

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: ENTERPRISE COMMUNITY INVESTMENT INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 11000 BROKEN LAND PARKWAY NO 700
 City or town, state or province, country, and ZIP or foreign postal code: COLUMBIA, MD 21044

D Employer identification number: 52-1206840
E Telephone number: (410) 772-2683
G Gross receipts \$ 78,799,555

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

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

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

J Website: ▶ HTTP://WWW.ENTERPRISECOMMUNITY.ORG/

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1981 **M** State of legal domicile: MD

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	267
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	142,028,757	0
9 Program service revenue (Part VIII, line 2g)	39,345,522	50,641,572
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,372	150,344
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,738,513	28,007,639
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208,134,164	78,799,555
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,580,000	10,122,433
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,256,426	39,044,663
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	25,307,886	25,498,809
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	68,144,312	74,665,905
19 Revenue less expenses. Subtract line 18 from line 12	139,989,852	4,133,650

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	325,930,158	340,739,769
21 Total liabilities (Part X, line 26)	54,844,928	57,569,324
22 Net assets or fund balances. Subtract line 21 from line 20	271,085,230	283,170,445

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-10-29
 SALLY HEBNER SVP & CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
 Firm's address ▶ 7900 TYSONS ONE PLACE STE 800 Phone no. (703) 251-1000
 MCLEAN, VA 22102

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 69,171,788 including grants of \$ 10,122,433) (Revenue \$ 78,649,211)
See Additional Data

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

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

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

4e Total program service expenses ▶ 69,171,788

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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		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		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? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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	Yes	
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows and multiple sub-rows (a-e). Columns include question text, numerical/lettered labels (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16), and Yes/No response columns.

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 13 members. Row 1b: 10 independent members. Rows 2-9: Questions about family relationships, control, governance changes, and accessibility.

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

Table with 16 rows and 3 columns (10a-16b, Yes, No). Rows 10a-16b: Questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SALLY HEBNER 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 (410) 772-2683

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with compensation amounts: 8,152,958, 812,174, 1,848,182.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 118
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.
Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.
COHNREZNICK LLP: TAX & AUDIT, 2,326,468
GALLAGHER EVELIUS & JONES LLP: LEGAL, 1,357,357
GTG CONSULTANTS PC: CONSTRUCTION CONSULTANTS, 1,027,690
DLA PIPER: LEGAL, 592,584
BOCARSLY EMDENCOWEN & ESMAIL: LEGAL, 580,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f ▶				

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a FEES FOR SERVICES		482899	50,641,572	50,641,572		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f. ▶			50,641,572			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		150,344			150,344	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents		(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
			b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19		9a				
			b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold			10b				
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a FEES FOR PARENT SERVIC		566100	25,156,916	25,156,916			
b ASSET MANAGEMENT FEES		482899	1,251,394	1,251,394			
c INTEREST ON NOTE		482899	780,181	780,181			
d All other revenue			819,148	819,148			
e Total. Add lines 11a-11d ▶			28,007,639				
12 Total revenue. See instructions ▶			78,799,555	78,649,211	0	150,344	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,122,433	10,122,433		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,366,872	2,987,721	379,151	
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	30,552,736	27,112,125	3,440,611	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,163,315	1,919,699	243,616	
9 Other employee benefits	1,554,181	1,379,161	175,020	
10 Payroll taxes	1,407,559	1,249,051	158,508	
11 Fees for services (non-employees):				
a Management				
b Legal	285,994	275,606	10,388	
c Accounting	2,695,169	2,597,270	97,899	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,299,437	2,710,536	588,901	
12 Advertising and promotion	2,953,333	2,950,248	3,085	
13 Office expenses	1,299,014	1,233,086	65,928	
14 Information technology	3,437,224	3,432,425	4,799	
15 Royalties				
16 Occupancy	1,633,340	1,546,365	86,975	
17 Travel	878,278	797,044	81,234	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	86,250	80,110	6,140	
20 Interest	2,133,317	2,133,305	12	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,357,002	2,305,989	51,013	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACQ. FEES	3,017,886	3,017,886	0	0
b LIHTC FUND SUPPORT	1,160,040	1,160,040		
c TAXES	54,866	54,866		
d				
e All other expenses	207,659	106,822	100,837	
25 Total functional expenses. Add lines 1 through 24e	74,665,905	69,171,788	5,494,117	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	23,938,862	1	28,223,411
	2 Savings and temporary cash investments	236,519	2	236,519
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	58,826,811	4	65,315,396
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	39,350,814	7	34,110,407
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,327,308	9	2,230,470
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	21,168,397		
	b Less: accumulated depreciation	14,288,026		
	11 Investments—publicly traded securities	5,888,688	11	6,557,396
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	190,800,904	13	197,185,799
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	325,930,158	16	340,739,769	
Liabilities	17 Accounts payable and accrued expenses	20,858,035	17	24,770,893
	18 Grants payable		18	
	19 Deferred revenue	4,015,308	19	4,179,223
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	29,971,585	23	28,619,208
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	54,844,928	26	57,569,324
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	251,705,215	27	269,735,828
	28 Net assets with donor restrictions	19,380,015	28	13,434,617
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	271,085,230	32	283,170,445	
33 Total liabilities and net assets/fund balances	325,930,158	33	340,739,769	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	78,799,555
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,665,905
3	Revenue less expenses. Subtract line 2 from line 1	3	4,133,650
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,085,230
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,951,565
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	283,170,445

