC)	organization and related organizations		
	·	individual trustee or director	Institutional Trustee		employee	Highest compensated employee								
		-	4.			ated								
See Additional Data Table						<u> </u>		<u> </u>						
			<u> </u>	ot	$oxed{igspace}$	<u> </u>	<u> </u>							
			 	igspace	<u> </u>	—	<u> </u>	<u> </u>						
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				\vdash	T	<u> </u>	\top				1			
1b Sub-Total	art VII , Section	Α			<u> </u>	*	<u></u>	12,655	F 041	1,356,55	0		2,378,724	
d Total (add lines 1b and 1c)	but not limited	to thos				e) who	rec	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · ·		2,370,72-	
												Yes	No	
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3									ensated • •	employee on	3	Yes		
For any individual listed on line 1a, is organization and related organization individual										the	4	Yes		
5 Did any person listed on line 1a receive services rendered to the organization.									n or ındı	vidual for	5		No	
Section B. Independent Contract				_	_		_							
Complete this table for your five higher from the organization. Report comper											npen	sation		
	(A) and business addre	955			_					(B) ription of services		(C Compen	nsation	
COHNREZNICK LLP			_	_	_		_	TA	X & AUDI	TING		2,	2,330,228	
7501 WISCONSIN AVE BETHESDA, MD 208146583									CAL					
GALLAGHER EVELIUS & JONES LLP 218 N CHARLES ST								LE	GAL			1,	,663,227	
BALTIMORE, MD 21201 GTG CONSULTANTS PC					—		—	CC	ONSTRUCT	ION CONSULTANTS	;	1	,099,151	
350 W ONTARIO ST CHICAGO, IL 60654														
KEVIN HARKINS								cc	ONSTRUCT	ION CONSULTANT			554,801	
3190 S WADSWORTH BLVD SUITE 230 LAKEWOOD, CO 80227														
BOCARSLY EMDEN COWAN & ESMAIL								LE	GAL			l	459.500	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

LEGAL

Part	VIII Stateme	nt of Revenue							
	Check if So	chedule O contains	a respo	onse or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D Rever excluded tax under	nue d from sections
ર ક <u>ે</u>	1a Federated ca		1a			revenue		512 -	
ran our	b Membership		1b						
š, G Am	c Fundraising e		1c						
ifts ar.	d Related organ		1d	142,028,757					
s, C imi	e Government gr	ants (contributions)	1e						
ion r Si	and similar amo	outions, gifts, grants, ounts not included	1f						
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash cont in lines 1a - 1	ributions included Lf \$	14	2,028,757					
ರ ಕ	h Total. Add lin	es la-1f	•	•	142,028,757				
<u> </u>				Busines			22.024		
Service Revenue	2a FEES FOR SERVI	CES			36,8	327,274 36,82	27,274	0	0
a <u>₹</u>	ь ———								
Š Ā	· -								
	"								
ranı	`	am service revenue							
Program				. 36,	,827,274				
		s 2a-2f		<u> </u>	_	1	1	1	
		ome (including divid		interest, and other i	21,37	2			21,372
	4 Income from in	vestment of tax-ex	empt b	ond proceeds	•				
	5 Royalties				>				
	6a Gross rents	(ı) Rea	ıl	(II) Personal	_				
	oa Gross rents								
	b Less rental exp	enses							
	c Rental income o	r							
	d Net rental inc	ome or (loss)			_				
		(ı) Securi	ties	(II) Other					
	7a Gross amount from sales of assets other than inventory								
	b Less cost or other basis and sales expenses								
	C Gain or (loss)	oss)			_				
		from fundraising ev		<u> </u>			+		
Other Revenue	(not including contributions r		of						
Rev		penses	ь		_				
er	c Net income or	(loss) from fundra	sing ev	ents					
oth	9a Gross income to See Part IV, Iin	from gaming activit e 19							
	bless directlex	penses	a b		\dashv				
		(loss) from gaming		les					
	10aGross sales of returns and all	inventory, less owances	a						
	b Less cost of g		b						
		(loss) from sales of neous Revenue	mvent	Business Code			+		
	11aFEES FOR PAR	RENT SERVICES		56610	24,550,47	6 24,550,47	6		
	b GAINS ON DIS	SPOSITIONS OF			1,004,74	9 1,004,74	9		
	с								
	d All other reven	ue					1		
	e Total. Add line	es 11a-11d		>	25 555 22	5			
	12 Total revenue	e. See Instructions			25,555,22				
	<u> </u>				204,432,62	8 62,382,49	۶	0 Form 99	21,372 0 (2018)

Forn	n 990 (2018)				Page 10
	Statement of Functional Expenses				
Sect	cion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	-	•		П
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraisingexpenses
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				
Ŀ	Legal	101,479	84,620	16,859	
c	Accounting	480,941	58,145	422,796	
c	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
ç	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	
	Royalties	3,103,575	3,103,575		
	Occupancy	1,655,886	1,573,321	82,565	
	Travel	807,653	712,527	95,126	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings	143,184	140,410	2,774	
	Interest	286,780	286,780		
	Payments to affiliates				
	Depreciation, depletion, and amortization	2,250,310	2,226,927	23,383	
	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 In the following SOR 98-2 (ASC 958-720)				

Form **990** (2018)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

193.568.027

295.958.976

20,858,438

4.015.308

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19,380,015

271,085,230

295,958,976

Form **990** (2018)

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19,963,412

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24,412,183

133.105.656

133,105,656

157,517,839

Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

					(A) Beginning of year		(B) End of year
	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 6	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	nployees Complete ersons (as defined under B(c)(3)(B), and		5		
ssets	7	contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	(see ir	structions) Complete		6 7	
SS	8	Inventories for sale or use	. [8		
A	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	10a	17,563,219			
	b	Less accumulated depreciation	10b	12,002,967	6,374,195	10c	5,560,252
	11	Investments—publicly traded securities .			5,644,082	11	5,888,688

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Audit Act and OMB Circular A-133?

3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

No

Form 990 (2018)

3b

Additional Data

Software ID:

Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC.

Form 990 (2018)

NATIONWIDE

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 INCOMEHOUSING

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ALICE CARR	1 00										
DVD C TO D		×						0	0	0	
DIRECTOR	0 00										
ARLENE ISACCS-LOWE	1 00										
DIRECTOR	***************************************	X						0	0	0	
DIRECTOR	0 00										
BARRY C CURTIS	1 00	l									
DIRECTOR		×						0	0	0	
DIRECTOR	0 00	_									
BARRY LIBERT ENDED 1118	1 00	l									
DIRECTOR	•••••	×						0	0	0	
DIRECTOR	0 00										
BILL BECKMANN	1 00										

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DIRECTOR
BARRY LIBERT ENDED 1118
DIRECTOR
BILL BECKMANN
DIRECTOR

BRIAN P MCLAUGHLIN

DAVID D LEOPOLD

ELIZABETH M STOHR

J RONALD TERWILLIGER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JAMES BRODSKY

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	and a director/trustee)						Organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JUDD S LEVY	1 00										
		X						0	0	0	
DIRECTOR	0 00										
LAURA BAILEY	1 00										
		X						0	0	0	
DIRECTOR	0 00										
MICHAEL BERMAN	1 00										
		X						0	0	0	
DIRECTOR	0 00										
RONALD GRZYWINSKI	1 00										
		×						0	0	0	
DIRECTOR	0 00										

0

1,152,651

703,752

0

57,840

258,273

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DIRECTOR
RONALD GRZYWINSKI
DIRECTOR
SAL K MIRRAN
DIRECTOR

SHEKAR NARASIMHAN

TERRI LUDWIG ENDED 1218

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

PRESIDENT

TONY M SALAZAR

W KIMBALL GRIFFITH

CHARLES WERHANE

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

BRIAN WINDLEY

CHRISTOPHER HERRMANN

ERIK APAHNIS BEG 0318

V PRESIDENT

V PRESIDENT

V PRESIDENT

V PRESIDENT

V PRESIDENT

EUN SHIN

DANIEL MAGIDSON

	any nours	anu	a uii	ecto	א / זוכ	ustee,	,	organization	organizations	I from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	enplosee Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
AMY DICKERSON	40 00			×				286,529	0	71,996
V PRESIDENT	0 00			'					•	
ANDREW C JOHNSTON SENIOR V PRESIDENT	20 00			х				331,423	0	40,852
ANTONIETA RAMOS ASST V PRESIDENT	1 00			х				0	227,396	52,635
ARON WEISNER	40 00	_		Х				456,002	0	66,776

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77,986

66,258

82,349

80,508

67,582

15,872

0

532,274

511,394

375,295

206,096

217,994

ASST V PRESIDENT	39 00					·	
ARON WEISNER	40 00		Х		456 003	0	Ī
V PRESIDENT	0 00		^		456,002	U	
BENJAMIN NICHOLS BEG 0318	40 00		Х		227,574	0	Ī
V PRESIDENT	0 00		^		227,374	0	

40 00

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

LORRAINE GORDON BEG 0118

MARIAN O'CONOR ENDED 1218

V PRESIDENT

ASST SECRETARY

PHILIP PORTER

V PRESIDENT

PRADIP SITARAM

SENIOR V PRESIDENT

	any hours	and	a dır	ecto	o r/t r	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEFFREY GALENTINE	40 00			×				217,540	0	61,465
V PRESIDENT	0 00			``					Ī	52,.55
JOSEPH A WESOLOWSKI SENIOR V PRESIDENT	40 00			х				613,430	0	55,659
JOSEPH FUSCO	40 00			x				240,390	0	49,866

JOSEPH FUSCO	40 00		x		240,390	0	49,866
V PRESIDENT	0 00				240,390	0	49,000
KARI DOWNES SENIOR V PRESIDENT	40 00		х		381,388	0	180,262
KELLY SHIFLETT BEG 0118	40 00		X		285,397	0	106,396
SENIOR V PRESIDENT	0 00				203,337	0	100,330
LODI CHATMAN	1 00						

KARI DOWNES			$_{x}$		381,388	0	ĺ
SENIOR V PRESIDENT	0 00		^		301,300		
KELLY SHIFLETT BEG 0118	40 00						
SENIOR V PRESIDENT	0 00		*		285,397	0	
LORI CHATMAN	1 00		,			495 446	
SENIOR V PRESIDENT	30 00		*		U	425,410	1

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JOSEPH A WESULOWSKI		ΙΙ,	۱,		613,430	0	55,659
SENIOR V PRESIDENT	0 00				013,130	3	33,633
JOSEPH FUSCO	40 00		$\overline{}$		240,390	0	49,866
V PRESIDENT	0 00		`		210,330	J	13,000
KARI DOWNES	40 00						

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22,916

24,388

23,379

74,393

53,823

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0

230,616

209,041

704,662

585,257

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

STEPHANIE SHACK

STEPHEN GIMILARO

SUE B WILSON

V PRESIDENT

V PRESIDENT

ASHIS BOSE

V PRESIDENT

THOMAS EASTMAN

SENIOR V PRESIDENT

....... **V PRESIDENT**

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RAOUL MOORE ENDED 1218 SENIOR V PRESIDENT	40 00			х				609,022	0	48,064
ROBIN HYERSTAY V PRESIDENT	0 00 40 00 0 00			х				304,034	0	30,391
SALLY HEBNER SENIOR V PRESIDENT	40 00			×				521,167	0	56,473
SCOTT HOEKMAN SENIOR V PRESIDENT	40 00			×				527,841	0	56,413

SALLY HEBNER	40 00		V		521,167	0	
SENIOR V PRESIDENT	0 00				321,107	0	
SCOTT HOEKMAN	40 00						
			χl		527,841	0	i
SENIOR V PRESIDENT	0 00				,,,,,,,		
STEPHANIE ARNOLD	40 00						
			χl		254,814	0	i
V PRESIDENT	0.00				·		l

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239,204

285,247

429,696

242,092

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78,581

129,394

69,617

31,558

67,119

35,341

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

FORMER OFFICER

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BRYAN HOLLANDER DIRECTOR OF SYNDICATION	40 00					x		285,039	0	56,426
FAITH THOMAS	0 00					х		316,090	0	41,547
V PRESIDENT	40 00									
MARY JO BARRANCO	0 00									

FAITH THOMAS	0 00						
				x	316,090	0	ı
V PRESIDENT	40 00			,	310,030	,	
MARY JO BARRANCO	0 00						ĺ
TIANT 30 BANNANCO				Х	235,118	0	l

				×	316,090	0	
V PRESIDENT	40 00						
MARY JO BARRANCO	0 00						
	•••••			X	235,118	0	

			l	ll	X	316.090	0	
V PRESIDENT	40 00				,,	010,030	J	
MARY JO BARRANCO	0 00							
					x	235,118	0	
V PRESIDENT	40.00					, t		

		1						
MARY JO BARRANCO	0 00							•
				Х	235,118	0	51,001	
V PRESIDENT	40 00							
DETER DAMON	40.00					·		-

V PRESIDENT	40 00				X	235,118	0	51,001
PETER DAMON	40 00				Y	231 233	0	35,325
		l		ı 1	_ ^	 231,233	ı U	, ,,,,,,,,

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135,814

0

231,233

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MANAGING DIRECTOR 0 00 BRYAN PITTINGER

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0 00

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SCHEDULE D | Supplemental Fina

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(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.

