DLN: 93493304011690

OMB No. 1545-0047

2019

Form **990**

Department of the

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

Return of Organization Exempt From Income Tax

▶ 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.

Open to Public Inspection

		nue Service	<u> </u>							
			alendar year, or tax year beg C Name of organization	inning 01-01-2019 , and ending 12	-31-2019	2.5				
		pplicable: change	ENTERPRISE COMMUNITY INVEST	MENT INC		D Employer	dentif	fication number		
☐ Nai		-				52-12068	340			
□ Init		-	Doing business as							
		n/terminated			4	E Telephone	number			
		d return on pending	Number and street (or P.O. box if 11000 BROKEN LAND PARKWAY N	mail is not delivered to street address) Room IO 700	/suite					
ш Арі	Jilcatio	on penaing	City or town, state or province, co	ountry, and ZIP or foreign postal code		(410) 77	2-2683			
			COLUMBIA, MD 21044	nunci y, and 21r of foreign postal code		G Gross rece	into ¢ 7	9 700 555		
			F Name and address of princi	nal officer:	117-7 *		· · · · ·			
			SALLY HEBNER	par officer.		this a group retu	ırn tor	□Yes ☑ No		
			11000 BROKEN LAND PARKWA COLUMBIA, MD 21044	AY NO 700		ıbordinates? re all subordinate	s			
r Tax	(-exen	npt status:			─ ` ´ in	cluded?		☐ Yes ☐No		
			☐ 501(c)(3) ☑ 501(c)(4)			"No," attach a lis	•	•		
J W	ebsit	e:▶ HTT	P://WWW.ENTERPRISECOMMUI	NITY.ORG/	n(c) G	roup exemption r	iumber	•		
<u> </u>				🗖	L Year of f	formation: 1981	M State	of legal domicile:		
∢ Forn	n of or	rganization:	Corporation Trust As	sociation L Other >			MD	or regar deriment.		
Pa	ırt I	Sumi	mary							
		Briefly des	cribe the organization's mission	or most significant activities:						
		TO CREATI		D MODERATE INCOME PEOPLE THROUG	H AFFORDAB	LE HOUSING IN [DIVERS	E, THRIVING		
JC e	_	COMMONI	ITES.							
E	_									
Ae Ae	-									
Activities & Governance		Check thi		1 4.						
×			of voting members of the govern	ning body (Part VI, line 1a) of the governing body (Part VI, line 1b)		•	3	13		
Sec			4	10						
			• •	calendar year 2019 (Part V, line 2a) .		• •	5	267		
ACI			nber of volunteers (estimate if n	, ,			6			
				art VIII, column (C), line 12		•	7a	0		
	b	Net unrel	ated business taxable income fr	om Form 990-T, line 39	· · ·	· ·	7b			
	_					Prior Year		Current Year		
ġ			ontributions and grants (Part VIII, line 1h)							
Rəvenue		_	•	39,345,52						
æ				, lines 3, 4, and 7d)			21,372			
			renue (Part VIII, column (A), line			26,738,51	_	28,007,639 78,799,559		
	_			nust equal Part VIII, column (A), line 12)		208,134,16	_	· · · · · ·		
			, ,	, column (A), lines 1–3)		7,580,00	0	10,122,43		
			paid to or for members (Part IX,		,	25.254.45	0	20.044.66		
Expenses				benefits (Part IX, column (A), lines 5-10)	35,256,42	_	39,044,663		
e)	_		• • • • • • • • • • • • • • • • • • • •	umn (A), line 11e)			0			
<u> </u>			aising expenses (Part IX, column (D	· ———		25.22.2		25.400.00		
			, , , , , , , , , , , , , , , , , , , ,	s 11a-11d, 11f-24e)		25,307,88	-	25,498,809		
		•	•	qual Part IX, column (A), line 25)		68,144,31	_	74,665,90		
· w	19	Revenue	less expenses. Subtract line 18	from line 12		139,989,85	_	4,133,650		
Net Assets or Fund Balances					Beginn	ning of Current Ye	ar	End of Year		
alai alai	20	Total asse	ets (Part X, line 16)			325,930,15	58	340,739,769		
A B			ilities (Part X, line 26)			54,844,92	_	57,569,324		
F E			s or fund balances. Subtract line			271,085,23		283,170,44		
	rt II		ature Block				~			
Jnder	pena	alties of pe	erjury, I declare that I have exa	mined this return, including accompanyi						
knowl any ki			f, it is true, correct, and comple	te. Declaration of preparer (other than o	officer) is base	ed on all informat	ion of v	which preparer has		
arry ici	101110	ı.								
		<u> </u>				2020-10-29				
Sign		Signati	ure of officer			Date				
Here	:		HEBNER SVP & CFO							
		17	r print name and title							
_	_	Pi	rint/Type preparer's name	Preparer's signature	Date		IN 148501	7		
Paic		<u> </u>	irmis name. A DELOITE TAVELS			self-employed				
Prep		71	irm's name DELOITTE TAX LLP			Firm's EIN ► 86-1	065//2			
Use	On	ly ြ	irm's address ► 7900 TYSONS ONE P	LACE STE 800		Phone no. (703) 25	51-1000			
			MCLEAN, VA 22102							
Mav t	he IR	S discuss		own above? (see instructions)			▽ \	res □ No		

Вa	990 (2019)					Page					
Τа	rt III Statemen	t of Program Servic	e Accomplis	hments							
	Check if Sch	edule O contains a respo	nse or note to	any line in this Part III .		🗹					
		organization's mission:									
ENT JT.	RAL TO THISMISSIO WE BELIEVE THAT T	N, ENTERPRISE'S FUNDA HESE OPPORTUNITIES A	AMENTAL COMM ARE BEST PROVI	ITMENT TO GIVE PEOPL DED IN COMMUNITIES \	RDABLE HOUSING IN DIVERSE, E LIVING IN POVERTY AN OPPOR WITH A DIVERSE MIX OFAFFORD MENT TO THE ENVIRONMENT AN	RTUNITY TO MOVE UP AND PABLE AND MARKET					
	Did the organization	n undertake any significa	int program ser	vices during the year wh	ich were not listed on						
		or 990-EZ?				🗌 Yes 🗹 No					
	•	ese new services on Sch									
	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?	ese changes on Schedul		=		☐ Yes ☑ No					
ı	Describe the organic Section 501(c)(3) a	zation's program service	accomplishmer	to report the amount of	argest program services, as mea grants and allocations to others						
а	(Code: See Additional Data) (Expenses \$	69,171,788	including grants of \$	10,122,433) (Revenue \$	78,649,211)					
b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)					
	(Code:) (Expenses \$		including grants of \$) (Revenue \$)					
 ;	(Code:) (Expenses \$		including grants of \$) (Revenue \$)					
c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)					
c) (Expenses \$	ıle O.)	including grants of \$) (Revenue \$						

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Form 990 (2019) Page 3										
Par	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		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	3		No						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4								
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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? <i>If "Yes," complete Schedule D,</i> Part 2	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? If "Yes," complete Schedule D, Part II	7		No						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	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.									
	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							
	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						
	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 2	11c	Yes							
	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 2	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	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						

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

14a

14b

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20a

20b

21

Yes

Form **990** (2019)

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • •	4a		No
Ь	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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?	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management			
_			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <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 Revenue	e Code		
			Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
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	Own website Another's website Upon request Other (explain in Schedule O) 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			
	FORLET HEBITER 11000 DROKEN LAND FARKWAT COLONIDIA, PID 21044 (410) 772-2003			n (2019)

Name and title

Part VII

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

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

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

 \checkmark

(F)

Estimated

amount of other

compensation

from the

Reportable

compensation

from related

organizations

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

• 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) (C) (B) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

Average

hours per

week (list

any hours

	for rolated	tod						- (\M-2/1099-	(1)/ 2/1000	organization and
	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
See Additional Data Table										