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PRISCILLA ALMODOVAR BEG 919 DIRECTOR	1.00 39.00	X						0	221,897	6
LAURA BAILEY DIRECTOR	1.00 0.00	X						0	0	0
BILL BECKMANN END 1219 DIRECTOR	1.00 0.00	X						0	0	0
MICHAEL BERMAN END 419 DIRECTOR	1.00 0.00	X						0	0	0
JAMES BRODSKY DIRECTOR	1.00 0.00	X						0	0	0
ALICE CARR DIRECTOR	1.00 0.00	X						0	0	0
BARRY C CURTIS DIRECTOR	1.00 0.00	X						0	0	0
W KIMBALL GRIFFITH END 1219 DIRECTOR	1.00 0.00	X						0	0	0
RONALD GRZYWINSKI END 1219 DIRECTOR	1.00 0.00	X						0	0	0
ARLENE ISAACS-LOWE DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON LAYTON BEG 1219 DIRECTOR	1.00 0.00	X						0	0	0
DAVID D LEOPOLD END 1219 DIRECTOR	1.00 0.00	X						0	0	0
JUDD S LEVY DIRECTOR	1.00 0.00	X						0	0	0
BRIAN MCLAUGHLIN DIRECTOR	1.00 39.00	X						0	155,235	8,802
SAL K MIRRAN END 0319 DIRECTOR	1.00 0.00	X						0	0	0
SHEKAR NARASIMHAN DIRECTOR	1.00 0.00	X						0	0	0
ELIZABETH M STOHR DIRECTOR	1.00 0.00	X						0	0	0
J RONALD TERWILLIGER DIRECTOR	1.00 0.00	X						0	0	0
CHARLES WERHANE DIRECTOR, CEO AND PRESIDENT	40.00 0.00	X		X				1,173,159	0	301,857
LORI CHATMAN SR. VICE PRESIDENT	34.00 6.00			X				0	435,042	34,823

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY G GALENTINE VICE PRESIDENT & TREASURER	20.00 20.00			X				224,121	0	72,254
SALLY HEBNER SR. VICE PRESIDENT	20.00 20.00			X				569,337	0	49,690
ANDREW JOHNSTON SR. VICE PRESIDENT	20.00 20.00			X				332,129	0	45,991
STEPHANIE SHACK SR. VICE PRESIDENT & SECRETARY	40.00 0.00			X				329,651	0	145,450
PRADIP SITARAM SR. VICE PRESIDENT	20.00 20.00			X				677,811	0	183,091
JOSEPH A WESOLOWSKI SR. VICE PRESIDENT	40.00 0.00			X				642,755	0	240,708
SCOTT HOEKMAN PRESIDENT & CEO, EHCI LLC	20.00 20.00				X			869,570	0	269,611
KARI DOWNES EXEC. V. PRESIDENT	40.00 0.00					X		414,363	0	250,841
THOMAS EASTMAN V. PRESIDENT	40.00 0.00					X		567,393	0	48,095
CHRISTOPHER HERRMANN SR. VICE PRESIDENT	20.00 20.00					X		482,128	0	97,490