► Attach to Form 990.

► Go to <u>www.irs.qov/Form990</u> for the latest information.

DLN: 93493268003009OMB No 1545-0047

2018

Inspection

	TERPRISE COMMUNITY INVESTMENT INC		Employer identification number
			52-1206840
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	or Accounts.
	Complete If the organization answered "Y		(L)Condo and able to a constant
	Tabal assessment and affirman	(a) Donor advised funds	(b)Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		Ivised funds are the
•	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?		
Pa	rt III Conservation Easements. Complete if t	he organization answered "Yes" on Forr	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org.	anızatıon (check all that apply)	
	\square Preservation of land for public use (e.g., recreation	on or education) \square Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
	i i		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in the for	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histo	, ,	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and not on a historic	2d
l	Number of conservation easements modified, transferrax year •	red, released, extinguished, or terminated by	the organization during the
	Number of states where property subject to conservat	on easement is located >	
i	Does the organization have a written policy regarding and enforcement of the conservation easements it hold		of violations, Yes No
,	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	onservation easements during the year
	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violations, and enforcing conser	vation easements during the year
	·		
•	Does each conservation easement reported on line 2(c and section $170(h)(4)(B)(II)^{7}$	above satisfy the requirements of section 1	70(h)(4)(B)(i) ☐ Y es ☐ No
İ	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial state	
ar	Organizations Maintaining Collections Complete if the organization answered "Y		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	16 (ASC 958), not to report in its revenue sta r public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items	16 (ASC 958), to report in its revenue statem	
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	ii)Assets included in Form 990, Part X		▶ \$
ζ,		goal treasures, or other similar assets for fire	
	If the organization received or held works of art, historical following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assats included in Form 990, Part V		▶ ¢

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Maint	aining Col	lections o	f Art, I	listori	cal T	reası	ures, or	Other	Similar	Assets (contin	ued)	
3		the organization's acquisiti (check all that apply)	on, accession	n, and other	records	, check	any of	the fo	ollowing t	:hat are a	sıgnıfıcar	nt use of it	s colle	ction	
a		Public exhibition				d		Loan	or excha	ange prog	ırams				
b		Scholarly research				е		Othe	er						
С		Preservation for future ger	nerations												
4	Provid Part X	de a description of the orga KIII	nızatıon's col	lections and	explain	how the	ey furtl	ner th	e organız	ation's e	xempt pu	rpose in			
5		g the year, dıd the organıza s to be sold to raıse funds r									nılar	□ Y	es	□ N	0
Pai	rt IV	Escrow and Custodia Complete if the organi X, line 21.			' on For	m 990	, Part	IV, I	ıne 9, oı	r reporte	ed an am	nount on	Form	990,	Part
1a		e organization an agent, trui led on Form 990, Part X?	stee, custodi	an or other i	ntermed	liary for	contri	butior	ns or othe	er assets	not	□ Y	es	□ N	0
b	If "Ye	es," explain the arrangemen	it in Part XIII	and comple	te the fo	llowina	table		[Amount			_
c		ning balance								1c					-
d	-	ions during the year								1d					_
е	Distri	butions during the year							l	1e					_
f	Endın	g balance								1f					_
2a	Did th	- ne organization include an a	mount on Fo	rm 990. Pari	t X. line	21. for	escrow	or cu	ustodial a	ccount lia	ability?	D v		Пи	– n
b															
	rt V	Endowment Funds.													
				(a)Current			rior yea			ears back		years back	(e) Fo	ur year	s back
1 a	Beginn	ing of year balance													
b	Contrib	outions													
С	Net inv	estment earnings, gains, ai	nd losses												
d	Grants	or scholarships													
e		expenditures for facilities ograms													
f	Admını	strative expenses													
g	End of	year balance													
2	Provid	de the estimated percentage	e of the curre	ent year end	balance	(line 1	g, colu	mn (a	i)) held a	s					
а	Board	l designated or quasi-endov	vment 🟲												
b	Perma	anent endowment 🕨													
С	Temp	orarily restricted endowmei	nt 🕨												
	The p	ercentages on lines 2a, 2b,	and 2c shou	ld equal 100	1%										
3а		nere endowment funds not i	in the posses	sion of the o	organizat	tion tha	t are h	eld ar	nd admini	stered fo	r the		Г	V	N
	_	nzation by nrelated organizations .										Га	a(i)	Yes	No
		elated organizations				•	•	•	• •				a(ii)		
b		s " on $3a(\pi)$, are the related		s listed as re	equired	on Sche	dule R	· .	• •				3b		
4	Descr	ibe in Part XIII the intended	d uses of the	organization	n's endo	wment i	funds								
Pai	rt VI	Land, Buildings, and													
		Complete if the organi													
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost	or other	Dasis (otner)	(C) ACC	umulated (depreciation	1	(a) BO	ok valu	
	Land														
b	Buildin	gs													
c	Leaseh	old improvements					95	50,991			234,55	59			716,432
d	Equipm	nent					2,65	50,931			1,533,65	50		1	,117,281
								51,297			10,234,75	58		3	,726,539
Tota	ıl. Add	lines 1a through 1e <i>(Colum</i>	n (d) must e	qual Form 99	90, Part	X, colui	nn (B)	, line	10(c))		>			5	,560,252

Schedule D (Form 990) 2018 Part VII Investments—Other Securities. Complete	ıf the organızatı	on answered	d "Yes" on Form !	Page 3 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category		(b)	(c) Met	hod of valuation
(including name of security)		Book value		of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests	· · · · ·			
(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' or	on Form 990 Pa	art IV line 1	1c See Form 996) Part X line 13
(a) Description of investment	(b) Book v		(c) Met	hod of valuation
(1)INVESTMENT IN UNCONSOLIDATED PARTNERSHIPS	_	148,918	Cost or end-	of-year market value C
(2)BRIDGE LOANS TO UNCONSOLIDATED PARTNERSHIPS (3)INVESTMENTS IN SUBS		766,723 652,386		C C
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		568,027		
Part IX Other Assets. Complete if the organization answer (a) Descrip		1 990, Part IV	, line 11d See Forn	(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		c' on Form (000 Part IV June	. •
See Form 990, Part X, line 25.	on answered re			Tie or tir.
(a) Description of liability (1) Federal income taxes		(b) Book v	raiue	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_	. 1			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the texture of the second of the se				
organization's liability for uncertain tax positions under FIN 48 (AS	SC 740) Check he	ere if the text	of the footnote has	been provided in Part XIII

Schedule D (Form 990) 2018

Pai		e venue per Audited Financial Staten Jization answered 'Yes' on Form 990, Pa		_	Return	
1		support per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	investments	2a			
b	Donated services and use of facili	nties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	ed on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12) .		5	
Par	t XII Reconciliation of Ex	penses per Audited Financial State	ments	With Expenses pe	r Return.	
1		ization answered 'Yes' on Form 990, Pa			1	
2	Amounts included on line 1 but n				1	
		, ,	ء ا	I		
a	Donated services and use of facili		2a 2b		_	
b	Prior year adjustments		<u> </u>		_	
С.	Other losses		2c		_	
d	Other (Describe in Part XIII)		2d		\dashv \Box	
e	Add lines 2a through 2d				2e	
3					3	
4	· ·	Part IX, line 25, but not on line 1:	1.	I		
a	•	ed on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII)		4b		⊣ .	
С					4c	
5		4c. (This must equal Form 990, Part I, line 1	8).		5	
	t XIII Supplemental Info					
		Part II, lines 3, 5, and 9, Part III, lines 1a and s 2d and 4b Also complete this part to provide			art V, line 4, Pa	rt X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					
		+				

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Supplemental Information	n
Return Reference	Explanation
PART X, LINE 2	AS ENTERPRISE COMMUNITY INVESTMENT, INC ("ECI") DOES NOT CONDUCT A SEPARATE AUDIT OF ITS FINANCIAL STATEMENTS, BELOW IS THE FINAS FOOTMOTE INCLUDED IN THE CONSOLIDATED FINANCIAL S TATEMENTS, 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 T AXES WITH RESPECT TO OUR CHARITABLE ACTIVITIES HOWEVER, WE ARE LIABLE FOR FEDERAL AND STA TE INCOME TAXES WITH RESPECT TO OUR CHARITABLE ACTIVITIES HOWEVER, WE ARE LIABLE FOR FEDERAL AND STA TE INCOME TAXES WITH RESPECT TO OUR CHARITABLE ACTIVITIES HOWEVER, WE ARE LIABLE FOR FEDERAL AND STA TE INCOME TAXES WITH RESPECT TO OUR CHARITABLE ACTIVITIES AND, AS SUCH, RECOGNIZE CURRENT TAX EXPENSE FOR THE AMOUNT OF INCOME TAXES THAT ARE PAYABLE EACH YEAR AS PREVIOLEY MENTIONED, DURING 2016, OUR DEVELOPMENT ACTIVITIES BECAME TAX-EXEMPT PRIOR TO THAT, OUR DEVELOPMENT ACTIVITIES WERE SUBJECT TO TAXATION WE USE THE ASSET AND LIABILITIES OF DEFEND TO RECORD DEFERRED INCOME THAT ON THAT THE FUTURE TAX ATT RIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THEIR RESPECTIVE TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES E XPECTED TO APPLY IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED TO A SETTLED THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATE IS RECOGNIZED IN THE PEFRIOD 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 BEFERED ON CONSIDERATION OF AVAILABLE EVIDENCE, INCLUDING TAX PLANNING STRATEGIES AND OTHER FACTO RS WE RECOGNIZE HER FINANCIAL STATEMENT IMPACT OF A TAX POSITION WILL