Form 990 (2019)	•											Page 8
Part VII Section A. Officers, Direct (A) Name and title	(B) Average hours per week (list any hours	Position than of is b	on (do	(C) lo no lox, u	c) ot che unles	neck mo	ore son	(D) Reportable compensatio from the organizatior	(E) Reportable compensatio from related organization	on d	(F) Estimated amount of other compensation from the organization and related organizations	
	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)	- (
See Additional Data Table												
		<u> </u>	<u> </u>	<u> </u>	<u> </u>		!					
			\vdash	\vdash	\vdash	_				_		
			\vdash	\vdash	\vdash	+				_		
			\vdash		\vdash	 	H					
			<u> </u>	<u> </u>	<u> </u>	<u> </u>						
		<u> </u>	\vdash		\vdash	_						
1b Sub-Total	art VII, Section					P	<u></u>	8,152,958	812,1	74		1,848,182
2 Total number of individuals (including of reportable compensation from the			e list	ed a	bov	e) who) rece	eived more thar	\$100,000			
3 Did the organization list any former line 1a? If "Yes," complete Schedule			:ee, k	.ey e	mpl •	oyee,	or hi	ghest compensa	ated employee on	3	Yes Yes	No
4 For any individual listed on line 1a, is organization and related organization individual	the sum of reposit greater than \$	ortable (\$150,00 • •	comp 0? <i>If</i>	ensa "Yes	ation s," c	n and o comple	other te Sc	compensation chedule J for suc	from the ch	4	Yes	
5 Did any person listed on line 1a receivervices rendered to the organization									individual for	5		No
Section B. Independent Contract				_	_		_					
Complete this table for your five high from the organization. Report competent	nsation for the c								ation's tax year.	mpens		
	(A) and business addre	ess							(B) Description of services		Compe	nsation
COHNREZNICK LLP 7501 WISCONSIN AVE BETHESDA, MD 208146583								TAX & A	וזמחא		2	2,326,468
GALLAGHER EVELIUS & JONES LLP 218 N CHARLES ST								LEGAL			1	,357,357
BALTIMORE, MD 21201 GTG CONSULTANTS PC 350 W ONTARIO ST								CONSTR	RUCTION CONSULTANT	S	1	,027,690
CHICAGO, IL 60654 DLA PIPER								LEGAL				592,584
6225 SMITH AVE BALTIMORE, MD 21209 BOCARSLY EMDENCOWEN & ESMAIL				—	—			LEGAL				580,000
7700 OLD GEORGETOWN RD BETHESDA, MD 20814	··· Conducting but		-:50d	+l		listod.	- hav		than #100 0	20 af		
2 Total number of independent contractor compensation from the organization ▶		not iiii	ilteu t		105e	listeu	abov	/e) who receive	а тоге инан этоо,о		Form 90	

orm 9			- f F							Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			\square
		Check if Sched	auie	O CONCAINS A	respo	mise of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1a	Federated campa	igns	[1 a					
Contributions, Gifts, Grants and Other Similar Amounts	Ł	Membership due	s.	. [1 b					
, Gr	(: Fundraising even	its .	· [1c					
ifts, ar A		d Related organiza		Ŀ	1d					
s, G		Government grants	-	Ļ	1e					
ion r Si	f	All other contribution and similar amounts			1f					
ibut He	9	above Noncash contribution	ns in	cluded in						
on the		lines 1a - 1f:\$		L	1g					
<u>ಕ ಬ</u>		h Total. Add lines	1a-1	f	•	>				
	_	FFEC FOR CERVACEC				Business Code	50,641,572	50,641,572		
æ	2a	FEES FOR SERVICES				482899	30,011,372	30,011,372		
Program Service Revenue	b									
æ	_									
vice.	С									
Se	d									
gran	_									
Prog	е									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				50,641,572	•	1	ı	
		Investment income imilar amounts)		luding divide		nterest, and other	150,344	4		150,344
		Income from invest	men	t of tax-exer	npt bo	ond proceeds >				
	5 F	Royalties	·	(i) Rea		•				
				(I) Rea	1	(ii) Personal	+			
		Gross rents	6a				1			
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c				1			
		Net rental income		(loss)						
				(i) Securi	ties	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses	Ш				1			
	С	Gain or (loss)	7c							
		Net gain or (loss)								
e n		Gross income from fu (not including \$		of						
Other Revenue		contributions reporte See Part IV, line 18		line 1c).	8a					
Re	b	Less: direct expen	ses		8b		-			
her	c	Net income or (los	s) fr	om fundraisi	ng ev	ents				
	9a	Gross income from	aami	ing activities.						
		See Part IV, line 19			9a					
		Less: direct expen			9b]			
	С	Net income or (los	ss) fr	om gaming a	activit	les >	1			
	10a	Gross sales of inverse returns and allowa	entor	y, less						
		Less: cost of good			10a 10b		4			
		Net income or (los					_			
		Miscellaneo	us R	evenue		Business Code				
	11	afees for paren	T SE	RVIC		566100	25,156,916	25,156,916		
						493900	1 351 304	1 351 304		
	b	ASSET MANAGEM	ENT	FEES		482899	1,251,394	1,251,394		
	r	INTEREST ON NO	TF			482899	780,181	780,181		
		THIEVEST ON NO	· L			.5233.				
	d	All other revenue					819,148	819,148		
	е	Total. Add lines 1	1a-1	1d		•	28,007,639			
	12	Total revenue. S	ee ir	structions .			78,799,555			150,344
							10,133,333	1 /0,043,211	1	Form 000 (2010)

	n 990 (2019)				Page 10
P	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omploto all columns	All other organization	ns must complete solu	ımn (A)
	Check if Schedule O contains a response or note to an		_		ımn (A).
	not include amounts reported on lines 6b, 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		<u> </u>
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				
Ŀ	Legal	285,994	275,606	10,388	
c	Accounting	2,695,169	2,597,270	97,899	
c	l 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)	3,299,437	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				
	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	
	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				
	Check here F Li ii following 50P 96-2 (ASC 958-720).				

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Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities

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 .

Deferred revenue

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

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24 25

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33

325,930,158

20,858,035

4.015.308

29,971,585

54.844.928

251,705,215

19,380,015

271,085,230

325,930,158

Page 11

340,739,769

24,770,893

4.179.223

28,619,208

57.569.324

269.735.828

13,434,617

283,170,445

340,739,769

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part IX			🗆
	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	23,938,862	1	28,223

1	Cash-non-interest-bearing	23,938,862	1	28,223,41
2	Savings and temporary cash investments	236,519	2	236,51
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	58,826,811	4	65,315,39
l –				

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

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 39.350.814 Notes and loans receivable, net 7

Inventories for sale or use

34.110.407 Assets Prepaid expenses and deferred charges . . . 1,327,308 9 2,230,470 10a Land, buildings, and equipment: cost or other

10a 21,168,397 basis. Complete Part VI of Schedule D 10b 14,288,026 5,560,252 10c 6,880,371 b Less: accumulated depreciation

11 Investments—publicly traded securities . 5,888,688 11 6,557,396 12 Investments—other securities. See Part IV, line 11 . 12 190,800,904 13 197,185,799 13 Investments-program-related. See Part IV, line 11 .

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Form 990 (2019)

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.

Additional Data

Software ID:

Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC

Form 990 (2019)

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

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

and Independent Contractors

ALICE CARR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BARRY C CURTIS

.........

W KIMBALL GRIFFITH END 1219

RONALD GRZYWINSKI END 1219

ARLENE ISAACS-LOWE

	any hours	and	a dir	ecto	,	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
PRISCILLA ALMODOVAR BEG 919 DIRECTOR	1.00 39.00	Х						0	221,897	6
LAURA BAILEY DIRECTOR	0.00	Х						0	0	0
BILL BECKMANN END 1219 DIRECTOR	1.00	Х						0	0	0

	"""						
BILL BECKMANN END 1219	1.00	V			0	0	
DIRECTOR	0.00	X			0	U	
MICHAEL BERMAN END 419	1.00	V				0	
DIRECTOR	0.00	X			0	o o	ı
JAMES BRODSKY	1.00						

1.00

0.00 1.00

0.00 1.00

0.00 1.00

0.00 1.00

0.00

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	0.00						
MICHAEL BERMAN END 419	1.00	v			0	0	
DIRECTOR	0.00	^					
JAMES BRODSKY	1.00				0	0	
DIRECTOR	0.00	^					

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

8,802

301,857

34,823

0

0

0

435,042

1,173,159

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

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

ELIZABETH M STOHR

J RONALD TERWILLIGER

CHARLES WERHANE

SR. VICE PRESIDENT

LORI CHATMAN

.......