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP PORTER V. PRESIDENT	40.00 0.00					X		995,805	0	79,682
ARON WEISNER END 219 V. PRESIDENT	40.00 0.00					X		386,348	0	19,791
RAOUL MOORE FORMER SR. V. PRESIDENT	0.00 0.00						X	488,388	0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number
52-1206840

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		448,964	228,427	220,537
d Equipment		3,488,685	2,902,838	585,847
e Other		17,230,748	11,156,761	6,073,987
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				6,880,371

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN UNCONSOLIDATED PARTNERSHIPS	2,821,957	C
(2) INVESTMENTS IN SUBS	194,363,842	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	197,185,799	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>AS ENTERPRISE COMMUNITY INVESTMENT, INC. ("ECI") DOES NOT CONDUCT A SEPARATE AUDIT OF ITS FINANCIAL STATEMENTS, BELOW IS THE FIN48 FOOTNOTE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDE ECI AND ITS RELATED FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS. "WE ARE RECOGNIZED AS A 501(C)(4) SOCIAL WELFARE ORGANIZATION AND ARE EXEMPT FROM INCOME TAXES WITH RESPECT TO OUR CHARITABLE ACTIVITIES. CERTAIN OF OUR SUBSIDIARIES ARE ALSO TAX-EXEMPT ORGANIZATIONS. ENTERPRISE NOR ITS TAX-EXEMPT SUBSIDIARIES HAD UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2019 AND 2018. ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS RELATED TO OUR TAX-EXEMPT ACTIVITIES. HOWEVER, WE ARE LIABLE FOR FEDERAL AND STATE INCOME TAXES WITH RESPECT TO OUR MORTGAGE, LIHTC ASSET MANAGEMENT, AND CERTAIN NON-TAX CREDIT AFFORDABLE HOUSING INVESTMENT FUND ACTIVITIES AND, AS SUCH, RECOGNIZE CURRENT TAX EXPENSE FOR THE AMOUNT OF INCOME TAXES THAT ARE PAYABLE EACH YEAR. WE USE THE ASSET AND LIABILITY METHOD TO RECORD DEFERRED INCOME TAXES. UNDER THIS METHOD, ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THEIR RESPECTIVE TAX BASIS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATE IS RECOGNIZED IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE. WE ONLY RECOGNIZE DEFERRED TAX ASSETS TO THE EXTENT THAT IT IS MORE LIKELY THAN NOT THAT THEY WILL BE REALIZED BASED ON CONSIDERATION OF AVAILABLE EVIDENCE, INCLUDING TAX PLANNING STRATEGIES AND