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	FEDERAL CORPORATE TAX RATE THAT TOOK EFFECT IN 2018 THE REMEASUREMENT RESULTED IN AN ADJU STMENT TO DECREASE DEFERRED TAX ASSETS, NET BY \$30,000 THE ADJUSTMENT TO DEFERRED TAX ASS ETS 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 T HERE ARE CURRENTLY NO ONGOING EXAMINATIONS BY STATE JURISDICTIONS, THE STATUTE OF LIMITATI ONS HAS NOT YET EXPIRED ON SEVERAL OF OUR TAX FILINGS WE ALSO REMAIN SUBJECT TO EXAMINATI ON OF ALL OF OUR FEDERAL INCOME TAX RETURNS FOR 2015 AND SUBSEQUENT YEARS WE ALSO GENERAL LY 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 E XPOSURE IS WITHIN MARYLAND, THE LOCATION OF OUR HEADQUARTERS THE FILING OF INCOME TAX RET URNS 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 EX CEED THE MORE-LIKELY-THAN-NOT THRESHOLD AND EXPECTS TO REALIZE THE BENEFIT OF ALL POSITION S 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 FINANCI AL STATEMENTS

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -					DLN	l: 93493268003009
Note: To capture the full content Schedule I (Form 990) Department of the Treasury Internal Revenue Service		OMB No 1545-0047 2018 Open to Public Inspection						
Name of the organization ENTERPRISE COMMUNITY INVESTMENT II	NC					Employ 52-120		ition number
Part I General Information of 1 Does the organization maintain received the selection criteria used to award 2 Describe in Part IV the organization Part II Grants and Other Assistant that received more than \$5,400.	ords to subsithe grants of ordered ord	tantiate the amount of the crassistance?	of grant funds in the United Domestic Governmen	ited States			art IV, line	Yes No 21, for any recipient
(a) Name and address of (b organization or government) 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) Descrip noncash ass		(h) Purpose of grant or assistance
(1) 52- ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PKWY NO 700 COLUMBIA, MD 21044	1231931	501(C)(3)	7,580,000		FMV			GENERAL SUPPORT
2 Enter total number of section 501(o 3 Enter total number of other organiz For Paperwork Reduction Act Notice, see th	ations listed	I in the line 1 table					<u> </u>	1 0

Schedule I (Form 990) 2018						Page 2					
Part IIII Grants and Other Ass Part III can be duplicate				anization answered "Yes"	" on Form 990, Part IV, line 22	,					
(a) Type of grant or assista		(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)			<u> </u>								
(2)											
(3)											
(4)											
(5)											
(6)			·								
(7)			·			·					
Part IV Supplemental 1	Information	on. Provide the inf	formation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.					
Return Reference	Explanatio	on									
PART I, LINE 2	FOR THE PUI	anation IE NORMAL COURSE OF BUSINESS, ENTERPRISE COMMUNITY INVESTMENT MAY MAKE GRANTS TO OTHER ORGANIZATIONS, INCLUDING ITS 501(C)(3) PARENT, THE PURPOSE OF SUPPORTING THEIR OPERATING ACTIVITIES THE USE OF GRANT FUNDS IS MONITORED THROUGH THE REVIEW OF OPERATING RESULTS AND USSIONS WITH MANAGEMENT GRANTS MADE TO THIRD PARTIES ALSO INCLUDE ASSESSING THE IMPACT THOSE ORGANIZATIONS MAKE ON THEIR LATION SERVED, SUCH AS NUMBER OF UNITS PRODUCED, SERVICES PROVIDED, ETC									

Schedule I (Form 990) 2018

efil	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493268003009											
Sch	nedule J	Co	mpensati	ion Information	40	1B No	1545-0	0047				
(Fori	m 990)		Compensa	rustees, Key Employees, and Hig ated Employees	hest	20	18	2				
		Complete if the orga		vered "Yes" on Form 990, Part IV 1 to Form 990.								
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u>/Form990</u> for	instructions and the latest inform	mation.		o Pul ectio					
	ne of the organiz	Iation			Employer identificat							
ENT	ERPRISE COMMUNI	TY INVESTMENT INC			52-1206840							
Pa	rt I Questi	ons Regarding Compensat	ion		32 1200040							
							Yes	No				
1a				the following to or for a person liste y relevant information regarding the								
	First-clas	s or charter travel		Housing allowance or residence for	personal use							
	_	companions	님	Payments for business use of perso								
		nification and gross-up payments	님	Health or social club dues or initiati								
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)							
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b						
2				or allowing expenses incurred by all r, regarding the items checked in line	- 1-2	2						
	directors, truste	ees, officers, including the CEO/EX	ecutive Director	r, regarding the items checked in line	e la'							
3	organization's C	CEO/Executive Director Check all	that apply Dor	•								
	used by a relate	ed organization to establish comp	ensation of the (CEO/Executive Director, but explain	in Part III							
		ation committee		Written employment contract								
		ent compensation consultant	$\overline{\checkmark}$	Compensation survey or study								
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee							
4	During the year related organization		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a							
а	Receive a sever	ance payment or change-of-contr	ol payment?			4a	Yes					
b	Participate in, o	r receive payment from, a supple	mental nonqual	ıfıed retırement plan?		4b	Yes					
c		r receive payment from, an equit		_		4c		No				
	If "Yes" to any	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Par	t III							
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.								
5		ed on Form 990, Part VII, Section contingent on the revenues of		the organization pay or accrue any								
а	The organizatio	n?				5a	Yes					
b	Any related org					5b		No				
		5a or 5b, describe in Part III										
6		ed on Form 990, Part VII, Section contingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any								
а	The organizatio	n?				6a	Yes					
b	Any related org					6b	Yes					
_	•	6a or 6b, describe in Part III										
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Yes,		the organization provide any nonfixe rt III	a	7	Yes					
8		Were any amounts reported on Form 990, Part VII, paid or accured 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										
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		No_				
For I	Panerwork Redi	uction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018				

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		(E) Total of columns	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						1	
					'		
					1		
	+						
	+				-		
					-		
	+						
	+	 			<u> </u>		

Schedule J (Form 990) 2018	Page 3	
Part III Supplemental Inform	ation	
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	

THESE EMPLOYEES HAD ONE TIME SEVERANCE PAYMENTS BRYAN PITTINGER \$117,041 PETER DAMON \$60,470

PART I, LINES 4A-B

Return Reference	Explanation
	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
•	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
'	HE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT IS PARTIALLY CALCULATED BASED ON THE NET INCOME OF THE ORGANIZATION AS WELL AS PECIFIC QUALITATIVE GOALS MET BY THE EMPLOYEE

PART

Return Reference	Explanation
•	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
I, LINE 7	OFFICERS AND OTHER EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN FINANCIAL TARGETS AND OTHER INDIVIDUAL PERFORMANCE CRITERIA

PART I,

2018 Schedule 1

Software ID:

Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC

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

TERRI LUDWIG ENDED 1218 DIRECTOR CHARLES WERHANE PRESIDENT AMY DICKERSON V PRESIDENT (1) (1) (1) (1) (1) (1)	(B) Breakdown Base Compensation 0 490,367 498,770 0 185,756 0 256,671	of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation 0 212,041 463,500 0 78,676	(iii) Other reportable compensation 0 1,344 190,381	(C) Retirement and other deferred compensation 0 20,898 232,274	(D) Nontaxable benefits 0 36,942	(E) Total of columns (B)(I)-(D) 0 761,592	(F) Compensation in column (B) reported as deferred on prior Form 990
TERRI LUDWIG ENDED 1218 DIRECTOR CHARLES WERHANE PRESIDENT AMY DICKERSON V PRESIDENT (1) (1) (1)	0 490,367 498,770 0 185,756	Bonus & incentive compensation 0	Other reportable compensation 0 1,344 190,381 0	compensation 0 0 20,898	0 36,942	0	reported as deferred on
1218	498,770 0 185,756	463,500 0	190,381 0	· · · · · · · · · · · · · · · · · · ·		761 502	0
CHARLES WERHANE PRESIDENT (II) AMY DICKERSON V PRESIDENT (II)	498,770 0 185,756	463,500 0	190,381 0	· · · · · · · · · · · · · · · · · · ·		761 F02	
CHARLES WERHANE PRESIDENT (I) AMY DICKERSON V PRESIDENT (I)	498,770 0 185,756	463,500 0	190,381 0	· · · · · · · · · · · · · · · · · · ·		/01.39/	l o
AMY DICKERSON (1) V PRESIDENT (1)	0	78,676	0		25,999	1,410,924	186,669
V PRESIDENT	0	78,676		0	0	0	0
	0 256,671		22,097	46,880	25,116	358,525	21,499
	256,671	0	0	0	0	0	0
ANDREW C JOHNSTON (I) SENIOR V PRESIDENT		73,944	808	19,523	21,329	372,275	0
(п)	0	0	0	0	0	0	0
ANTONIETA RAMOS ASST V PRESIDENT	o 	0	0	o	0	0	0
(11)	198,980	27,454	962	17,403	35,232	280,031	0
ARON WEISNER V PRESIDENT (I)	139,934	297,631	18,437	31,939	34,837	522,778	18,140
(11)	0	0	0	0	0	0	0
BENJAMIN NICHOLS BEG (I)	191,717	35,226	631	43,342	34,644	305,560	0
V PRESIDENT (II)	0	0	0	0	0	0	0
BRIAN WINDLEY V PRESIDENT (1)	156,578	348,317	27,379	41,849	24,409	598,532	26,887
(11)	0	0	0	0	0	0	0
CHRISTOPHER HERRMANN (1) V PRESIDENT (1)	210,230	300,795	369	49,055	33,294	593,743	0
(11)	0	0	0	0	0	0	0
DANIEL MAGIDSON (I) V PRESIDENT	148,847	198,035	28,413	41,808	38,700	455,803	27,921
(11)	0	0	0	0	0	0	0
ERIK APAHNIS BEG 0318 (I) V PRESIDENT (I)	187,518	18,171	407	40,792	26,790	273,678	0
(11)	0	0	0	0	0	0	0
EUN SHIN (I) V PRESIDENT	198,959	18,500	535	15,854	18	233,866	0
(11)	0	0	0	0	0	0	0
JEFFREY GALENTINE (I) V PRESIDENT	179,697	19,300	18,543	38,256	23,209	279,005	17,667
(11)	0	0	0	0	0	0	0
JOSEPH A WESOLOWSKI SENIOR V PRESIDENT (1)	283,992	180,538	148,900	20,898	34,761	669,089	145,187
(11)	0	0	0	0	0	0	0
JOSEPH FUSCO V PRESIDENT (1)	173,454	66,112	824	42,294	7,572 	290,256	0
(II)	0	0	0	0	0	0	0
KARI DOWNES SENIOR V PRESIDENT (I)	213,448	144,200	23,740	147,337	32,925	561,650	23,270
(II) KELLY SHIFLETT BEG 0118 (1)	0	0	0	0	0	0	0
KELLY SHIFLETT BEG 0118 (I) SENIOR V PRESIDENT	229,621	55,000	776	86,116	20,280	391,793	0
(II)	0	0	0	0	0	0	0
LORI CHATMAN SENIOR V PRESIDENT (I)		0	0	0	0	0	0
(II) LORRAINE GORDON BEG (1)	304,168	119,480	1,762	20,898	2,018	448,326	0
0118	193,862	35,000	1,754	16,848	7,540 	255,004 	0
(")	162 222	0	0	0	0	0	0
1218	163,333	43,488	2,220	14,945	8,434	232,420	0
ASST SECRETARY (II)	0	0	0	o	o	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation PHILIP PORTER 155,295 (1) 529,067 20,300 42,603 31,790 779,055 19,786 V PRESIDENT (II) PRADIP SITARAM (ı) 316,328 110,458 158,471 20,898 32,925 639,080 156,149 SENIOR V PRESIDENT (II) RAOUL MOORE ENDED (1) 272,979 191,776 144,267 20,898 27,166 657,086 137,409 1218 SENIOR V PRESIDENT (II)ROBIN HYERSTAY (1) 185,257 69,896 48,881 19,333 11,058 334,425 47,205 V PRESIDENT (II) SALLY HEBNER (ı) 361,059 105,060 55,048 20,898 35,575 577,640 53,754 SENIOR V PRESIDENT SCOTT HOEKMAN (1) 273,562 187,460 35,515 64,497 66,819 20,898 584,254 SENIOR V PRESIDENT (II)STEPHANIE ARNOLD (1) 161,626 28,519 64,148 29,040 51,415 27,166 333,395 V PRESIDENT STEPHANIE SHACK (ı) 248,941 24,829 807 118,336 403,971 11,058 SENIOR V PRESIDENT STEPHEN GIMILARO (1) 157,990 60,780 20,434 37,624 31,993 308,821 19,668 V PRESIDENT SUE B WILSON V PRESIDENT (ı) 165,137 70,890 49,220 17,850 13,708 316,805 44,796 THOMAS EASTMAN 162,460 238,210 29,026 42,603 24,516 28,513 496,815 V PRESIDENT ASHIS BOSE (ı) 208,236 18,296 31,937 1,919 17,045 277,433 V PRESIDENT (II) BRYAN HOLLANDER 114,457 170,362 220 18,210 38,216 341,465 DIRECTOR OF SYNDICATION FAITH THOMAS 247,670 64,860 3,560 20,898 357,637 20,649 V PRESIDENT MARY JO BARRANCO 212,993 21,048 17,874 1,077 33,127 286,119 V PRESIDENT PETER DAMON (ı) 136,549 23,588 71,096 3,918 31,407 266,558 MANAGING DIRECTOR