DIRECTOR, CEO AND PRESIDENT

	,					,		0.90	(1)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DON LAYTON BEG 1219 DIRECTOR	1.00 0.00	Х						0	0	0
DAVID D LEOPOLD END 1219 DIRECTOR	0.00	Х						0	0	0
JUDD S LEVY DIRECTOR	1.00 0.00	Х						0	0	0
BRIAN MCLAUGHLIN	1.00									

		I X		l .	1 11	1 (1	
DIRECTOR	0.00						
BRIAN MCLAUGHLIN	1.00	_			0	155,235	
DIRECTOR	39.00	^			9	133,233	
SAL K MIRRAN END 0319	1.00	Y			0	0	
DIRECTOR	0.00	^				0	
	4 00						

BRIAN MCLAUGHLIN	1.00	v			0	155,235	
DIRECTOR	39.00	^			0	133,233	
SAL K MIRRAN END 0319	1.00	v			0	C	
DIRECTOR	0.00	^			0	0	
SHEKAR NARASIMHAN	1.00				_		
		X			0	0	

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0.00 1.00

0.00 1.00

0.00 40.00

0.00 34.00

6.00

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

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

and Independent Contractors

PRADIP SITARAM

SR. VICE PRESIDENT

SR. VICE PRESIDENT

EXEC. V. PRESIDENT

CHRISTOPHER HERRMANN

SR. VICE PRESIDENT

THOMAS EASTMAN

SCOTT HOEKMAN

KARI DOWNES

V. PRESIDENT

JOSEPH A WESOLOWSKI

PRESIDENT & CEO, EHCI LLC

......

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	ıv	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEFFREY G GALENTINE VICE PRESIDENT & TREASURER	20.00			х				224,121	0	72,254
SALLY HEBNER SR. VICE PRESIDENT	20.00			х				569,337	0	49,690
ANDREW JOHNSTON	20.00									

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677,811

642,755

869,570

414,363

567,393

482,128

45,991

145,450

183,091

240,708

269,611

250,841

48,095

97,490

0

0

0

0

0

0

SALLY HEBNER	20.00		х		569,337	0	l
SR. VICE PRESIDENT	20.00		^		303,337	Ĭ	
ANDREW JOHNSTON	20.00		,		222.420		
SR. VICE PRESIDENT	20.00		Х		332,129	U	
STEPHANIE SHACK	40.00		V		220 654		
SR. VICE PRESIDENT & SECRETARY	0.00		X		329,651	U	

20.00

20.00 40.00

0.00

20.00 40.00

0.00 40.00

0.00

20.00

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and Independent Contractors (A) Name and Title

PHILIP PORTER

V. PRESIDENT

V. PRESIDENT RAOUL MOORE

ARON WEISNER END 219

FORMER SR. V. PRESIDENT

	hours per week (list any hours for related organization below dotte line)
	40.
	0.0
	40.0
	0.0
_	0.0

.

0.00

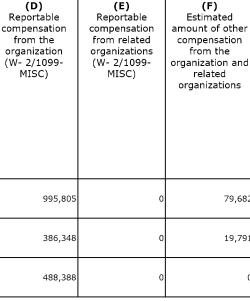
(B)

Average

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

(C)

Position (do not check more



(F)

Estimated

amount of other

compensation

from the

related

organizations

79,682

19,791

than one box, unless person is both an officer and a director/trustee) Former Institutional ey employee

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493304011690

OMB No. 1545-0047

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.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	nme of the organization TERPRISE COMMUNITY INVESTMENT INC				Emp	oloyer identification number
□IN	TERRAISE COMMUNITY INVESTMENT INC				52-1	1206840
Pa	Organizations Maintaining Donor Advi				s or Acc	counts.
	, ,			sed 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 advisorganization's property, subject to the organization's ex					funds are the
6	Did the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for	any other purpos		
Pa	Conservation Easements. Complete if the organization answered "Yes	es" on Form 990	Part	IV, line 7.		
1	Purpose(s) of conservation easements held by the orga					
	Preservation of land for public use (e.g., recreatio	n or education)		Preservation of	an histor	ically important land area
	Protection of natural habitat	,	П			d historic structure
			_	r reservation or	a certific	a mistorie structure
_	☐ Preservation of open space	11.61				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion co	ntribution in the	form of a	Held at the End of the Year
а	Total number of conservation easements				2a	Heid at the line of the Four
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified histori	ic structure include	d in (a)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06	and n	ot on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extin	guished	l, or terminated	by the or	ganization during the
4	Number of states where property subject to conservation		-			_
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold				ng of viola	ations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	violatio:	ns, and enforcing	g conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violat	ons, ar	nd enforcing con	servation	easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?				n 170(h)(4)(B)(i) ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				
Pai	rt III Organizations Maintaining Collections Complete if the organization answered "Ye				ther Si	milar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition,	educati	on, or research	in further	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub 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, histori following amounts required to be reported under SFAS	cal treasures, or o	ther sir	nilar assets for f		
а	Revenue included on Form 990, Part VIII, line 1					. ▶\$
b	Assets included in Form 990, Part X					
For	Paperwork Reduction Act Notice, see the Instructio					

Sche	edule D (Fo	orm 990) 2019													Page 2
Par	tIIII (Organizations M	aintaining Col	lections o	f Art, Hi	istori	cal Tı	reas	ures, o	r Other	Similar A	ssets (continu	ed)	
3		ne organization's acq check all that apply):		n, and other	records, o	check a	any of	the fo	ollowing t	hat are a	significant	use of its	s collect	ion:	
а	☐ Pu	ublic exhibition				d		Loar	or exch	ange prog	ırams				
b	□ s	cholarly research				e		Othe	er						
С	☐ Pr	reservation for future	e generations												
4	Provide Part XII	a description of the I.	organization's col	lections and	explain h	ow the	y furth	ner th	e organiz	zation's e	xempt purp	ose in			
5		the year, did the org o be sold to raise fur										□ Ye	es [□No	
Pa	(Escrow and Cust Complete if the org K, line 21.			' on Forn	n 990,	, Part	IV,	ine 9, o	r reporte	ed an amo	unt on I	Form 9	90, P	art
1a		rganization an agent I on Form 990, Part I										□ Ye	es [□ No	
b	If "Yes '	" explain the arrange	ement in Part XIII	and comple	te the foll	owina	tahle:					Amount			
c		ng balance				-				1c		- Inount			
d		is during the year .								1d					
е		tions during the year								1e					
f		balance								1f					
2a	_	organization include								eccount lia	ahility?			 □ No	
b		explain the arrange										_	;5 L	_ 110	
		Endowment Fund		. Check here	i uie ex	pianau	OII IIas	beer	provide	u III Part ,	<u> </u>	<u>. – – </u>			
		Complete if the or		vered "Yes'	on Forn	n 990,	, Part	IV, ا	ine 10.						
				(a) Curren	t year	(b) Pr	rior yea	ır	(c) Two y	rears back	(d) Three y	ears back	(e) Fou	r years	back
		g of year balance .											<u> </u>		
		ions											<u> </u>		
		tment earnings, gair	•										<u> </u>		
		scholarships													
	and progi	penditures for facilities rams											<u> </u>		
		rative expenses .													
_	•	ar balance													
2		the estimated perce	-	ent year end	balance (line 1g	ı, colu	mn (a	a)) held a	s:					
а		esignated or quasi-e			•••										
b		ent endowment 🟲													
С	•	arily restricted endo	***************************************		.04										
3a		centages on lines 2a re endowment funds				on that	are h	eld ar	nd admin	istered fo	r the				
		ation by:	'		,								Y	es	No
	(i) unre	lated organizations					•						a(i)	_	
L		ted organizations .			oquired -	n Cobe		•					a(ii) 3b	\dashv	
ь 4		on 3a(ii), are the re e in Part XIII the inte						.f •			• •		30		
		Land, Buildings,			. 3 Chaow	TICHE!	unus.								
		Complete if the or			on Forn	n 990,	<u>Part</u>	<u>I</u> V, I	<u>ine 1</u> 1a	See Fo	rm 990, P	art X, lir	ne <u>1</u> 0.		
		ion of property	(a) Cost or oth (investme	ner basis	(b) Cost o						depreciation		(d) Book	value	
1 a	Land .														
b	Buildings														
c	Leasehold	d improvements					44	18,964			228,427			- 2	220,537
А	Fauinmer	nt					3.48	38.685	;		2.902.838				585.847