OTHER FACTORS. WE RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. IF THE MORE-LIKELY-THAN-NOT THRESHOLD IS MET, THE TAX POSITION IS TO BE MEASURED AT THE LARGEST AMOUNT OF THE BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2016 REMAIN OPEN. AT DECEMBER 31, 2019, WE HAVE FEDERAL AND STATE NET OPERATING LOSS CARRYFORWARDS OF \$24.7 MILLION AND \$32.7 MILLION, RESPECTIVELY. THESE LOSS CARRYFORWARDS WILL EXPIRE BETWEEN 2034 AND 2039 FOR FEDERAL AND STATE PURPOSES. A VALUATION ALLOWANCE OF \$1.7 MILLION AND \$3.5 MILLION HAS BEEN ESTABLISHED AS OF DECEMBER 31, 2019 AND 2018, RESPECTIVELY, DUE TO THE UNCERTAINTY OF REALIZING CERTAIN OF THESE STATE LOSS CARRYFORWARDS AND CERTAIN OTHER DEFERRED TAX ASSETS. BASED ON PROJECTIONS OF FUTURE TAXABLE INCOME, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE DEFERRED TAX ASSETS, NET OF ANY VALUAT</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>ION ALLOWANCE, WILL BE REALIZED. THE AMOUNT OF DEFERRED TAX ASSETS CONSIDERED REALIZABLE COULD BE REDUCED IF ESTIMATES OF FUTURE TAXABLE INCOME ARE REDUCED. UNCERTAIN TAX POSITIONS WE CONDUCT BUSINESS THROUGHOUT THE UNITED STATES AND, AS A RESULT, WE FILE INCOME TAX RETURNS IN FEDERAL AND VARIOUS STATE JURISDICTIONS. ALTHOUGH THERE ARE CURRENTLY NO ONGOING EXAMINATIONS BY STATE JURISDICTIONS, THE STATUTE OF LIMITATIONS HAS NOT YET EXPIRED ON SEVERAL OF OUR TAX FILINGS. WE ALSO REMAIN SUBJECT TO EXAMINATION OF ALL OF OUR FEDERAL INCOME TAX RETURNS FOR 2016 AND SUBSEQUENT YEARS. WE ALSO GENERALLY REMAIN SUBJECT TO THE EXAMINATION OF OUR VARIOUS STATE INCOME TAX RETURNS FOR A PERIOD OF FOUR TO FIVE YEARS FROM THE DATE THE RETURN WAS FILED. OUR MOST SIGNIFICANT STATE TAX EXPOSURE IS WITHIN MARYLAND, THE LOCATION OF OUR HEADQUARTERS. THE FILING OF INCOME TAX RETURNS REQUIRES MANAGEMENT TO ASSESS AND MEASURE UNCERTAIN TAX POSITIONS. UPON EXAMINATION OF TAX POSITIONS TAKEN, MANAGEMENT CONCLUDED THAT ALL POSITIONS TAKEN ON ITS TAX RETURNS EXCEED THE MORE-LIKELY-THAN-NOT THRESHOLD AND EXPECTS TO REALIZE THE BENEFIT OF ALL POSITIONS IF EXAMINED BY A TAXING AUTHORITY. AS A RESULT, MANAGEMENT CONCLUDED THAT THERE WERE NO UNCERTAIN POSITIONS THAT REQUIRED MEASUREMENT IN OR ADJUSTMENT TO OUR CONSOLIDATED FINANCIAL STATEMENTS.</p>