121,534

135,814

14,280

BRYAN PITTINGER

FORMER OFFICER

(1)

Schedule L	C PITHIC DO I	OT PROCES	5 A	s Filed Data -					DL	.N: 93	4932	680	03009
orm 990 or 990)-EZ) ► Compl	ete if the org	anizatio , 28b, o	ions with I on answered "Ye r 28c, or Form 9	s" on Form 9 90-EZ, Part V	90, Part IV, li , line 38a or 4	nes 2	5a, 2	25b, 20				-0047 O
			⊳ A	ttach to Form 99	0 or Form 99	0-EZ.					2(IJ	8
partment of the Tres ernal Revenue Serv		P G0 t	o <u>www</u>	<u>irs.gov/Form99.</u>	<u>o</u> for the late	st informatioi	1.					to Pu pecti	ublic on
Name of the org	anızatıon						En	nploy	er ide	ntifica			
ENTERPRISE COMM	MUNITY INVESTMEN	T INC					52	-120	6840				
Part I Exce	ss Benefit Tra	ansactions (section	501(c)(3), section	501(c)(4), and	501(c)(29) or							
				on Form 990, Part									
1 (a) Name of disqua	alified person		(b) Relationship b	etween disqua organization	lified person ar	nd		escript ansacti			es Cori	rected?
											-	es	No
							+						
							+						
											<u> </u>		
Cor	orted an amount (b) Relationshi	nization answe on Form 990, p (c) Purpose	Part X, I	s" on Form 990-E2	(e)Original			Part IV, line 26, or (g) In efault?			or ee?		
	With Organization	n of loan		organization?	principal amount	(f) Balance due	defa	ult?	Appro boar comm	ved by rd or nittee?	a	greem	ent?
	With Organizatio	n or loan	То		principal				Appro boa	ved by rd or		greem	
	With Organization	n or loan			principal		defa	ult?	Appro boar comm	ved by rd or nittee?	a	greem	ent?
	With Organization	n or loan			principal		defa	ult?	Appro boar comm	ved by rd or nittee?	a	greem	ent?
	with Organization	n or loan			principal		defa	ult?	Appro boar comm	ved by rd or nittee?	a	greem	ent?
	With Organization	n or loan			principal		defa	ult?	Appro boar comm	ved by rd or nittee?	a	greem	ent?
	with Organization	n or loan		From	principal		defa	ult?	Appro boar comm	ved by rd or nittee?	a	greem	ent?
otal			То	From	principal amount		defa	ult?	Appro boar comm	ved by rd or nittee?	a	greem	ent?
otal	ints or Assista	ance Benefit	To	From	principal amount	due	defa	ult?	Appro boar comm	ved by rd or nittee?	a	greem	ent?
otal Part III Gra	ints or Assistanplete if the or	ance Benefit	ting In	From terested Person "Yes" on Form en (c) Amount	principal amount	due	Yes	No	Approba	ved by rd or nittee?	Yes	greem	No
otal Part III Gra	ints or Assistanplete if the or	ance Benefit ganization an b) Relationship nterested person	ting In	From terested Person "Yes" on Form en (c) Amount	principal amount \$\infty\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	due	Yes	No	Approba	ved by rd or nittee? No	Yes	greem	No
otal Part III Gra Con	ints or Assistanplete if the or	ance Benefit ganization an b) Relationship nterested person	ting In	From terested Person "Yes" on Form en (c) Amount	principal amount \$\infty\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	due	Yes	No	Approba	ved by rd or nittee? No	Yes	greem	No
otal	ints or Assistanplete if the or	ance Benefit ganization an b) Relationship nterested person	ting In	From terested Person "Yes" on Form en (c) Amount	principal amount \$\infty\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	due	Yes	No	Approba	ved by rd or nittee? No	Yes	greem	No

(a) Name of interested person	between interested person and the organization	transaction	(u) Description of transaction	of organization's revenues?	
				Yes	No
(1) OPENMATTERS LLC	SEE PART V	117,012	SERVICES		No

Part V	Supplemental Information	

SERVICES TO ECI

IS THE OWNER OF OPENMATTERS, LLC, WHICH PROVIDES MANAGEMENT ADVISORY CONSULTING

Schedule I (Form 990 or 990-F7) 2018

$\overline{}$			
	•	•	•

Provide additional information for responses to questions on Schedule L (see instructions) **Return Reference** Explanation OPENMATTERS, LLC MR BARRY LIBERT, BOARD MEMBER OF ENTERPRISE COMMUNITY INVESTMENT, INC ,

PART IV, COLUMN B

Schedule L (Form 990 or 990-EZ) 2018

efil	e GRAPHIC pr	int - DO NOT PR	COCESS	As Filed Data -			DLN	: 9349326	8003	009
	IEDULE M			loncash Contri	hutions			OMB No 1	545-00	47
(For	m 990)	▶Complete if the		ons answered "Yes" on F		9 or 30	0.	20	18	
		▶ Attach to Form	_							
•	tment of the Treasury	▶Go to <u>www.irs.g</u>	ov/Form9	90 for the latest informat	tion.			Open to		
	e of the organizat					Emplo	yer iden	tification n	umber	
ENTE	RPRISE COMMUNITY	INVESTMENT INC				52-120	06840			
Pa	rt I Types	of Property			L					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	r		(d) d of determir ontribution a		5
					1g					
2	Art—Works of art Art—Historical tre									
3	Art—Fractional in					+				
4	Books and public									
	Clothing and hou									_
	Cars and other v									
7	Boats and planes									
8	Intellectual prope	,				_				
9	Securities—Public Securities—Close	•								
	Securities—Partr	nership, LLC,				+				
4.5	or trust interest					-				
13	Securities—Misce Qualified conserv contribution—Hi	vation								
	structures .									
14	Qualified conserve contribution—Of									
15	Real estate—Res									
	Real estate—Cor									
17	Real estate—Oth	er								
18	Collectibles .									
19	Food inventory									
20	Drugs and medic	cal supplies .								
21	Taxidermy .									
	Historical artifact									
	Scientific specim									
	Archeological art Other ► (iracts	X	1	83,939,040	D EMV				
	SCH O)		^	1	03,535,040	۱۰۱۷				
26	Other►(SCH O)		Х	1	58,089,71	7 FMV				
27	Other ▶ ()								
	Other ▶ ()								
29				tion during the tax year for 3, Part IV, Donee Acknowled		29				0
20.	Dumma Harain	al, al alia a			and the second of the second second		30 #L-# 1		Yes	No
30a	must hold for at	least three years fr	om the date	contribution any property is of the initial contribution, a				mpt	ļ	NI-
b	If "Yes," describ	e the arrangement i	n Part II					30a		No
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	v of any nonstandard contri	butions	5?	31	}	No
32a		zation hire or use th		or related organizations to s	olicit, process, or sell nonca	sh •		32a		No
b	If "Yes," describ	e ın Part II								
33	If the organizati	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs chec	ked,			
Ear D		nn Act Notice, see the	Instruction	s for Form 990	Cat No. 512271		Scho	dule M (Form	999) (2018)

Schedule M (Form 990) (2018)	Page 2
Part II Supplemental Info	
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
	imber of contributions, the number of items received, or a combination of both. Also complete
this part for any add	itional information.
Return Reference	Explanation
	Schedule M (Form 990) (2018)

efile GRAPH	IC print - [OO NOT PROCESS	As Filed Data -		DLN:	93493268003009		
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. So to www.irs.gov/Form990 for the latest information.					ions on n.	2018 Open to Public Inspection		
Namel Brtherorg ENTERPRISE COMM		MENT INC			Employer ident	fication number		
990 Schedule	e O, Supple	emental Informatio	n					
Return Reference				Explanation				
FORM 990, PART VI, SECTION A, LINE 6	NIZATION '	THE MISSION OF ENTE	ERPRISE COMMUNI	ITERPRISE COMMUNITY PAR TY PARTNERS IS TO CREATE DABLE HOUSING IN DIVERSE	OPPORTUNITIES	FOR LOW		

Return Explanation
Reference

FORM 990, CEO AND CHAIRPERSON OF PARENT, ENTERPRISE COMMUNITY PARTNERS, CONSULT WITH CEO OF ECI CHA PART VI, IRPERSON OF PARENT HAS THE RIGHT TO APPROVE BOARD NOMINATIONS SECTION A, LINE 7A

Return Explanation
Reference

FORM 990, THE ENTIRE FINANCE AND AUDIT COMMITTEE OF THE BOARD IS GIVEN A COPY OF THE DRAFT RETURN FO
PART VI, R REVIEW AND COMMENTS ONCE ALL COMMENTS AND QUESTIONS HAVE BEEN ADDRESSED THE COMMITTEE A
SECTION B, PPROVES THE 990 FOR FILING
LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL CONFLICT OF INTEREST DISCLOSURE EXERCISE IS PERFORMED BY THE ENTERPRISE COMMUNIT Y INVESTMENT, INC ORGANIZATION EACH JANUARY THE EXERCISE REQUIRES EACH EMPLOYEE TO READ THE BUSINESS ETHICS POLICY AND COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFY! NG ANY POSSIBLE CONFLICTS KNOWN BY THE EMPLOYEE NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLE TE 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 DISCLOSU RE 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 MONITO RS AND FOLLOWS UP ON THE STATUS OF ANY UNRETURNED DISCLOSURE FORMS THE GENERAL COUNSEL RE VIEWS ALL DISCLOSURE FORMS AND FOLLOWS UP IF THERE ARE ANY ISSUES, IN ACCORDANCE WITH THE PROCEDURE SET FORTH IN THE POLICY

Doturn

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 O'ER OFFICERS' COMPENSATION THIS PROCESS IS DOCUMENTED THROUGH THE BOARD MEETING MINUTES	