17,230,748

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

6,073,987

6,880,371

11,156,761

	Investments—Other Securities.				rage 3
Pait VII	Complete if the organization answered "Yes" on Form 990,	Part IV, li	ne 11b.See Form 990	, Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuati of-year mark	on:
(1) Financia	l derivatives				
(2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	<u> </u>			
i dit VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 11c. See Form 990), Part X, lin	e 13.
	(a) Description of investment		(b) Book value		od of valuation: d-of-year market value
	MENT IN UNCONSOLIDATED PARTNERSHIPS		2,821,957		С
(3)	TENTS IN SUBS		194,363,842		С
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	<u> </u>	197,185,799		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	Part IV, lir	ne 11d. See Form 990, I		
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			. •	
	Complete if the organization answered 'Yes' on Form 990, P		ne 11e or 11f.See For	m 990, Part	
1. (1) Federal	(a) Description of liabilitincome taxes	У			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footnot				
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	nere it the	text of the roothote has	neen brovide	u iii rart XIII 💌

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	1			
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	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 ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d 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 4	c. (This must equal Form 990, Part I, line 12.))	5	
Par		penses per Audited Financial Staten zation answered 'Yes' on Form 990, Par	• • •	Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments	2b			
c	Other losses		2c	7	
d	Other (Describe in Part XIII.) .		2d	7	
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	_
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4;	Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

chedule D (Form 990) 2019		
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2019

Supplemental Information	on
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 FINA'S FOOTNOTE 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. CERTAIN OF OUR SUBSIDIARIES ARE ALSO TAX-E XEMPT ORGANIZATIONS. ENTERPRISE NOR ITS TAX-EXEMPT SUBSIDIARIES HAD UNRELATED BUSINESS INC OME DURING THE YEARS ENDED DECEMBER 31, 2019 AND 2018. ACCORDINGLY, NO PROVISION OR BENEFI T FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS RELATED TO O UR TAX-EXEMPT ACTIVITIES. HOWEVER, WE ARE LIABLE FOR FEDERAL AND STATE INCOME TAXES WITH R ESPECT TO OUR MORTGAGE, LIHTC ASSET MANAGEMENT, AND CERTAIN NON-TAX CREDIT AFFORDABLE HOUS ING 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 RECOR D DEFERRED INCOME TAXES. UNDER THIS METHOD, ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AN D THEIR RESPECTIVE TAX BASIS. DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AN D THEIR RESPECTIVE TAX BASIS. DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE TOTAL RATES EXPECTED TO APPLY IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE 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 CHA NGE IN TAX RATES EXPECTED TO APPLY IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES AND EXABLE PROPERS AND CONSIDERATION OF AVAILABLE EVIDENCE, INCLUDING TAX PLANNING STRATEGES A NO OTHER FACTORS. WE RECOGNIZE DIFFERENCED THAT INTO DEFERRED TAX ASSETS A

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	ION ALLOWANCE, WILL BE REALIZED. THE AMOUNT OF DEFERRED TAX ASSETS CONSIDERED REALIZABLE C OULD 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 RET URNS IN FEDERAL AND VARIOUS STATE JURISDICTIONS. ALTHOUGH THERE ARE CURRENTLY NO ONGOING E XAMINATIONS BY STATE JURISDICTIONS, THE STATUTE OF LIMITATIONS HAS NOT YET EXPIRED ON SEVE RAL 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 EXAMIN ATION 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 ASS ESS AND MEASURE UNCERTAIN TAX POSITIONS. UPON EXAMINATION OF TAX POSITIONS TAKEN, MANAGEME NT CONCLUDED THAT ALL POSITIONS TAKEN ON ITS TAX RETURNS EXCEED THE MORE-LIKELY-THAN-NOT T HRESHOLD AND EXPECTS TO REALIZE THE BENEFIT OF ALL POSITIONS IF EXAMINED BY A TAXING AUTHO RITY. AS A RESULT, MANAGEMENT CONCLUDED THAT THERE WERE NO UNCERTAIN POSITIONS THAT REQUIR ED MEASUREMENT IN OR ADJUSTMENT TO OUR CONSOLIDATED FINANCIAL STATEMENTS.

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 93493304011690	
Note: To capture the full c	ontent of this do	ocument, please sel	ect landscape mode	e (11" x 8.5") whe	en printing.				
Schedule I (Form 990)		Grants and O	ther Assistanc	e to Organiz	ations,		OMB No. 1545-0047		
(101111 990)	(Governments a	and Individuals	s in the Unite	d States			2019	
Department of the Treasury Internal Revenue Service									
Name of the organization ENTERPRISE COMMUNITY INVEST	TMENT INC						Employer identific	ation number	
ENTERPRISE COMMUNITY INVES	IMENT INC						52-1206840		
Part I General Inform	ation on Grants	and Assistance							
1 Does the organization main the selection criteria used to	to award the grants	or assistance?				ce, and		☑ Yes ☐ No	
2 Describe in Part IV the orga	<u> </u>								
		estic Organizations an can be duplicated if addi		nts. Complete if the o	rganization answered "Yes	" on Forr	n 990, Part IV, line	21, for any recipient	
(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)		Description of cash 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 secti	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				▶	2	
3 Enter total number of othe	r organizations listed	d in the line 1 table					•	0	
For Paperwork Reduction Act Notic	e see the Instruction	ns for Form 990		Cat No. 5005	5P		Sch	edule I (Form 990) 2019	

(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

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49330)4011	690
Sch	nedule J	C	ompensat	ion Information	0	MB No.	1545-0	0047
(Forr	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						•
Denar	tment of the Treasury	▶ Go to www.irs.ac		n to Form 990. instructions and the latest infor	mation.	Open i		
Intern	al Revenue Service					Insp	ectio	n
	me of the organiza ERPRISE COMMUNIT				Employer identifica	tion nu	ımber	
					52-1206840			
Pa	rt I Questi	ons Regarding Compensa	ition				T	
1 a				f the following to or for a person liste y relevant information regarding the			Yes	No_
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	☐ Travel for	companions		Payments for business use of perso	nal residence			
	☐ Tax idem	nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chau	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to exp		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked on Li	ne la?			
3	organization's C	EO/Executive Director. Check a	II that apply. Do i	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compensa	ation committee		Written employment contract				
		ent compensation consultant	<u>~</u>	Compensation survey or study				
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	filing organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	lified retirement plan?		4b	Yes	
c				nsation arrangement? olicable amounts for each item in Par		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a	Yes	
b	Any related orga					5b		No
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a	Yes	
b						6b	Yes	
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixe ort III		7	Yes	
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		No
9				presumption procedure described in		9		
For F	Paperwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat. No. :	50053T Schedule	(Forn	1 990)	2019

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

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 to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	((B) Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	columns	(F) Compensation in
c		Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Schedule J (Form 990) 2019	Page 3						
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							
	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.						
	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.						
	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.						

OFFICERS AND OTHER EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN OBJECTIVES ALIGNED WITH THE MISSION OF THE ORGANIZATION.

PART I, LINE 6B:

PART I, LINE 7: OFFICERS AND OTHER EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN FINANCIAL TARGETS AND OTHER INDIVIDUAL PERFORMANCE CRITERIA.