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

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

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number
52-1206840

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044	52-1231931	501(C)(3)	9,681,525		FMV		GENERAL SUPPORT
(2) ENTERPRISE HOMES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044	52-1888775	501(C)(3)	440,908		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	IN THE NORMAL COURSE OF BUSINESS, ENTERPRISE COMMUNITY INVESTMENT MAY MAKE GRANTS TO OTHER ORGANIZATIONS, INCLUDING ITS 501(C)(3) PARENT, FOR THE PURPOSE OF SUPPORTING THEIR OPERATING ACTIVITIES. THE USE OF GRANT FUNDS IS MONITORED THROUGH THE REVIEW OF OPERATING RESULTS AND DISCUSSIONS WITH MANAGEMENT. GRANTS MADE TO THIRD PARTIES ALSO INCLUDE ASSESSING THE IMPACT THOSE ORGANIZATIONS MAKE ON THEIR POPULATION SERVED, SUCH AS NUMBER OF UNITS PRODUCED, SERVICES PROVIDED, ETC.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number
52-1206840

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	Yes								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes								
	6b	Yes								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	SCHEDULE J, PART I, LINE 4A: ARON WEISNER, VICE PRESIDENT AND HIGHLY COMPENSATED EMPLOYEE, RECEIVED A SEVERANCE PAYMENT OF \$51,830 IN 2019. SCHEDULE J, PART I, LINE 4B: THE PLAN PROVIDES FOR EMPLOYER ANNUAL DISCRETIONARY CONTRIBUTIONS. FOR EMPLOYEES THAT ARE UNDER THE AGE OF 55 OR WITH LESS THAN 5 YEARS OF SERVICE CONTRIBUTIONS TO THE PLAN VEST AFTER 3 YEARS AND UPON VESTING, THE EMPLOYER CONTRIBUTIONS ARE PAID TO THE COVERED EMPLOYEES. FOR EMPLOYEES THAT ARE AT LEAST 55 YEARS OF AGE AND WITH FIVE YEARS OF SERVICE THE CONTRIBUTIONS VEST IMMEDIATELY. EMPLOYEES WHO RECIEVED PAYMENTS IN 2019 INCLUDED KARI DOWNES \$23,075, JEFFREY GALENTINE \$21,635, SCOTT HOEKMAN \$369,736, PHILIP PORTER \$19,433, PRADIP SITARAM \$229,215, CHARLES WERHANE \$211,376, JOSEPH WESOLOWSKI \$152,661, CHRISTOPHER HERRMANN \$31,447, SALLY HEBNER \$56,101, THOMAS EASTMAN \$24,860, ARON WEISNER \$17,988, AND RAOUL MOORE \$303,665. ADDITIONALLY, STEPHANIE SHACK PARTICIPATED IN THE PLAN; HOWEVER, NO PAYMENTS FROM THE PLAN WERE RECEIVED DURING 2019.
PART I, LINE 5	PRODUCTION STAFF RECEIVE COMPENSATION BASED ON JOB PERFORMANCE AND THE AMOUNT OF ACQUISITION FEES GENERATED ON PROPERTIES ACQUIRED THAT FULFILL THE MISSION OF PROVIDING AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS AND FAMILIES.
PART I, LINE 6A:	THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT IS PARTIALLY CALCULATED BASED ON THE NET INCOME OF THE ORGANIZATION AS WELL AS SPECIFIC QUALITATIVE GOALS MET BY THE EMPLOYEE.
PART I, LINE 6B:	OFFICERS AND OTHER EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN OBJECTIVES ALIGNED WITH THE MISSION OF THE ORGANIZATION.
PART I, LINE 7:	OFFICERS AND OTHER EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN FINANCIAL TARGETS AND OTHER INDIVIDUAL PERFORMANCE CRITERIA.