Evolunation

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO PUBLIC PART VI,

SECTION C, LINE 19

Return Reference Explanation

990 Schedule O, Supplemental Information

ATION TOTALS

COMPENSATION

FORM 990, PART INCLUDED IN TOTAL COMPENSATION FOR THE CURRENT PERIOD ARE PAYMENTS OF PRIOR YEAR DEFERRED VII. LINE 1D. COMPENSATION AWARDS. THESE AMOUNTS WHICH CAN BE FOUND ON SCHEDULE J COLUMN F FOR EACH INDI

VII, LINE 1D, COMPENSATION AWARDS THESE AMOUNTS WHICH CAN BE FOUND ON SCHEDULE J COLUMN F FOR EACH IND TOTAL VIDUAL HAD BEEN REPORTED IN PREVIOUS YEARS AS WELL AS INCLUDED IN THE CURRENT YEAR COMPENS

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Reference	Explanation
SCHEDULE M, PART I, LINE 25	ACQUISITION OF CPDC ON JANUARY 1, 2018, WE OBTAINED CONTROL OF COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION AND SUBSIDIARIES, NAMELY COMMUNITY HOUSING, INC ("CHI") (COLLECTI VELY, "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 OPERATI NG AFFORDABLE HOUSING PROPERTIES IN THE PREDEVELOP MENT STAGE WE OBTAINED CONTROL OF CPDC AS A RESULT OF AMENDMENTS MADE TO CPDC'S GOVERNANC E DOCUMENTS WHICH PROVIDED US WITH CONTROL OF THE APPOINTMENT OF CPDC'S BOARD OF DIRECTORS CPDC IS AN AFFORDABLE HOUSING DEVELOPER HEADQUARTERED IN MARYLAND, AND IT HOLDS INTEREST S IN AFFORDABLE HOUSING PROJECTS IN WASHINGTON, D C, MARYLAND AND VIRGINIA CPDC SPECIALIZ ES IN THE ACQUISITION, REDEVELOPMENT, AND OPERATION OF AFFORDABLE HOUSING FOR LOW- AND MOD ERATE-INCOME INDIVIDUALS AND FAMILIES IN ADDITION, CPDC PROVIDES COMPREHENSIVE RESIDENT S ERVICES TO THE RESIDENTS OF CERTAIN OF ITS DEVELOPMENTS AIMED PRIMARILY AT YOUTH AND SENIO RS WE ACCOUNTED FOR THIS TRANSACTION IN ACCORDANCE WITH BUSINESS COMBINATIONS GUIDANCE A S THERE WAS NO CONSIDERATION PAID BY US WHEN CONTROL WAS OBTAINED, AND THE FAIR VALUE OF A SSETS ACQUIRED EXCEEDED THE FAIR VALUE OF LIABILITIES ACQUIRED, CONTRIBUTION INCOME WAS RE COGNIZED UPON ACQUISITION (AMOUNTS IN THOUSANDS) CASH AND CASH EQUIVALENTS 4,303 RESTRICT ED CASH AND CASH EQUIVALENTS 13,211 ACCOUNTS AND OTHER RECEIVABLES 5,841 INVESTMENTS IN UN CONSOLIDATED PARTNERSHIPS 25,746 INTANGIBLE ASSETS 10,352 PREPAID EXPENSES AND OTHER ASSET S 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 RE VENUE (17)

Return Reference	Explanation
SCHEDULE M, PART I, LINE 26	ACQUISITION OF ENTERPRISE COMMUNITY LOAN FUND ON APRIL 1, 2018, WE OBTAINED CONTROL OF ENT ERPRISE COMMUNITY LOAN FUND, INC. ("LOAN FUND"), A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION T HAT WAS PREVIOUSLY A DIRECT AFFILIATE OF PARTNERS WE OBTAINED CONTROL AS A RESULT OF AMEN DMENTS TO LOAN FUND'S GOVERNANCE DOCUMENTS WHICH PROVIDED US WITH CONTROL OF THE APPOINTME NT OF LOAN FUND'S BOARD OF DIRECTORS ADDITIONALLY, LOAN FUND FILED IRS FORM 8940 WHICH AL ERTED 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 ORGANIZA TIONS 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, QUAL ITY AFFORDABLE HOUSING, FIRST-RATE SCHOOLS, TRANSPORTATION, AND HEALTHY LIVING ENVIRONMENT S 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 WER E CONSOLIDATED INTO THESE FINANCIAL STATEMENTS AT THEIR CARRYING VALUES SO FA APRIL 1, 201 8, 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 (AMOU NTS IN THOUSANDS) CASH AND CASH EQUIVALENTS 7,892 RESTRICTED CASH AND CASH EQUIVALENTS 20, 160 ACCOUNTS AND OTHER RECEIVABLE, NET 8,604 INVESTMENTS IN UNCONSOLIDATED PARTNERSHIPS 5 3,337 PREPAID EXPENSES AND OTHER ASSETS 15 LOANS RECEIVABLE, NET 184,252 RESTRICTED INVESTM ENTS 8,953 PROPERTY AND EQUIPMENT, NET 37 ACCOUNTS PAYABLE AND ACCRUED EXPENSES (656) FUND S HELD FOR OTHERS (5,047) DUE TO PARENT, NET (884) LINE OF CREDIT BORROWINGS, NET 17,000 L OANS AND NOTES PAYABLE, NET (187,573)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

ENTERPRISE COMMUNITY INVESTMENT INC

Internal Revenue Service Name of the organization **Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

DLN: 93493268003009

Open to Public Inspection

Employer identification number

52-1206840

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) End-of-year assets	(f) Direct controllin entity	ng	
(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 MKT TAX CREDITS	TS MD	-219	9,249	ECI		
							_
							_
Part III Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the organ	 nization answered '	 'Yes" on Form 990,	 , Part IV, line 34 be	 ecause it had one or	- more	_
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	Section (13) co	g) n 512(b) ontrolled
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Cat No 5013	5Y		Schedule R (Forn	1 990) 2	018

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	, address, and EIN of		mary Legal Direct Predominant Sh				ar allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	eral or P aging of oner?	(k) Percentage ownership			
				<u> </u>			<u> </u>		Yes	No		Yes	No		
	1														
													\prod		_
													一		-
		-	-		_								\vdash		-
		 											+		-
													\sqcup		_
													ı L		
Part IV Identification of Related Organization because it had one or more related organization.							ation ansi	wered "Yes	on Fo	orm 99	90, Part IV,	line	34		•
See Additional Data Table															-
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dom (state o	(c) egal micile or foreign untry)		(d) Firect controlling entity	Type ((e) of entity p, S corp, trust)	(f) Share of total income	Share	(g) e of end- year assets	of- Percer owner	ntage	(13)	(i) ection 512(b) 3) controlled entity? (es No	d _
													1	25 110	-
															-
															-
													+	+	-
						ļ							\rightarrow		_ '

See Additional Data Table

Reimbursement paid by related organization(s) for expenses

(a)

Name of related organization

10

1q Yes

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Yes

No

No

No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35	5b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		 1a		No
b Gift, grant, or capital contribution to related organization(s)		 1b	Yes	
c Gift, grant, or capital contribution from related organization(s)		 1c	Yes	
d Loans or loan guarantees to or for related organization(s)		 1d	Yes	
e Loans or loan guarantees by related organization(s)		1e	Yes	
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1 g		No
		1 16		NI.

	u Loans of loan guarantees to of for related organization(s)		
	e Loans or loan guarantees by related organization(s)	1e	Yes
			1
1	f Dividends from related organization(s)	1f	<u> </u>
!	g Sale of assets to related organization(s)	1 g	
	h Purchase of assets from related organization(s)	1h	
	i Exchange of assets with related organization(s).	1i	1

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

e Loans or loan guarantees by related organization(s)	[. 63	
f Dividends from related organization(s)	1	1f	No	,
g Sale of assets to related organization(s)	1	ig	No	_
h Purchase of assets from related organization(s)	11	ί h	No	,
i Exchange of assets with related organization(s)	1	1i	No	,
j Lease of facilities, equipment, or other assets to related organization(s)	1	1j	No	,
k Lease of facilities, equipment, or other assets from related organization(s)	1	lk	No	,
l Performance of services or membership or fundraising solicitations for related organization(s)	1	11 Y	res	
m Performance of services or membership or fundraising solicitations by related organization(s)	1	1m Y	/es	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	1n	No	,

(b)

Transaction

type (a-s)

(c)

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)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?								(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
					'		· · · · · · · · · · · · · · · · · · ·			Schedul	e R (Forn	ո 99	0) 2018						



Software ID: Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC

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

Form 990, Schedule R, Part II - Identification of Relate			1 7.5	1	1 60		
(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	Sectio (b)(contr enti	n 512 13) olled ity?
	FINANCING	MD	F01(C)(2)	LINE 12A	ECI INC	Yes Yes	No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-0192004	LINAINCING	טואן	501(C)(3)	TIME 124	LCI INC	ies	
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	AFF HOUSING	NY	501(C)(3)	LINE 12A	ECP INC		No
13-3811616	AFF HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-3846733							
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	t III - Identificatio		ated Organiza		as a Partner	ship				/:	n 1	
(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 Dispropr allocat	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		eral r nging ner?	(k) Percentage ownership
	LOW INCOME HOUSING	MD	N/A	312 311)			Yes	No		Yes	No	
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 37-1753892												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-1445201												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 80-0865768												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2551595												
	LOW INCOME HOUSING	MD	N/A									_
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4894176												
. ,	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2041772												
	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-0895254												
(7) AMERICAN EXPRESS-UTAH EQUITY FUND II LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 37-1824311												
(8) AMERICAN EXPRESS-WEST EQUITY FUND II LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 32-0492768												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1907935												
	LOW INCOME HOUSING	GA	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2100730												
	LOW INCOME HOUSING	GA	ECI	RELATED	-49	199		No		Yes		1 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2209525												
(12) BANC OF AMERICA HOUSING FUND IIIC LP	LOW INCOME HOUSING	GA	ECI	RELATED	-7	80		No		Yes		0 010 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2209526												
(13) BANC OF AMERICA HOUSING FUND IIID LP	LOW INCOME HOUSING	GA	ECI	RELATED	214			No		Yes		0 010 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2212426												
	LOW INCOME HOUSING	GA	ECI	RELATED	323	125		No		Yes		0 010 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2212431												

Form 990, Schedule R, Part	t III - Identificatio		ated Organiz	:ations Taxable	as a Partner!	ship	1			1 6	.x 1	
(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) Disproprt allocation	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Part	eral or aging ner?	(k) Percentage ownership
(16) BANC OF AMERICA HOUSING FUND IIIG LP	LOW INCOME HOUSING	GA	ECI	RELATED	-117	32	Yes	No		Yes	NO	0 010 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2286685												
(1) BANC OF AMERICA HOUSING FUND IIIH LP	LOW INCOME HOUSING	GA	ECI	RELATED	-237	68		No		Yes		0 010 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2286686	LOW INCOME	DE	N/A									
BÁNC OF AMERICA HOUSING FUND IV LP LLLC	HOUSING	DE	 									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2282447 (3)	LOW INCOME	DE	ECI	RELATED	4,461	158		No		Yes		0 010 %
	HOUSING											
COLUMBIA, MD 21044 04-3631847	LOW INCOME		FCI	DELATED	-13	225		NI-		V		0.010.0/
FUND IVB LP LLLC	LOW INCOME HOUSING	DE	ECI	RELATED	-13	325		No		Yes		0 010 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 01-0649967 (5)	LOW INCOME	DE	N/A									
	HOUSING	DL										
COLUMBIA, MD 21044 20-1975415	LOW INCOME	DE	N/A									
	HOUSING											
COLUMBIA, MD 21044 20-5583537												
(7) BANC OF AMERICA HOUSING FUND VIII LP LLLC	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-0336462 (8)	LOW INCOME	MD	N/A									
CALIFORNIA COMMUNITY HOUSING FUND LLLP	HOUSING	MD										
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-2440376												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 65-1240099	LOW INCOME	МЪ										
ALLIANCE III LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-4238319 (11)	LOW INCOME	MD	N/A									
COMMUNITY HOUSING ALLIANCE LP	HOUSING	5	,,									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 75-3118119	LOW INCOME		ECI	RELATED	83,194			Nic		Vac		1 000 %
INITIATIVES II LP	HOUSING	DC	LCI	RELATED	63,194			No		Yes		1 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1854657 (13)	LOW INCOME	DC	ECI	RELATED	-1,879	166		No		Yes		10 000 %
CORPORATE HOUSING INITIATIVES III LP	HOUSING									163		10 000 /0
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2059385				1001.000								-
(14) CORPORATE HOUSING INITIATIVES LP	LOW INCOME HOUSING	DC	ECI	RELATED	306,732			No		Yes		27 750 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1714746												