Software ID:

Software Version:

Name: ENTERPRISE COMMUNITY INVESTMENT INC

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

EIN: 52-1206840

Form 990, Schedule	e J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MISC	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 PRISCILLA ALMODOVAR	(i)	0	0	0	0	0	0	0
DEC 010	(ii)	221,667	0	230	0	6	221,903	0
1BRIAN MCLAUGHLIN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	147,735	7,500	0		8,802	164,037	
2CHARLES WERHANE DIRECTOR, CEO AND	(i)		436,475	218,506	272,853	29,004	1,475,016	211,376
PRESIDENT	(ii)	0	0	0	0	0	0	0
3LORI CHATMAN SR. VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	311,288	123,064	690	21,213	13,610	469,865	0
4JEFFREY G GALENTINE VICE PRESIDENT &	(i)	184,928	16,650	22,543	46,679	25,575	296,375	21,635
TREASURER	(ii)	0	0	0	0	0	0	0
5 SALLY HEBNER SR. VICE PRESIDENT	(i)	388,244	123,750	57,343	21,213	28,477	619,027	56,101
	(ii)	0	0	0	0	0	0	0
6 ANDREW JOHNSTON SR. VICE PRESIDENT	(i)	263,759	67,288	1,082	21,213	24,778	378,120	0
SK. VICE TRESIDENT	(ii)	0	0	0	0	0	0	0
7STEPHANIE SHACK SR. VICE PRESIDENT &	(i)	264,492	64,349	810	133,053	12,397	475,101	0
SECRETARY	(ii)	0	0	0	0	0	0	0
8 PRADIP SITARAM SR. VICE PRESIDENT	(i)	343,879	102,395	231,537	147,033	36,058	860,902	229,215
	(ii)	0	0	0	0	0	0	0
9 JOSEPH A WESOLOWSKI SR. VICE PRESIDENT	(i)	297,530	189,000	156,225	202,953	37,755	883,463	152,661
	(ii)	0	0	0	0	0	0	0
10SCOTT HOEKMAN PRESIDENT & CEO, EHCI	(i)	299,088	198,152	372,330	230,913	38,698	1,139,181	369,736
LLC	(ii)	0	0	0	0	0	0	0
11KARI DOWNES EXEC. V. PRESIDENT	(i)	241,728	148,750	23,885	214,783	36,058	665,204	23,075
	(ii)	0	0	0	0	0	0	0
12THOMAS EASTMAN V. PRESIDENT	(i)	369,327	172,675	25,391	21,213	26,882	615,488	24,860
	(ii)	0	0	0	0	0	0	0
13 CHRISTOPHER HERRMANN	(i)	212,808	237,217	32,103	59,135	38,355	579,618	31,447
CD LUCE DESCRIPTION	(ii)	0	0	0	0	0	0	0
14PHILIP PORTER V. PRESIDENT	(i)	164,326	810,959	20,520	50,445	29,237	1,075,487	19,433
	(ii)	0	0	0	0	0	0	0
15 ARON WEISNER END 219 V. PRESIDENT	(i)	17,440	264,538	104,370	0	19,791	406,139	17,988
	(ii)	0	0	0	0	0	0	0
16RAOUL MOORE FORMER SR. V. PRESIDENT	(i)	0	167,900	320,488	0	0	488,388	303,665
	(ii)	0	0	0	0	0	0	0
							•	•

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SCHEDULE (Form 990 or 9 EZ)	90-EZ Ons on OMB No. 1545-0047 2019 Open to Public Inspection	
	Agation NITY INVESTMENT INC D, Supplemental Information	Employer identification number 52-1206840
Return Reference	Explanation	
PARTIAND C FORM 990, U PARTX I	S MANAGEMENT WAS PREPARING THIS 2019 FORM 990, WE NOTED CERTAIN AN CLOSED IN PART I, SUMMARY AND PART X, BALANCE SHEET OF OUR 2018 FORM ISTMENT. ACCORDINGLY, IN THIS 2019 FORM 990, WE UPDATED CERTAIN PRIOR SUMMARY AND CERTAIN BEGINNING OF YEAR AMOUNTS IN PART X, BALANCE SUJUSTED AMOUNTS OR BALANCES. THESE ADJUSTMENTS DID NOT LEAD TO AN EXPENSES OR REPORTED NET ASSETS FOR 2018	990 THAT REQUIRED ADJ YEAR AMOUNTS IN PART SHEET TO REFLECT THE

Return Explanation
Reference

FORM 990, PART VI, NIZATION. THE MISSION OF ECLIS ITS PARENT, ENTERPRISE COMMUNITY PARTNERS, A 501(C)(3) ORGA NIZATION. THE MISSION OF ENTERPRISE COMMUNITY PARTNERS IS TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES.

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990, PART VI, ONCERNS. AFTER ALL COMMENTS AND CONCERNS HAVE BEEN ADDRESSED THE FORM 990 IS FILED.

SECTION B, LINE 11B

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL CONFLICT OF INTEREST DISCLOSURE EXERCISE IS PERFORMED BY ENTERPRISE COMMUNITY IN VESTMENT, INC. EVERY YEAR. THE EXERCISE REQUIRES EACH EMPLOYEE AND DIRECTOR TO READ THE BU SINESS 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 IN TEREST 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 REVIEW S 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.

Explanation

Return

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

THE CEO AND OFFICER POSITIONS OF ENTERPRISE C. NGAGES AN INDEPENDENT CONSULTING FIRM TO PR R POSITIONS TO ESTABLISH A MARKET VALUE. TH RECTORS AND THE COMPENSATION COMMITTEE. TH AND CEO COMPENSATION, THE BOARD AND COMPEN

CEO'S RECOMMENDATIONS FOR THE OTHER OFFICER

Explanation

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

FORM 990. PART VI, SECTION C.

LINE 19

990 Schedule O, Supplemental Information

Return Reference

COMPENSATION: ATION TOTALS.

Retain Reference	Explanation
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
TOTAL	VIDUAL HAD BEEN REPORTED IN PREVIOUS YEARS AS WELL AS INCLUDED IN THE CURRENT YEAR COMPENS

Explanation

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 MAN YOF 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 Explanation

Reference	
FORM 990,	EQUITY IN EARNINGS OF AFFILIATES AND SUBS 6,107,579. IMPACT OF CHANGE IN ACCT. POLICY 4,59
PART XI.	0.986. REALLOCATION OF INTERESTS IN SUB -2,747,000.

LINE 9:

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

2019

DLN: 93493304011690OMB No. 1545-0047

Open to Public Inspection

Name of the organization ENTERPRISE COMMUNITY INVESTMENT INC						Employer identi	ficatio	n number		
ENTERPRISE COMMUNITY INVESTMENT INC						52-1206840				
Part I Identification of Disregarded Entities. Complete if	the organization answ	ered	l "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)		(e) End-of-year assets		(f) Direct controllin entity	g	
(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 ADVISOR	ξΥ	MD		910,515	20,688,745	ECI			
(3) ESIC COMMUNITY PARTNERS LLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-1583082	INVESTMENTS IN NEW N	1KTS	MD		-11	9,206	ECI			
										_
										_
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	s. Complete if the org	aniza	ation answered	"Yes	" on Form 990	, Part IV, line 34 b	ecaus	e it had one o	r more	
See Additional Data Table	l (b)	ı	(a)	ı	(4)	(0)	1	(6)	1 4	ر ما
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) al domicile (state foreign country)	Exem	(d) npt Code section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	Sectio (13) c en	(g) n 512(lontrolle tity?
									Yes	No
									+	
		\vdash								
For Paperwork Reduction Act Notice, see the Instructions for Form 99	00.	<u> </u>	Cat. No. 50135	 5Y			Sch	nedule R (Form	990) 2	019

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

See Additional Data Table (a) Name, address, and EIN of		(b)	(c)	(d)	(e)	(f)	(g) Share of	(1	h)	(i)	6	o	(k)
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	entity	Predominant income(related unrelated, excluded from tax under sections 512-514)	Share of d, total incom	Share of e end-of-year assets	Disprop alloca	ortionate utions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging o	ercentage wnership
					314)			Yes	No		Yes	No	
Part IV Identification of Related Organi because it had one or more related						nization ans	wered "Ye	s" on F	orm 9	990, Part IV	, line	34	
See Additional Data Table					,,								
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state d	(c) egal micile or foreign		entity (C	(e) pe of entity corp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	of- Perce owne	ntage	(13)	(i) ion 512(b) controlled entity?
		cou	intry)							_		Ye	s No

Sched	dule R (Form 990) 2019				Pag	ge 3
Pai	rt V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part	t IV, line 34, 35t	o, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			١ ا	Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in F	Parts II-IV?				
а	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 \	res	
С	Gift, grant, or capital contribution from related organization(s)			1c		No
d	Loans or loan guarantees to or for related organization(s)			1d \	res	
e	Loans or loan guarantees by related organization(s)			1e \	res	
f	Dividends from related organization(s)			1f	l	No
g	Sale of assets to related organization(s)			1 g		No
h	Purchase of assets from related organization(s)			1h		No
i	Exchange of assets with related organization(s)			1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)			11 \	res	
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m \	res	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
o	Sharing of paid employees with related organization(s)			10	res	
р	Reimbursement paid to related organization(s) for expenses			1p \	res	
q	Reimbursement paid by related organization(s) for expenses			1q \	res	
r	Other transfer of cash or property to related organization(s)			1r	\dashv	No
s	Other transfer of cash or property from related organization(s)			1s		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered reladditional Data Table	lationships and tra	nsaction thresholds.			
,	(a) Name of related organization (b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount inv	olved	