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number

52-1206840

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I AND FORM 990, PART X	AS MANAGEMENT WAS PREPARING THIS 2019 FORM 990, WE NOTED CERTAIN AMOUNTS THAT HAD BEEN DISCLOSED IN PART I, SUMMARY AND PART X, BALANCE SHEET OF OUR 2018 FORM 990 THAT REQUIRED ADJUSTMENT. ACCORDINGLY, IN THIS 2019 FORM 990, WE UPDATED CERTAIN PRIOR YEAR AMOUNTS IN PART I, SUMMARY AND CERTAIN BEGINNING OF YEAR AMOUNTS IN PART X, BALANCE SHEET TO REFLECT THE ADJUSTED AMOUNTS OR BALANCES. THESE ADJUSTMENTS DID NOT LEAD TO ANY CHANGE IN REVENUE LESS EXPENSES OR REPORTED NET ASSETS FOR 2018.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE STOCKHOLDER OF ECI IS ITS PARENT, ENTERPRISE COMMUNITY PARTNERS, A 501(C)(3) ORGANIZATION. THE MISSION OF ENTERPRISE COMMUNITY PARTNERS IS TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ENTIRE BOARD IS GIVEN THE OPPORTUNITY TO REVIEW THE 990 AND PROVIDE ANY COMMENTS AND CONCERNS. AFTER ALL COMMENTS AND CONCERNS HAVE BEEN ADDRESSED THE FORM 990 IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL CONFLICT OF INTEREST DISCLOSURE EXERCISE IS PERFORMED BY ENTERPRISE COMMUNITY INVESTMENT, INC. EVERY YEAR. THE EXERCISE REQUIRES EACH EMPLOYEE AND DIRECTOR TO READ THE BUSINESS ETHICS POLICY AND COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFYING ANY POSSIBLE CONFLICTS KNOWN. NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THIS CONFLICT OF INTEREST DISCLOSURE FORM UPON HIRING. THE CHIEF AUDIT EXECUTIVE REVIEWS AND APPROVES THE DISCLOSURE DOCUMENT CONTENT, AND FOLLOWS UP ON ANY CONCERNS WITH EMPLOYEES. FOR NEW HIRES, A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS FOR FUTURE REFERENCE. GENERAL COUNSEL REVIEWS ALL DISCLOSURE FORMS FROM THE BOARD OF DIRECTORS AND FOLLOWS UP IF THERE ARE ANY ISSUES, IN ACCORDANCE WITH THE PROCEDURE SET FORTH IN THE POLICY.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, LINE 1D, TOTAL COMPENSATION:	INCLUDED IN TOTAL COMPENSATION FOR THE CURRENT PERIOD ARE PAYMENTS OF PRIOR YEAR DEFERRED COMPENSATION AWARDS. THESE AMOUNTS WHICH CAN BE FOUND ON SCHEDULE J COLUMN F FOR EACH INDIVIDUAL HAD BEEN REPORTED IN PREVIOUS YEARS AS WELL AS INCLUDED IN THE CURRENT YEAR COMPENSATION TOTALS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, REDUCTION OF OFFICERS REPORTED	AS OUR ORGANIZATION HAS GROWN OUR TAX STRUCTURE HAS CHANGED OVER THE YEARS. AS THESE CHANGES OCCURRED WE HAVE CONTINUED TO GIVE EMPLOYEES THE TITLES OF VICE PRESIDENT AND SENIOR VICE PRESIDENT. AFTER A THOROUGH REVIEW OF OUR GOVERNING BY-LAWS WE HAVE DETERMINED THAT MANY OF THE INDIVIDUALS WITH THESE TITLES DO NOT MEET THE DEFINITION OF AN OFFICER AS STATED IN THESE DOCUMENTS. THE BY-LAWS STATE THAT AN OFFICER IS SOMEONE THAT CAN STEP IN FOR THE PRESIDENT IN THE EVENT THEY CANNOT PERFORM THEIR DUTIES. IN 2019 WE PRESENTED OUR FINDINGS TO THE BOARD OF TRUSTEES IN THE FORM OF A PROPOSED RESOLUTION TO FORMALLY REDUCE THE NUMBER OF OFFICERS IN THE ORGANIZATION TO THOSE THAT TRULY MEET THE DEFINITION IN OUR BY-LAWS. THIS RESOLUTION WAS PASSED BY THE BOARD. IT IS OUR BELIEF THAT WE HAVE BEEN INCORRECTLY REPORTING THE OFFICERS OF THE ORGANIZATION ON OUR 990S OVER THE YEARS, AND WE HAVE ADJUSTED FORM 990, PART VII AND SCHEDULE J FOR 2019 TO MORE ACCURATELY REPORT THE OFFICERS OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY IN EARNINGS OF AFFILIATES AND SUBS 6,107,579. IMPACT OF CHANGE IN ACCT. POLICY 4,590,986. REALLOCATION OF INTERESTS IN SUB -2,747,000.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number

52-1206840

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ENTERPRISE BUSINESS PARTNERS LLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-4154371	I.T. SERVICES	MD	-70,712	303,413	ECI
(2) ENTERPRISE REALTY PARTNERS LLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 46-1163730	NEW MARKETS ADVISORY	MD	910,515	20,688,745	ECI
(3) ESIC COMMUNITY PARTNERS LLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-1583082	INVESTMENTS IN NEW MKTS TAX CREDITS	MD	-11	9,206	ECI