Form 990, Schedule R, Part	III - Identification		ated Organiza	tions Taxable	as a Partners	hip			I	l 7:	:\	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen	j) ieral or aging ner?	(k) Percentage ownership
		Country)		tax under sections 512-514)				I				
(31) EMPIRE AND GARDEN STATE EQUITY FUND LP	LOW INCOME HOUSING	MD	N/A				Yes	No		Yes	No	
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-1821222												
(1) ENTERPRISE AFFORDABLE HOUSING FUND I LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3984252												
(2) ENTERPRISE CALIFORNIA GREEN FUND	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-3246728												
(3) ENTERPRISE COMMUNITY OPPORTUNITY FUND	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-0472729												
(4) ENTERPRISE GREEN COMMUNITIES WEST LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-4326163												
(5) ENTERPRISE COMMUNITIES WEST II LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-2146723												
(6) ENTERPRISE HOUSING ALLIANCE FUND II LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-4670450												
(7) ENTERPRISE HOUSING ALLIANCE FUND LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-3270372												
(8) ENTERPRISE HOUSING CALGREEN FUND	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-0702801												
(9) ENTERPRISE HOUSING EQUITY FUND I LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2603066												
(10) ENTERPRISE HOUSING OPPORTUNITY FUND I	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-4024947												
(11) ENTERPRISE HOUSING PARTNERS 1992 LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-6538578												
(12) ENTERPRISE HOUSING PARTNERS 1995 LP	LOW INCOME HOUSING	MD	ECI	RELATED	25,019			No		Yes		10 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1952868												
(13) ENTERPRISE HOUSING PARTNERS CALGREEN II FUND	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 80-0839276												
(14) ENTERPRISE HOUSING PARTNERS CALGREEN III FUND LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1757440												

Form 990, Schedule R, Par	t III - Identificatio	on of Re	lated Organia		e as a Partners	ship	l	_	l	(1	i) l	
(a) Name, address, and EIN of related organization	Primary activity	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 Disprop alloca	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana	eral or aging ner?	(k) Percentage ownership
(46) ENTERPRISE HOUSING PARTNERS CALGREEN IV FUND LP	LOW INCOME HOUSING	MD	N/A				103	110		ICS	No	
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1790836												
(1) ENTERPRISE HOUSING PARTNERS CALGREEN V FUND LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1862202												
(2) ENTERPRISE HOUSING PARTNERS III LP	LOW INCOME HOUSING	DE	ECI	RELATED	-3,874,845	140		No		Yes		1 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1788574												
(3) ENTERPRISE HOUSING PARTNERS III SERIES II LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-0405235												
(4) ENTERPRISE HOUSING PARTNERS IX LP	LOW INCOME HOUSING	MD	ECI	RELATED	-141,263	143		No		Yes		1 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2282444												
(5) ENTERPRISE HOUSING PARTNERS VII LP	LOW INCOME HOUSING	MD	ECI	RELATED	-596,569	187		No		Yes		10 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1995500												
(6) ENTERPRISE HOUSING PARTNERS VIII LP	LOW INCOME HOUSING	MD	ECI	RELATED	-11,228	45		No		Yes		1 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2138749												
(7) ENTERPRISE HOUSING PARTNERS X LP	LOW INCOME HOUSING	MD	ECI	RELATED	80,855	286		No		Yes		1 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 03-0386841												
(8) ENTERPRISE HOUSING PARTNERS XI LP	LOW INCOME HOUSING	MD	ECI	RELATED	-101,216	338		No		Yes		1 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 59-3763774												
(9) ENTERPRISE HOUSING PARTNERS XII LP	LOW INCOME HOUSING	MD	ECI	RELATED	22,704	5,297		No		Yes		1 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-1004093												
(10) ENTERPRISE HOUSING PARTNERS XIII LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-2675276												
(11)	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-4670098												
(12)	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-4326201												
(13)	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-0707086												
(14) ENTERPRISE HOUSING PARTNERS XV LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-3152647												

Form 990, Schedule R, Part	III - Identification		ted Organiza	tions Taxable	as a Partner	ship			1	l <i>r</i> :	. 1	
(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	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Part	r agıng	(k) Percentage ownership
(64)	LOW INCOME		N/A	512-514)			Yes	No		Yes	No	
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-0707054												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-0707012												
(2) ENTERPRISE HOUSING PARTNERS XVII LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-1848528												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-1848605												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-2146836												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-1733217												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-2684029												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2452040												
(8) ENTERPRISE HOUSING PARTNERS XXIV	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 46-2915500												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 32-0502733												
(10) ENTERPRISE HOUSING PARTNERS XXV	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3913092	LOW THESE TE		N/A									
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-0853211	Low mass:											
(12) ENTERPRISE HOUSING PARTNERS XXVII	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4830385												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-0943789												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4878496												

Form 990, Schedule R, Part 1	III - Identification		ted Organizat	ions Taxable a	s a Partners	hip				l <i>t</i> :	j)	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from		(g) Share of end- of-year assets	(h Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana	neral or aging iner?	(k) Percentage ownership
		Country)		tax under sections 512-514)			Yes	No		Yes	No	
(76) ENTERPRISE KEY HOUSING FUND I LLLP	LOW INCOME HOUSING	MD	N/A				les	NO		163	140	
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2465349												
FUND LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-2714779												
(2) ENTERPRISE NEIGHBORHOOD IMPACT FUND I	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 32-0381276												
(3) ENTERPRISE NEIGHBORHOOD IMPACT FUND II	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1848126	LOW INCOME	D.	DI/A									
PARTNERS I LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-5112196 (5)	LOW INCOME	DE	N/A									
ENTERPRISE NEIGHBORHOOD PARTNERS I SERIES II LP	HOUSING	DE										
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-1163243												
PARTNERS II LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 86-1170270												
(7) ENTERPRISE NEIGHBORHOOD PARTNERS III LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-5071960	LOW THOMS											
(8) ENTERPRISE NEIGHOOD PARTNERS IV LLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-4032460												
(9) ENTERPRISE NEIGHOOD PARTNERS V LLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-4734359												
(10) ENTERPRISE NEIGHBORHOOD PARTNERS VI LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 37-1707544												
(11) ENTERPRISE NEIGHBORHOOD PARTNERS VII LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-0829862												
(12) ENTERPRISE NEIGHBORHOOD PARTNERS VIII LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3989465												
(13) ENTERPRISE RB FUND I LP (ERB I)	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-2457927												
(14) ENTERPRISE RB FUND II LP (ERB 2)	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-1520644												

Form 990, Schedule R, Par	t III - Identificati		elated Organi	zations Taxab	le as a Partne	rship	I		I	/:	: \	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	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 Dispropi allocat	tionate cions?	Code V-UBI amount in	Mana Part	eral or aging ner?	(k) Percentage ownership
(91) ENTERPRISE WF EQUITY FUND LLP	LOW INCOME HOUSING	MD	N/A	,			Yes	No		Yes	No	
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2514024												
(1) ENTERPRISE-FIRST NIAGARA AFFORDABLE HOUSING FUND I LLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3923041												
(2) ENTERPRISE-SNB HOUSING FUND I LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-4039743												
(3) ENTERPRISE-UIG AFFORDABLE HOUSING FUND	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-3308441												
ÈSÍC CITIGROUP CCDE INVESTMENT FUND LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2362647	LOW INCOME	FI	NI/A									
FUND II LP	HOUSING	FL	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1969165 (6)	LOW INCOME	MD	N/A									
FRE ENTERPRISE AFFORDABLE HOUSING FUND I	HOUSING	MD										
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1890611 (7)	LOW INCOME	MD	N/A									
FREDDIE MAC EQUITY PLUS I- ESIC LP	HOUSING	I IID										
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2316462 (8)	LOW INCOME	MD	N/A									
	HOUSING											
COLUMBIA, MD 21044 01-0728494 (9)	LOW INCOME	MD	N/A									
HERITAGE BANK FUND I LLLP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044	HOUSING											
38-3976725 (10) HOUSING OUTREACH FUND IX	LOW INCOME HOUSING	DC	N/A									
LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2282441												
(11)	LOW INCOME HOUSING	DC	ECI	RELATED	-50,630	349,251		No		Yes		100 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1995502												
(12) HOUSING OUTREACH FUND VII LP	LOW INCOME HOUSING	DC	ECI	RELATED	-181,971	3,513,640		No		Yes		100 000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2059388												
(13) HOUSING OUTREACH FUND VIII LP	LOW INCOME HOUSING	DC	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2186795												
(14) HOUSING OUTREACH FUND X LP	LOW INCOME HOUSING	DC	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-0276712												

Form 990, Schedule R, Part	III - Identification		ted Organizat	tions Taxable	as a Partners	ship	ı		ı	ر م	.,	
(a)	(b)	(c) Legal	(d)	(e) Predominant	(f)	(g)	(h Dispropi	tionate	(i)	Gen		(k)
Name, address, and EIN of related organization	Primary activity	Domicile (State or	Direct Controlling Entity	income(related, unrelated,	Share of total Income	of-year assets	allocat	tions?	Code V-UBI amount in Box 20 of Schedule K-1	Mana Part	ging	Percentage ownership
		Foreign Country)		excluded from tax under sections					(Form 1065)			
				512-514)			Yes	No		Yes	No	
(106) HOUSING OUTREACH FUND XI LP	LOW INCOME HOUSING	DC	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-1413560												
(1) HOUSING OUTREACH FUND XII LP	LOW INCOME HOUSING	DC	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-3270454												
(2) HOUSING OUTREACH FUND XIII LP	LOW INCOME HOUSING	DC	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-3270497												
(3) IBERIABANK AFFORDABLE HOUSING FUND	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2460340												
(4)	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2138751												
(5) M&T BANK AFFORDABLE HOUSING FUND II LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-1528572												
(6) M&T BANK AFFORDABLE HOUSING FUND LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2064052												
(7) MARYLAND HOUSING EQUITY FUND III LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1854655												
(8) SUNTRUST ENTERPRISE PARTNERS FUND I LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-3940720												
(9) THE BANC OF AMERICA HOUSING FUND IX	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-2404936												
(10) THE BANC OF AMERICA HOUSING FUND X	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 90-0999696												
(11) THE BANC OF AMERICA HOUSING FUND XI	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1794073												
(12) THE BANC OF AMERICA HOUSING FUND XII	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1794073												
(13) THE ENTERPRISE MULTIFAMILY OPPORTUNITY FUND I LLC	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 90-1025647												
(14) THE ENTERPRISE MULTIFAMILY OPPORTUNITY FUND II LLC	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1803597												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (g) Predominant Disproprtionate (i) (b) Domicile Direct Share of total Share of endor Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling ıncome of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No (121)LOW INCOME HOUSING MD N/A TDUŚA ENTERPRISE AFFORDABLE **FUND I LLLP** 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4906372 (1) US AFFORDABLE HOUSING FUND LOW INCOME HOUSING DF N/A 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 60-0001701 (2) WAMU AFFORDABLE HOUSING LOW INCOME HOUSING N/A FUND LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2102708 AFFORDABLE HOUSING ОН N/A BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC 1375 E 9TH STREET SUITE 2400 CLEVELAND, OH 44114 26-2916887 (4) WINCOPIN CIRCLELLLP LOW INCOME HOUSING MD N/A 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2331442 (5) LOW INCOME HOUSING N/A ABERDEEN COMMONS DEVELOPMENT LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3085953 LOW INCOME HOUSING (6) ABERDEEN COMMONS LLLP MD N/A 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3085889 (7) ABINGDON II LLLP LOW INCOME HOUSING MD N/A 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2106017 (8) ALLENDALE APARTMENTS LP LOW INCOME HOUSING MD N/A 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2276680 (9) ASHLAND PARK VIEW LLLP LOW INCOME HOUSING MD N/A 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3391568 (10) ASHLAND LLLP LOW INCOME HOUSING MD N/A 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3476443 (11) BETHLEHEM VILLAGE LP LOW INCOME HOUSING MD N/A 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2329451 LOW INCOME HOUSING (12) MD N/A BLADENSBURG COMMONS DEVELOPMENT LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-0974196 (13) LOW INCOME HOUSING N/A **BLADENSBURG COMMONS LLLP** 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-0963356 LOW INCOME HOUSING MD N/A CAMBRDGE COMMONS DEVLOPMENT LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-4760031