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)	or	(e) e all partners section 501(c)(3) ·ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1990	0) 2019

Schedule R (Fo	nedule R (Form 990) 2019											
Part VII	Supplemental Info	Supplemental Information										
	Provide additional information for responses to questions on Schedule R. (see instructions).											
Retu	ırn Reference	Explanation										

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 Rela			1	1	1	1 .	
(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
				(-7/		Yes	No
	AFF. HOUSING	MD	501(C)(3)	LINE 7	N/A	1.05	No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1206840							
	FINANCING	MD	501(C)(3)	LINE 12A	ECI INC	Yes	
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-0192004							
	AFF. HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-3262997							
	AFF. HOUSING	MD	501(C)(3)	LINE 7	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1742031							
	AFF. HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-3846733							
	AFF. HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2389470							
	AFF. HOUSING	NY	501(C)(3)	LINE 12A	ECP INC		No
1 WHITHALL STREET NEW YORK, NY 10004 13-3811616							
	AFF. HOUSING	MD	501(C)(3)	LINE 12A	ECI INC	Yes	
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1888775							
	R.E. DEVELOPMENT	MD	501(C)(3)	LINE 12	CPDC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-1804975							
	R.E. DEVELOPMENT	DC	501(C)(3)	LINE 12A	CPDC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-1939680							
	R.E. DEVELOPMENT	MD	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	DC	501(C)(3)	LINE 10	CPDC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-2274027							
	R.E. DEVELOPMENT	MD	501(C)(3)	LINE 10	ECI INC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-1662186							

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Lègal (g) Predominant Disproprtionate (k) (i) (b) (a) Domicile Direct Share of total | Share of endor Name, address, and EIN of Primary activity income(related, allocations? Code V-UBI amount in Percentage Managing (State Controlling income of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No 481 ENTERPRISE AFFORDABLE LOW INCOME MD N/A HOUSING FUND III LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 37-1753892 ENTERPRISE-FIRST NIAGARA LOW INCOME MD N/A AFFORDABLE HOUSING FUND I HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3923041 ENTERPRISE WF EQUITY FUND LLP LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2514024 ENTERPRISE RB FUND II LP (ERB LOW INCOME DF N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-1520644 ENTERPRISE RB FUND I LP (ERB I) LOW INCOME DE N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-2457927 ENTERPRISE PRESERVATION LOW INCOME MD N/A FUND IV LLC HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 84-2060956 ENTERPRISE NEIGHBORHOOD LOW INCOME MD N/A PARTNERS VIII LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3989465 ENTERPRISE NEIGHBORHOOD LOW INCOME MD N/A PARTNERS VII LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-0829862 ENTERPRISE NEIGHBORHOOD LOW INCOME MD N/A PARTNERS VI LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 37-1707544 ENTERPRISE NEIGHOOD LOW INCOME MD N/A PARTNERS V LLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-4734359 ENTERPRISE NEIGHOOD LOW INCOME MD N/A PARTNERS IV LLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-4032460 ENTERPRISE NEIGHBORHOOD LOW INCOME DF N/A PARTNERS III LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-5071960 LOW INCOME ENTERPRISE NEIGHBORHOOD DF N/A PARTNERS II LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 86-1170270 ENTERPRISE NEIGHBORHOOD LOW INCOME DE N/A PARTNERS I SERIES II LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-1163243 ENTERPRISE NEIGHBORHOOD LOW INCOME DE N/A PARTNERS I LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-5112196

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Lègal (g) Predominant Disproprtionate (i) (b) (a) Direct Share of total Share of end-Domicile or Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling income of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No ENTERPRISE NEIGHBORHOOD LOW INCOME DE N/A IMPACT FUND II HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1848126 ENTERPRISE NEIGHBORHOOD LOW INCOME DF N/A IMPACT FUND I HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 32-0381276 ENTERPRISE MULTI-STATE LIHTC LOW INCOME MD N/A FUND LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-2714779 ENTERPRISE KEY HOUSING FUND LOW INCOME MD N/A I LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2465349 LOW INCOME ENTERPRISE HOUSING PARTNERS MD N/A XXXII LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2663885 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING XXXI LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 32-0582432 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4878496 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A XXVII HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4830385 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-0853211 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3913092 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 32-0502733 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 46-2915500 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2452040 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-2684029 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-1733217

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (i) (g) Predominant Disproprtionate (k) (b) (a) Domicile Direct Share of total Share of end-of-Code V-UBI amount in or Name, address, and EIN of Primary activity allocations? Percentage income(related, Managing (State Controlling income year assets Box 20 of Schedule ownership related organization unrelated, Partner? or Entity K-1 excluded from Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No ENTERPRISE-SNB HOUSING LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-4039743 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XX LP (EHP 20) HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-2146836 ENTERPRISE-UIG AFFORDABLE LOW INCOME MD N/A HOUSING FUND HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-3308441 FLORIDA HOSING TAX CREDIT LOW INCOME RELATED -23,625 140,628 FI FCI 19.990 % No No FUND II LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1969165 LOW INCOME WINCOPIN CIRCLELLLP MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2331442 WAMU AFFORDABLE HOUSING LOW INCOME DE N/A FUND LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2102708 US AFFORDABLE HOUSING LOW INCOME DE N/A FUND LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 60-0001701 TDUSA ENTERPRISE LOW INCOME MD N/A AFFORDABLE FUND I LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4906372 THE ENTERPRISE MULTIFAMILY LOW INCOME MD N/A OPPORTUNITY FUND II LLC HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1803597 THE ENTERPRISE MULTIFAMILY LOW INCOME MD N/A OPPORTUNITY FUND I LLC HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 90-1025647 THE BANC OF AMERICA LOW INCOME MD N/A HOUSING FUND XII HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1794073 THE BANC OF AMERICA LOW INCOME MD N/A HOUSING FUND XI HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1794073 THE BANC OF AMERICA LOW INCOME MD N/A HOUSING FUND X HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 90-0999696 THE BANC OF AMERICA LOW INCOME MD N/A HOUSING FUND IX HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-2404936 SUNTRUST ENTERPRISE LOW INCOME MDN/A PARTNERS FUND I LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-3940720

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Lègal General (g) Disproprtionate (k) Predominant (b) (a) Domicile Direct Share of total Share of end-of-Code V-UBI amount in or income(related, allocations? Percentage Name, address, and EIN of Primary activity Managing (State Controlling income year assets Box 20 of Schedule ownership related organization unrelated, Partner? or Entity K-1 excluded from Foreign (Form 1065) tax under Country sections 512-514) Yes Yes No No MARYLAND HOUSING EQUITY LOW INCOME MD ECI RELATED -9,133 6,103 No No 19.420 % 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1854655 M&T BANK AFFORDABLE LOW INCOME DE N/A HOUSING FUND III LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-1198081 M&T BANK AFFORDABLE LOW INCOME DE N/A HOUSING FUND LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2064052 M&T BANK AFFORDABLE LOW INCOME DF N/A HOUSING FUND II LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-1528572 LOW INCOME JP MORGAN CHASE DE ln/a AFFORDABLE HOUSING FUND HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2138751 LOW INCOME IBERIABANK AFFORDABLE MD N/A HOUSING FUND HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2460340 HOUSING OUTREACH FUND XII LOW INCOME DC N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-3270454 HOUSING OUTREACH FUND XI LOW INCOME DC ECI RELATED 8,662 1,509,597 No No 100.000 % HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-1413560 HOUSING OUTREACH FUND X LOW INCOME DC N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-0276712 HOUSING OUTREACH FUND VIII LOW INCOME DC N/A 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2186795 HOUSING OUTREACH FUND VII LOW INCOME RELATED 458,168 100.000 % DC ECI No Yes HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2059388 LOW INCOME HOUSING OUTREACH FUND VI DC ECI RELATED -13,176 349,251 No 100.000 % Yes HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1995502 HOUSING OUTREACH FUND IX LOW INCOME DC N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2282441 LOW INCOME HOUSING FOR HEALTH FUND MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 37-1913493 HERITAGE BANK FUND I LLLP LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3976725