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1206840	AFF. HOUSING	MD	501(C)(3)	LINE 7	N/A		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-0192004	FINANCING	MD	501(C)(3)	LINE 12A	ECI INC	Yes	
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-3262997	AFF. HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1742031	AFF. HOUSING	MD	501(C)(3)	LINE 7	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-3846733	AFF. HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2389470	AFF. HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
1 WHITHALL STREET NEW YORK, NY 10004 13-3811616	AFF. HOUSING	NY	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 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 52-1939680	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	
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	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ENTERPRISE GROUP INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1348268	AFF. HOUSING	MD	ECI	C			100.000 %	Yes	
ENTERPRISE NEW ORLEANS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4201991	AFF. HOUSING	MD	ECP INC	C	-71	4,671,027	100.000 %		No
ENTERPRISE OWNERSHIP INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-5572028	LIHTC	MD	ECI	C	-970,162	6,499,458	100.000 %	Yes	
EMPLOYMENT OPPORTUNITIES INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1962418	NEW MKT ADVISORY	MD	EOWN	C		9,347	100.000 %	Yes	
ENTERPRISE EQUITIES INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1669796	BROKERS\DEALER	MD	EOWN	C		184,147	100.000 %	Yes	
ENTERPRISE HOUSING INITIATIVES OF NY INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1751213	LIHTC	MD	EOWN	C	-3,605	407,288	100.000 %	Yes	
EAM ASSOCIATES INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2332045	AFF. HOUSING	MD	ECAM	C	-1,649	174,528	100.000 %	Yes	
ENTERPRISE COMMUNITY HOUSING ORGANIZATION 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1440653	AFF. HOUSING	MD	ECAM	C	-13,550	479,385	100.000 %	Yes	
ENTERPRISE COMMUNITY ASSET MANAGEMENT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 90-0863384	AFF. HOUSING	MD	EOWN	C	3,899,054	20,768,393	100.000 %	Yes	
ENTERPRISE MORTGAGE HOLDINGS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 80-0830074	AFF. HOUSING	MD	EOWN	C	-4,613,135	64,110,720	100.000 %	Yes	
ENTERPRISE GRATZ 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1770274	AFF. HOUSING	MD	EOWN	C		13,497	100.000 %	Yes	
CPDC III INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2333995	R.E. OWNERSHIP	DC	CPDC	C	-1,333	554,549	100.000 %	Yes	
CPDC IV INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2331704	R.E. OWNERSHIP	DC	CPDC	C	-1,309	171,240	100.000 %	Yes	
CPDC V INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2333997	R.E. OWNERSHIP	DC	CPDC	C	-1,952	611,668	100.000 %	Yes	
CPDC BATES INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 02-0593843	R.E. OWNERSHIP	DC	CPDC	C	-1,982	2,652,277	100.000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CPDC ISLAND WALK INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 41-2098344	R.E. OWNERSHIP	DC	CPDC	C	204,674	5,505,669	100.000 %	Yes	
CPDC 1330 7TH STREET INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 77-0594065	R.E. OWNERSHIP	DC	CPDC	C	-686	1,002,198	100.000 %	Yes	
CPDC INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-1675960	R.E. OWNERSHIP	DC	CPDC	C	-185,612	5,671,108	100.000 %	Yes	
CPDC OXFORD MANOR INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 33-1081385	R.E. OWNERSHIP	MD	CPDC	C	-2,044	358,500	100.000 %	Yes	
CPDC PARKSIDE TERRACE INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-3970185	R.E. OWNERSHIP	DC	CPDC	C	-1,289	2,286	100.000 %	Yes	
CPDC WHEELER TERRACE INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-8946425	R.E. OWNERSHIP	DC	CPDC	C	-1,047	4,689,330	100.000 %	Yes	
CPDC MAYFAIR MANSIONS INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-4762456	R.E. OWNERSHIP	DC	CPDC	C	-1,586	50,314	100.000 %	Yes	
CPDC ADMIRAL LLC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 26-3145362	R.E. OWNERSHIP	MD	CPDC	C	-1,026	947	100.000 %	Yes	
MAYFAIR MANSIONS RENTAL GP LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-4762570	R.E. OWNERSHIP	DC	CPDC	C	-1,607	2,706	100.000 %	Yes	
CPDC BUCKMAN ROAD LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3887423	R.E. OWNERSHIP	VA	CPDC	C	-512	2,679	100.000 %	Yes	
CPDC HIGHLAND PARK SENIOR HOUSING LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4330975	R.E. OWNERSHIP	VA	CPDC	C	9,437	531,945	100.000 %	Yes	
CPDC ESSEX HOUSE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-1626639	R.E. OWNERSHIP	MD	CPDC	C	-160,704	2,045,057	100.000 %	Yes	
HOWARD HILL GP LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-0966653	R.E. OWNERSHIP	DC	CPDC	C	-1,032	1,264	100.000 %	Yes	
CPDC EDGEWOOD ONE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-3623472	R.E. OWNERSHIP	DC	CPDC	C	-1,809	81,600	100.000 %	Yes	
CPDC HOLLINS HOUSE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4758923	R.E. OWNERSHIP	MD	CPDC	C			100.000 %	Yes	