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Parti	eral r iging	(k) Percentage ownership
(136)	LOW INCOME	MD	N/A	512-514)			Yes	No		Yes	No	
CAMBRIDGE COMMONS LLLP	HOUSING	""	14/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-4760089												
(1) CATONSVILLE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-0809872												
(2) CHELTENHAM DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-2902864												
(3) CHELTENHAM PARK VIEW LP II	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 36-4575118												
(4) CHERRYDALE LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 75-3243600												
(5) COLDSPRING LIMITED PARTNERSHIP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2116802												
(6) COLLEGE PARKWAY LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 74-3101310												
(7) COLONIAL LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-1062843												
(8) COLUMBIA DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-2668855												
(9) COLUMBIA LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-2669010												
(10) COVE POINT APARTMENTS II LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 14-1945613												
(11) COVE POINT APARTMENTS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 87-0729715												
(12) EASTON LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2004860												
(13) ELLICOTT CITY II LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2271721												
(14) ELLICOTT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2061432												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal (d) General (g) Predominant Disproprtionate (k) (b) Direct Share of total Share of endor Domicile Name, address, and EIN of allocations? Code V-UBI amount in Percentage income(related. Primary activity Controlling Managing (State ıncome of-year assets ownership Box 20 of Schedule K-1 related organization unrelated. Entity Partner? excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes Yes No No LOW INCOME (151)MD N/A **EMERSON DEVELOPMENT LLLP** HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-0809915 (1) EMERSON LLLP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-0809902 LOW INCOME N/A (2) MD ENTERPRISE HOMES HOUSING PRESERVATION FUND LLC 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 81-5278019 LOW INCOME MD N/A (3) **ÈVERGREEN SENIOR** HOUSING APARTMENTS LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 36-4628665 (4) FULLERTON LLLP OW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-2704751 (5) GLEN BURNIE LLLP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-0491824 (6) GREEN AT LOGAN FIELD LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 80-0805909 LOW INCOME MD N/A GREENS AT ENGLISH CONSUL LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 90-0884446 LOW INCOME MD N/A GREENS AT HAMMONDS LANE LP HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0497564 LOW INCOME MD N/A GREENS AT IRVINGTON MEWS LP HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3178312 (10) LOW INCOME N/A MD GREENS AT LIBERTY ROAD LP HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0497351 LOW INCOME (11)MDN/A **GRÉENS AT ROLLING ROAD LP** HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0471856 LOW INCOME (12) HARPER HOUSE LP MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3169195 LOW INCOME (13)MD N/A HICKORY RIDGE VILLAGE LLLP HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 76-0709118 LOW INCOME (14) MD N/A HIGHLAND DEVELOPMENT LLLP HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-3635631

Form 990, Schedule R, Part	III - Identification 	1	ted Organizat	ions Taxable a	as a Partners	ship 	1		I	/:	, I	
(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 Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Part	eral r aging ner?	(k) Percentage ownership
(166) HIGHLAND LLLP	LOW INCOME	MD	N/A	·			Yes	No		Yes	No	
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-3635596	HOUSING											
(1) HOLLINS STATION LP	LOW INCOME	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 61-1714986	HOUSING											
(2) LAUREL DEVELOPMENT LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3605076	HOUSING											
(3) LAUREL II DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-3200595												
(4) LAUREL II LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-3210567												
(5) LAUREL LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3605034												
(6) LOWER SALFORD LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2205672	Inousing											
(7) MIRAMAR DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0288014	ino osino											
(8) MIRAMAR LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0288011	HOUSING											
(9) MULBERRY AT PARK LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 35-2513066												
(10) NAAMANS CREEK LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-1982497												
(11) PARK VIEW AT BELAIR II LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2250082												
(12) PARKVILLE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 51-0394854	ILOOSING											
(13) RANDALLSTOWN LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3499804												
(14)	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 80-0940198												

Form 990, Schedule R, Part	III - Identification		ted Organizat	tions Taxable	as a Partners	ship					, ,	
(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 Dispropi allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
(181) ROSEDALE LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3499661	HOUSING											
(1) SALISBURY LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3391397												
(2) SEVERNA PARK DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0594356												
(3) SEVERNA PARK LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0594290												
(4) SIERRA WOODS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-4224884												
(5) SNOWDEN RIVER LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 14-1889256												
(6) SOMERSET COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									,
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-1688364												
(7) SOMERSET RESERVE LLLP	LOW INCOME HOUSING	MD	N/A									,
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2089967												
(8) SOUTH PANTOPS DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 38-3696292												
(9) SOUTH PANTOPS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 38-3696291												
(10) SPYGLASS AT CEDAR COVE LLC	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-4976151												
(11) STEVENS FOREST LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 75-3243603												
(12) TANEY VILLAGE LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 90-1025905												
(13) TIMOTHY HOUSE DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-8996506												
(14) TIMOTHY HOUSE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-8996459	TIOOSING											

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (d) Predominant Disproprtionate (i) (k) (b) Domicile Direct Share of total Share of endor Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Controlling Managing (State income of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No LOW INCOME (196) TYLER ROAD LP MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-1948238 (1) WEST MANCHESTER LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2050929 LOW INCOME MD N/A WOODBRIDGE COMMONS LLLP HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 01-0809929 (3) WOODLAWN APARTMENTS LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2040461 LOW INCOME MD N/A YORK COMMONS DEVELOPMENT HOUSING LP LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2352637 (5) YORK COMMONS LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2352629 LOW INCOME (6) METRO HEIGHTS LP MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 81-2524953 (7) ABERDEEN COMMONS LLLP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3085889 (8) SCOTLAND TOWNHOMES LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-2863399 (9) NEW MARKET TAX MD N/A **ESIC NEW MARKETS PARTNERS** CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 02-0552042 NEW MARKET TAX (10)MD N/A ÈSIĆ NEW MARKETS PARTNERS CREDITS 14 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-1935275 NEW MARKET TAX (11)MD N/A ESIC NEW MARKET PARTNERS 42 | CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4658562 (12) NEW MARKET TAX MD N/A ESIC NEW MARKET PARTNERS 44 CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4658671 NEW MARKET TAX (13) MD N/A **ÈSIC NEW MARKET PARTNERS 45** LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4661984 NEW MARKET TAX MD N/A **ÈSIC NEW MARKET PARTNERS 46** CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4662041

Form 990, Schedule R, Part	: III - Identification		ated Organiza	tions Taxable	as a Partner	ship	1				-,	ı
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana	j) neral or aging iner?	(k) Percentage ownership
				sections 512-514)			Yes	No		Yes	No	
	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4662070												
	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4662091												
	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4662123												
ÈSIC NEW MARKET PARTNERS 50 LP	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4658397 (4)	NEW MARKET TAX	MD	N/A									
ESIC NEW MARKET PARTNERS 51 LP	CREDITS	HD										
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227081 (5)	NEW MARKET TAX	MD	N/A									
	CREDITS	5										
COLUMBIA, MD 21044 27-0227154	NEW MARKET TAX	MD	N/A									_
	CREDITS											
COLUMBIA, MD 21044 27-0227239	NEW MARKET TAX	MD	N/A							_		
ESIC NEW MARKET PARTNERS 54 LP 11000 BROKEN LAND PKWY	CREDITS											
COLUMBIA, MD 21044 27-0227373 (8)	NEW MARKET TAX	MD	N/A									
ESIC NEW MARKET PARTNERS 55 LP 11000 BROKEN LAND PKWY	CREDITS											
COLUMBIA, MD 21044 27-0227421												
ÈSÍC NEW MARKET PARTNERS 56 LP	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 36-4759601	NEW MARKET TAX	МБ	21/2									
ESIC NEW MARKET PARTNERS 57 LP	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0766267 (11)	NEW MARKET TAX	MD	N/A									
ESIC NEW MARKET PARTNERS 58 LP	CREDITS											
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 37-1714867 (12)	NEW MARKET TAX	MD	N/A									
ÈSIC NEW MARKET PARTNERS 59 LP	CREDITS	ווט	17/0									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 38-3900148 (13)	NEW MARKET TAX	MD	N/A									
ÈSIC NEW MARKET PARTNERS 60 LP	CREDITS											
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 36-4756021 (14)	NEW MARKET TAX	MD	N/A									
ESIC NEW MARKET PARTNERS 61 LP	CREDITS	110										
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0818694												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) Legal (d) General (g) Disproprtionate (k) Predominant (b) Direct Share of total Share of endor Domicile Name, address, and EIN of allocations? Code V-UBI amount in Percentage Primary activity income(related. Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule K-1 related organization unrelated. or Entity Partner? excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No NEW MARKET TAX MD N/A **ESIC NEW MARKET PARTNERS CREDITS** 62 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0819261 NEW MARKET TAX N/A (1) MD **ÈSIC NEW MARKET PARTNERS** 63 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0436514 NEW MARKET TAX (2) MD N/A ESIC NEW MARKET PARTNERS CREDITS 64 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 37-1755508 NEW MARKET TAX MD N/A **ESIC NEW MARKET PARTNERS CREDITS** 65 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2506303 NEW MARKET TAX MD N/A **ESIC NEW MARKET PARTNERS** CREDITS 66 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0440072 NEW MARKET TAX MD N/A ESIC NEW MARKET PARTNERS **CREDITS** 67 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0829170 (6) ENMP 68 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 41-4423749 NEW MARKET TAX (7) ENMP 69 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4439215 NEW MARKET TAX (8) ENMP 70 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4419593 NEW MARKET TAX (9) ENMP 71 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4466427 NEW MARKET TAX (10) ENMP 72 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4490944 NEW MARKET TAX (11) ENMP 73 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4497802 (12) ENMP 74 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4511073 (13) ENMP 75 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4542667 (14) ENMP 76 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5266037