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Lègal (g) Disproprtionate (k) Predominant (i) (b) (a) Domicile Direct Share of total Share of endor Name, address, and EIN of Primary activity allocations? Code V-UBI amount in Percentage income(related, Managing (State Controlling income of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes No Yes No FREDDIE MAC EQUITY PLUS II-LOW INCOME MD N/A 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 01-0728494 FREDDIE MAC EQUITY PLUS I-LOW INCOME MD N/A HOUSING ESIC LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2316462 FRE ENTERPRISE AFFORDABLE LOW INCOME MD N/A HOUSING FUND I HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1890611 ESIC CITIGROUP CCDE LOW INCOME N/A DF INVESTMENT FUND LP lHOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2362647 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XVIII LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-1848605 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XXVIII HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-0943789 **ENTERPRISE HOUSING** LOW INCOME MD N/A PARTNERS XVI LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-0707012 ENTERPRISE AFFORDABLE LOW INCOME MD N/A HOUSING FUND I LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-3984252 EMPIRE AND GARDEN STATE LOW INCOME MD N/A EQUITY FUND LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-1821222 CORPORATE HOUSING LOW INCOME ECI RELATED -326 142 10.000 % DC No Yes HOUSING INITIATIVES III LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2059385 COMMUNITY HOUSING ALLIANCE LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 75-3118119 COMMUNITY HOUSING ALLIANCE LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-4238319 COMMUNITY HOUSING ALLIANCE LOW INCOME N/A MD II LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 65-1240099 LOW INCOME CCHF (AAA) MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-2440376 **ENTERPRISE HOUSING** LOW INCOME MD N/A PARTNERS XVII LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-1848528

Form 990, Schedule R, Par	t III - Identificatio		ated Organiz	ations Taxable	as a Partner	ship	ı		1			
(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 Dispropr allocat	tionate	Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		i) leral or aging ner?	(k) Percentage ownership
	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-5583537												
	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-1975415												
	LOW INCOME HOUSING	DE	ECI	RELATED	1,411	162		No		Yes		
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 01-0649967												
	LOW INCOME HOUSING	DE	ECI	RELATED	-66	151		No		Yes		
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 04-3631847												
	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2282447												
	LOW INCOME HOUSING	GA	ECI	RELATED				No		Yes		
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2286686												
	LOW INCOME HOUSING	GA	ECI	RELATED	231			No		Yes		
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2286685												
	LOW INCOME HOUSING	GA	ECI	RELATED	-8	97		No		Yes		
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2212431												
	LOW INCOME HOUSING	GA	ECI	RELATED	1,544			No		Yes		
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2209526												
	LOW INCOME HOUSING	GA	ECI	RELATED	1,527	51		No		Yes		1.000 %
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2209525												
	LOW INCOME HOUSING	GA	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2100730												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1907935												
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1915300												
	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 37-1824311												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Lègal General (g) Predominant Disproprtionate (k) (i) (b) Domicile Direct Share of total | Share of endor Name, address, and EIN of Primary activity allocations? Code V-UBI amount in Percentage income(related, Managing (State Controlling income of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes No Yes No AMERICAN EXPRESS - WEST LOW INCOME DE N/A EQUITY FUND LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-0895254 AMERICAN EXPRESS - UTAH LOW INCOME DE N/A EQUITY FUND LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2041772 481 ENTERPRISE AFFORDABLE LOW INCOME MD N/A HOUSING FUND V LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4894176 481 ENTERPRISE AFFORDABLE LOW INCOME MD N/A HOUSING FUND IV LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2551595 481 ENTERPRISE AFFORDABLE LOW INCOME MD N/A HOUSING FUND II LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 80-0865768 481 ENTERPRISE AFFORDABLE LOW INCOME MD N/A HOUSING FUND I LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-1445201 ENTERPRISE CALIFORNIA GREEN LOW INCOME MD N/A FUND HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-3246728 ENTERPRISE COMMUNITY LOW INCOME MD N/A OPPORTUNITY FUND HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-0472729 BANC OF AMERICA HOUSING LOW INCOME MD N/A FUND VIII LP LLLC HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-0336462 ENTERPRISE GREEN WEST LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-4326163 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XVI INVESTOR LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-0707054 LOW INCOME ENTERPRISE HOUSING MD N/A HOUSING PARTNERS XV LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-3152647 LOW INCOME ENTERPRISE HOUSING MD IN/A PARTNERS XV INVESTOR LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-0707086 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XIX LP (EHP 19) HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 26-4326201 **ENTERPRISE HOUSING** LOW INCOME MD N/A PARTNERS XIV LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-4670098

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) General Legal Predominant Disproprtionate (b) Direct Code V-UBI amount in Share of total Domicile Share of end-ofor Name, address, and EIN of income(related, allocations? Percentage Primary activity Managing Controlling (State income year assets Box 20 of Schedule related organization unrelated, ownership Partner? Entity K-1 or excluded from Foreign (Form 1065) tax under Country sections 512-514) Yes No Yes No ENTERPRISE FB HOUSING FUND LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1854828 ENTERPRISE HOUSING LOW INCOME ECI RELATED -16,366 352,033 MD No Yes 1.440 % HOUSING PARTNERS XII LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-1004093 ENTERPRISE HOUSING 60,645 LOW INCOME ECI 18,648 MD RELATED 1.510 % Nο Yes PARTNERS XI LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 59-3763774 ENTERPRISE HOUSING LOW INCOME ECI RELATED 23,302 37,052 MD No 1.340 % Yes HOUSING PARTNERS X LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 03-0386841 ENTERPRISE HOUSING -50,225 4,646 LOW INCOME MD FCI RELATED Νo Yes 97,000 % PARTNERS VIII LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2138749 ENTERPRISE HOUSING LOW INCOME MD ECI RELATED 92,183 721,621 36.970 % Nο Yes PARTNERS VII LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1995500 ENTERPRISE HOUSING LOW INCOME MD ECI RELATED 86,130 42,904 Νo 3.000 % No PARTNERS IX LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2282444 ENTERPRISE HOUSING LOW INCOME DE N/A PARTNERS III SERIES II LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-0405235 ENTERPRISE HOUSING LOW INCOME MD N/A HOUSING PARTNERS XIII LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-2675276 ENTERPRISE HOUSING OW INCOME MD N/A PARTNERS CALGREEN VI FUND HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 38-4108081 ENTERPRISE HOUSING LOW INCOME DE ECI RELATED 13,440 No Yes 100.000 % PARTNERS III LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1788574 ENTERPRISE GREEN WEST 2 LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-2146723 **ENTERPRISE HOUSING** LOW INCOME MD N/A ALLIANCE FUND II LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-4670450 **ENTERPRISE HOUSING** LOW INCOME MD N/A ALLIANCE FUND LP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-3270372 ENTERPRISE HOUSING EQUITY LOW INCOME MD N/A FUND I LLLP HOUSING 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2603066

Form 990, Schedule R, Part	III - Identification	of Rela	ted Organiza	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)	(h) Disproprtionate allocations? Yes No		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gendon Mana Partr	eral r ging ner?	(k) Percentage ownership
ENTERPRISE HOUSING EQUITY FUND II LLLP	LOW INCOME HOUSING	MD	N/A				Yes	NO		Yes	NO	
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-1035099	Hoosing											
ENTERPRISE HOUSING EQUITY FUND III LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-1173539												
ENTERPRISE HOUSING CALGREEN FUND	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 30-0702801												
ENTERPRISE HOUSING PARTNERS 1992 LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-6538578												
ENTERPRISE HOUSING PARTNERS CALGREEN II FUND	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 80-0839276												
ENTERPRISE HOUSING PARTNERS CALGREEN III FUND LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1757440												
ENTERPRISE HOUSING PARTNERS CALGREEN IV FUND LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1790836												
ENTERPRISE HOUSING PARTNERS CALGREEN V FUND LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 61-1862202												
ENTERPRISE HOUSING OPPORTUNITY FUND I	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 45-4024947												
ENMP 70 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4419593	NEW MARKETS TAX CREDIT	MD	N/A									
ENMP 77 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5291974	NEW MARKETS TAX CREDIT	MD	N/A									
ENMP 71 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4466427												
ENMP 72 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4490944	NEW MARKETS TAX CREDIT	MD	N/A									
ENMP 73 LP	NEW MARKETS TAX CREDIT	MD	N/A							Н		
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4497802												
ENMP 74 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4511073	NEW MARKETS TAX CREDIT	MD	N/A									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (c) (j) (j)												
(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 Dispropr allocat	tionate (i)		Gen o Mana Parti	eral r ging ner?	(k) Percentage ownership
ENMP 75 LP	NEW MARKETS TAX	MD	N/A				res	NO		165	NO	
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4542667	CREDIT											
ENMP 76 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5266037	CREDIT											
ENMP 78 LP	NEW MARKETS TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5317178	CREDIT											
CHASE NMTC FHCSD INVESTMENT FUND LLC	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 80-0886870												
ENMP 80 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5393394	CREDIT											
ENMP 81 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5442465	CALDIT											
ENMP 82 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5468168	CREDIT											
ENMP 83 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 83-0527624	CREDIT											
ENMP 84 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 83-0535838	CREDIT											
ENMP 85 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 83-0557433	CREDIT											
CHASE NMTC AHS INVESTMENT FUND LLC	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-3915998												
CHASE NMTC FHCW INVESTMENT FUND LLC	NEW MARKETS TAX CREDIT	MD	N/A									_
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2485015												
ENMP 69 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4439215												
ENMP 79 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5375297	CREDIT											
ENMP 68 LP	NEW MARKETS TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 41-4423749	CILDII											