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

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								Yes	No
HOLLINS HOUSE DEVELOPMENT LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-5040461	R.E. OWNERSHIP	MD	CPDC	C	410,011	512,821	100.000 %	Yes	
CPDC SUBURBIA FAIRFAX LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-2014315	R.E. OWNESHIP	VA	CPDC	C	-1,138	447	100.000 %	Yes	
CPDC HOWARD MANOR LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-4839536	R.E. OWNERSHIP	MD	CPDC	C	-17		100.000 %	Yes	
CPDC FORT STEVENS PLACE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-2108522	R.E. OWNESHIP	DC	CPDC	C	-1,032	1,264	100.000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ENTERPRISE COMMUNITY PARTNERS INC	B	9,681,525	COST
ENTERPRISE COMMUNITY PARTNERS INC	L	4,861,739	COST
ENTERPRISE COMMUNITY PARTNERS INC	M	1,722,016	COST
ENTERPRISE COMMUNITY PARTNERS INC	P	1,872,347	COST
ENTERPRISE COMMUNITY PARTNERS INC	Q	850,507	COST
ENTERPRISE COMMUNITY PARTNERS INC	O	6,782,413	COST
ENTERPRISE COMMUNITY LOAN FUND INC	E	17,000,000	COST
M & T AFFORDABLE HOUSING FUND III LP	D	1,545,000	COST
CALGREEN VI LLLP	D	905,751	COST
ENTERPRISE HOMES INC	B	440,908	COST
WINCOPIN CIRCLE LLLP	D	12,414,334	COST
ENTERPRISE HOMES INC	D	31,510,407	COST
COMMUNITY HOUSING INC	D	2,600,000	COST
ENTERPRISE HOMES INC	A	697,711	COST
COMMUNITY HOUSING INC	L	593,042	COST
COMMUNITY HOUSING INC	O	379,158	COST
COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION	L	649,146	COST
COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION	O	415,028	COST
COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION	Q	51,283	COST
ENTERPRISE HOMES INC	L	1,372,477	COST
ENTERPRISE HOMES INC	O	1,059,976	COST
ENTERPRISE HOMES INC	Q	581,914	COST
ENTERPRISE COMMUNITY LOAN FUND INC	L	1,842,751	COST
ENTERPRISE COMMUNITY LOAN FUND INC	O	872,071	COST
ENTERPRISE COMMUNITY LOAN FUND INC	Q	134,721	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ENTERPRISE COMMUNITY ASSET MANAGEMENT INC	L	2,695,589	COST
ENTERPRISE COMMUNITY ASSET MANAGEMENT INC	O	2,533,377	COST
ENTERPRISE COMMUNITY ASSET MANAGEMENT INC	Q	276,699	COST
ENTERPRISE OWNERSHIP INC	L	621,556	COST
ENTERPRISE OWNERSHIP INC	O	234,970	COST
ENTERPRISE FUND MANAGER LLC	L	340,345	COST
ENTERPRISE FUND MANAGER LLC	O	366,851	COST
ENTERPRISE FUND MANAGER LLC	Q	19,682	COST
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	L	499,868	COST
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	O	158,718	COST
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	Q	223,628	COST
ENTERPRISE MORTGAGE HOLDINGS INC	L	394,564	COST
ENTERPRISE MORTGAGE HOLDINGS INC	O	390,260	COST
ENTERPRISE TECHNOLOGY COMPANY LLC	L	373,520	COST
ENTERPRISE TECHNOLOGY COMPANY LLC	O	685,871	COST