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General (d) (g) Share of end-Legal Disproprtionate (k) (b) Predominant (i) Direct Share of total Domicile allocations? Code V-UBI amount in Percentage Name, address, and EIN of Primary activity income(related, Controlling Managing of-year assets (State ıncome ownership related organization unrelated, Box 20 of Schedule K-1 Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes Yes No No (241) ENMP 77 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5291974 NEW MARKET TAX (1) ENMP 78 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5317178 (2) ENMP 79 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5375297 (3) ENMP 80 LP NEW MARKET TAX MDN/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5393394 NEW MARKET TAX (4) ENMP 81 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5442465 NEW MARKET TAX (5) ENMP 82 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5468168 NEW MARKET TAX (6) ENMP 4 LP MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 83-0535838 NEW MARKET TAX MD N/A CHASE NMTC FHCSD CREDITS INVESTMENT FUND LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 80-0886870 NEW MARKET TAX MD N/A CHASE NMTC AHS INVESTMENT CREDITS FUND LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-3915998 (9) **NEW MARKET TAX** MDN/A CHASE NMTC FHCW CREDITS INVESTMENT FUND LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2485015 (10)NEW MARKET TAX DE N/A CHÁSE NMTC SA QUINCY CREDITS INVESTMENT FUND LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-2792075 (11)R E OWNERSHIP DC N/A TRÉNTON PARK HOUSING LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2343498 (12) ESSEX HOUSE LLC R E OWNERSHIP MD N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 36-4753186 (13) R E OWNERSHIP DC N/A **ÈDGEWOOD TERRACE ONE LLC** 8403 COLESVILLE RD STE 1150

SILVER SPRING, MD 20910

(14) WOODMERE TRACE LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 R E OWNERSHIP

DE

N/A

46-3612449

46-3537419

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) Legal (d) General (g) Disproprtionate (k) (b) Predominant Direct Share of total Share of endor Domicile Name, address, and EIN of allocations? Percentage Code V-UBI amount in Primary activity income(related. Controlling Managing (State ıncome of-year assets ownership Box 20 of Schedule K-1 related organization unrelated. or Entity Partner? excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No R E OWNERSHIP VA N/A HIGHLAND PARK SENIOR HOUSING LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4320464 R E OWNERSHIP (1) VA N/A **BÚCKMAN ROAD DEVELOPMENT** 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3887523 R E OWNERSHIP VA N/A SUBURBIA FAIRFAX DEVELOPMENT LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-2014393 (3) HOWARD MANOR LLC R E OWNERSHIP VA N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-4839782 R E OWNERSHIP DC N/A (4) **OXFORD MANOR ASSOCIATES** 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 <u>65-1</u>213492 R E OWNERSHIP DC N/A PARKSIDE TERRACE DEVELOPMENT LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-3970133 (6) CAPTAINS CIRCLE LLC R E OWNERSHIP MD N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3145483 (7) AUBURN POINTE LLC R E OWNERSHIP VA N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 47-3522572 (8) CPDC DOVE LANDING R E OWNERSHIP VA N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 47-5638221 (9) HOLLINS HOUSE LLC R E OWNERSHIP DC N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-5055683 (10) RANDLE HILL LLC R E OWNERSHIP DC N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-4290687 (11) 1330 SEVENTH GP LLC R E OWNERSHIP DC N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 77-0594070 (12) R E OWNERSHIP DC N/A WHÉELER TERRACE DEVELOPMENT LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-8946786 (13) MAYFAIR MANSIONS LP R E OWNERSHIP DC N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-4762650 (14) BATES SCHOOL LP R E OWNERSHIP MD N/A 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 75-3060895

Form 990, Schedule R, Par	t III - Identificatio	1	lated Organiz	ations Taxable	e as a Partner	ship	ı		I		. , ,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	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 Dispropi allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r aging ner?	(k) Percentage ownership
(271) T & C LP	R E OWNERSHIP	MD	N/A				1.03	110		.03	.,,	
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1693916												
(1) SOUTHERN RIDGE LP	R E OWNERSHIP	DC	N/A									_
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1851355												
(2) EDGEWOOD GARDENS LP	R E OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2134864												
(3) PARK MONTGOMERY LP	R E OWNERSHIP	MD	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2257504												
(4) EDGEWOOD SENIORS LP	R E OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2331706												
(5) EDGEWOOD IV LP	R E OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2341211												
(6) OXFORD MANOR LP	R E OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 65-1213495												
(7) 1330 SEVENTH STREET LP	R E OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 77-0594072												
(8) ISLAND WALK LP	R E OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 56-2363820												
(9) HOWARD HILL LP	R E OWNERSHIP	DC	N/A									_
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-0966593												
(10) FINNSBURY SQUARE LP	R E OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 01-0826102												
(11) TRENTON PARK APARTMENTS LP	R E OWNERSHIP	DC	N/A									_
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2343499												
(12) FT STEVENS PLACE LLC	R E OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-2007604												
(13) FINSBURY SQUARE	R E OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 01-0826102												
(14) APACHE RIDGE TOWNHOMES LP	LOW INCOME HOUSING	AZ	ECI	RELATED	-11,430	1,120,258		No		Yes		
PO BOX 550 MCNARY, AZ 85930 86-0988370												
-	ı	l .	I	I		l	l .		I	ı		

(c) (e) Legal (d) (f) (g) (a) (b) Predominant Domicile Direct Share of total Share of end-of-Name, address, and EIN of Primary activity income(related, Controlling (State income year assets

N/A

ECI

N/A

ECI

Entity

unrelated.

excluded from

tax under

sections 512-514)

RELATED

RELATED

-20

-62,141

(j)

General

or

Managing

Partner?

Yes No

Yes

Yes

Code V-UBI amount in

Box 20 of Schedule

K-1

(Form 1065)

(k)

Percentage

ownership

0 010 %

99 990 %

(h)

Disproprtionate

allocations?

No

No

No

Yes

330

1,223,100

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

or

Foreign

Country)

WA

MD

MD

RI

related or garnization	
(286)	LOW INCOME

HOUSING

LOW INCOME

LOW INCOME

LOW INCOME

HOUSING

HOUSING

HOUSING

related organization

BAKERVIEW REDEVELOPMENT

BELLINGTON, WA 98225

(2) BLADENSBURG LLLP

BELLEVUW DEVELOPMENT

875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201

(1) COLDSPRING LP

218 N CHARLES ST BALTIMORE, MD 21201

PARTNERS LLLP 208 UNITY ST

82-0607460

52-2116802

46-0715737

05-0493384

ASSOCIATES LP

224 DEXTER ST
PROVIDENCE, RI 02907

Form 990, Schedule R, Part IV - Ide	ntification of Related	l Organizations '	Taxable as a Coi	rporation or Tru (e)	ıst (f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section (b)(contract ent	n 512 13) olled
(1) ENTERPRISE OWNERSHIP INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-5572028	LIHTC	MD	ECI	С	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	С		9,347	100 000 %		No
(2) ENTERPRISE EQUITIES INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1669796	BROKERS\DEALER	MD	EOWN	С		187,349	100 000 %		No
(3) ENTERPRISE HOUSING INITIATIVES OF NY INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1751213	LIHTC	MD	EOWN	С	-3,525	397,590	100 000 %		No
(4) EAM ASSOCIATES INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2332045	AFF HOUSING	MD	ECAM	С	-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	С	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	С	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	С	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	С		13,497	100 000 %		No
(9) ENTERPRISE GROUP INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1348268	AFF HOUSING	MD	ECP INC	С			100 000 %		No
(10) ENTERPRISE NEW ORLEANS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4201991	AFF HOUSING	MD	ECP INC	С	-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	С	-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	С	-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	С	-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	С	-1,910	2,830,940	100 000 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income assets ownership (state or foreign controlled or trust) country) entity? Yes No (16) CPDC ISLAND WALK INC Icpdc R E OWNERSHIP DC 619,240 719,224 100 000 % No 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 41-2098344 (1) CPDC 1330 7TH STREET INC R E OWNERSHIP DC CPDC 271,115 852,975 100 000 % No 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 77-0594065 (2) CPDC INC R E OWNERSHIP DC CPDC -200,633 5.946.184 100 000 % No 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-1675960 (3) CPDC OXFORD MANOR INC R E OWNERSHIP MD CPDC -3,325 62,357 100 000 % No 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 33-1081385 (4) CPDC PARKSIDE TERRACE INC R E OWNERSHIP DC CPDC. -1,825 744 100 000 % No 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-3970185 DC (5) CPDC WHEELER TERRACE INC R E OWNERSHIP CPDC -1,973 4,476,276 100 000 % Nο 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-8946425 CPDC (6) CPDC MAYFAIR MANSIONS INC R E OWNERSHIP DC -1,593 48,720 100 000 % No 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-4762456 (7) CPDC ADMIRAL LLC R E OWNERSHIP MD CPDC -1,631 -595 100 000 % No 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 26-3145362 (8) MAYFAIR MANSIONS RENTAL GP LLC R E OWNERSHIP DC CPDC 7,412 4,981 100 000 % No 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

20-4762570

26-3887423

46-4330975

46-1626639

20-0966653

46-3623472

46-4758923

(9) CPDC BUCKMAN ROAD LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

(11) CPDC ESSEX HOUSE LLC

(12) HOWARD HILL GP LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

(13) CPDC EDGEWOOD ONE LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

(14) CPDC HOLLINS HOUSE LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

CPDC HIGHLAND PARK SENIOR HOUSING

R E OWNERSHIP

VA

VA

MD

DC

DC

MD

CPDC

CPDC

CPDC

CPDC

CPDC

CPDC

-76

-24

-158,912

-149,938

-45

2,458

1,130

2,040

247

4,205

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

Nο

Nο

No

No

No

(g) (h) (i) (a) (b) (e) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization (b)(13)domicile entity (C corp, S corp, ownership income vear (state or foreign or trust) assets controlled country) entity?

(d)

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

R E OWNESHIP

IR E OWNERSHIP

IR E OWNESHIP

(1) CPDC SUBURBIA FAIRFAX LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

(2) CPDC HOWARD MANOR LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

(3) CPDC FORT STEVENS PLACE LLC

27-2014315

27-4839536

81-2108522

(c)

VA

MD

DC

								Yes	No
(,	R E OWNERSHIP	MD	CPDC	С	321,060	2,206	100 000 %		No
8403 COLESVILLE RD STE 1150		ļ			! i				
SILVER SPRING, MD 20910		ļ			ļ į				
46-5040461		,			l l	1	,		

-11

80,743

204

1.947

1,676

100 000 %

100 000 %

100 000 %

No

Nο

No

CPDC

CPDC

CPDC

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Amount Involved (d) Transaction type(a-s) Method of determining amount involved (1) **ENTERPRISE COMMUNITY PARTNERS** 13,592,086 COST В (1) ENTERPRISE COMMUNITY LOAN FUND C 58,089,717 COMPARABLE VALUE (2) COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION C 83.939.040 COMPARABLE VALUE 481 ENTERPRISE AFFORDABLE HOUSING FUND IV 1,123,321 COST (3) D (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 ENTERPRISE HOUSING PARTNERS XXVI (7) D 190,659 COST ENTERPRISE HOUSING PARTNERS XXX 791,232 COST (8) D HERITAGE BANK FUND I COST (9) D 512,295 (10) ENTERPRISE COMMUNITY LOAN FUND Е 17,000,000 COST ENTERPRISE COMMUNITY PARTNERS COST (11) L 13,395,455 (12) ENTERPRISE COMMUNITY PARTNERS М 2,377,823 COST (13) ENTERPRISE COMMUNITY PARTNERS Р 1,351,910 COST (14)ENTERPRISE COMMUNITY PARTNERS COST Q 1.684.579