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Lègal (g) Predominant Disproprtionate (k) (b) (i) (a) Direct Domicile 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 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 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0440072 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A 67 LP CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0829170 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A 49 LP CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4662123 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A 50 LP CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4658397 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A 51 LP CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227081 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A CREDIT 53 LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227239 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227373 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A 55 LP CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227421 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 36-4759601 ESIC NEW MARKETS PARTNERS NEW MARKETS TAX MD N/A CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-1935275 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0766267 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 38-3900148 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A 60 LP CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 36-4756021 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A 61 LP CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0818694 ESIC NEW MARKET PARTNERS NEW MARKETS TAX MD N/A CREDIT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044

30-0819261

Form 990, Schedule R, Part	1 111 - Identification	ı	tea Organizat 	ions i axable a	as a Partners	snip 	l			/:	, 1	
(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 ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gendon Mana Partr	eral r iging ner?	(k) Percentage ownership
ESIC NEW MARKET PARTNERS 63		MD	N/A				Yes	No		Yes	No	
LP	CREDIT											
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0436514												
ESIC NEW MARKET PARTNERS 64 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 37-1755508												
ESIC NEW MARKET PARTNERS 65 LP	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2506303												
ESIC NEW MARKET PARTNERS 58	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 37-1714867	CREDIT											
	NEW MARKETS TAX CREDIT	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 02-0552042												
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	AFFORDABLE HOUSING	ОН	N/A									
1375 E 9TH STREET SUITE 2400 CLEVELAND, OH 44114 26-2916887												
MAYFAIR MANSIONS LP	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-4762650												
WOODMERE TRACE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-3537419	R.E. OWNERSHIP	DE	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910	R.E. OWNERSHIP	DC	N/A									
46-3612449 ESSEX HOUSE LLC	R.E. OWNERSHIP	MD	N/A									_
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 36-4753186												
TRENTON PARK APARTMENTS LP	R.E. OWNERSHIP	DC	N/A									_
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2343499												
FINNSBURY SQUARE LP	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 01-0826102												
HOWARD HILL LP	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-0966593												
1330 SEVENTH STREET LP	R.E. OWNERSHIP	DC	N/A									<u></u>
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 77-0594072												
HIGHLAND PARK SENIOR HOUSING LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4320464												

(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)	(g) Share of end- of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gene on Mana Partr	eral r ging ner?	(k) Percentage ownership
OXFORD MANOR LP	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 65-1213495												
NEW LAKE ANNE HOUSE LP	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 82-1996765												
EDGEWOOD SENIORS LP	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2331706												
PARK MONTGOMERY LP	R.E. OWNERSHIP	MD	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2257504												
EDGEWOOD GARDENS LP	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2134864												
SOUTHERN RIDGE LP	R.E. OWNERSHIP	DC	N/A									_
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1851355												
T & C LP	R.E. OWNERSHIP	MD	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1693916												
BATES SCHOOL LP	R.E. OWNERSHIP	MD	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 75-3060895												
EDGEWOOD IV LP	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2341211												
SUBURBIA FAIRFAX DEVELOPMENT LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910												
27-2014393 JACKSON WARD MULTIFAMILY	R.E. OWNERSHIP	VA	N/A									
LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910												
82-0800338 OXFORD MANOR ASSOCIATES	R.E. OWNERSHIP	DC	N/A									
LLC		1										
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 65-1213492												
CPDC HOLLINS HOUSE LLC	R.E. OWNERSHIP	MD	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4758923												
BUCKMAN ROAD DEVELOPMENT LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3887523												
TRENTON PARK HOUSING LLC	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2343498												

Form 990, Schedule R, Part	. 111 - Identification 	1	leu Organizai 		is a partners 	 	l		I	((j	i)	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from	(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	eral r aging	(k) Percentage ownership
		Foreign Country)		tax under sections 512-514)			Yes	No		Yes	No	
DOVE LANDINGLLC	R.E. OWNERSHIP	DC	N/A				103	110		1.03		
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 47-5633384												
1330 SEVENTH GP LLC	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 77-0594070												
RANDLE HILL LLC	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-4290687												
NEHEMIAH VENTURES LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 47-3246632												
LAKE ANNE HOUSE LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-3712321												
JACKSON WARD SENIOR LLC	R.E. OWNERSHIP	VA	N/A									_
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-1589921												
WHEELER TERRACE DEVELOPMENT LP	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-8946786												
EDGEWOOD COMMONS 5 LLC	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 82-3047056												
FT STEVENS PLACE LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-2007604												
CHI SOLAR MANAGEMENT LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, DC 20910 81-2368255												
BAKER SCHOOL LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 47-5486063												
AUBURN POINTE LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 47-3522572												
CAPTAINS CIRCLE LLC	R.E. OWNERSHIP	MD	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3145483												
PARKSIDE TERRACE DEVELOPMENT LLC	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-3970133												
HOWARD MANOR LLC	R.E. OWNERSHIP	VA	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-4839782												

Form 990, Schedule R, Part	III - Identification	1	ted Organizati	ons Taxable a	s a Partners	ship 	ı		1	٠.	, ,	
(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 Disprop alloca	rtionate cions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gend oi Mana Partr	eral r ging ner?	(k) Percentage ownership
ISLAND WALK LP	R.E. OWNERSHIP	VA	N/A	312 311)			Yes	No		Yes	No	
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 56-2363820	IN.E. SWIERSHII	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
HOLLINS HOUSE LLC	R.E. OWNERSHIP	DC	N/A									
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-5055683												
HIGHLAND LLLP	LOW INCOME	MD	N/A									-
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-3635596	HOUSING											
COVE POINT APARTMENTS II LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 14-1945613												
COVE POINT APARTMENTS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 87-0729715	HOUSING											
EASTON LP	LOW INCOME HOUSING	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2004860	HOOSING											
ELLICOTT CITY II LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2271721	INCOSING											
ELLICOTT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2061432	moosing											
EMERSON DEVELOPMENT LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-0809915	HOUSING											
EMERSON LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-0809902												
ENTERPRISE HOMES PRESERVATION FUND LLC	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 81-5278019												
EVERGREEN SENIOR APARTMENTS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 36-4628665												
FULLERTON LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-2704751												
GLEN BURNIE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-0491824												
GREEN AT LOGAN FIELD LP 875 HOLLINS STREET SUITE 202	LOW INCOME HOUSING	MD	N/A									
BALTIMORE, MD 21201 80-0805909												

Form 990, Schedule R, Part	III - Identification	1	ted Organiza	tions Taxable :	as a Partners	ship '			l		, 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	tionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Tarci	eral r nging ner?	(k) Percentage ownership
CREENS AT ENGLISH CONCUL	1 01/4 71/001/15	145	21/2	312 32 17			Yes	No		Yes	No	
GREENS AT ENGLISH CONSUL LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 90-0884446	LOW INCOME HOUSING	MD	N/A									
	LOW INCOME	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0497564	HOUSING											
GREENS AT IRVINGTON MEWS LP		MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3178312	HOUSING											
GREENS AT LIBERTY ROAD LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0497351	Hoosing											
GREENS AT ROLLING ROAD LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0471856	Hoosing											
COLUMBIA LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-2669010	HOUSING											
HARPER HOUSE LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3169195	HOUSING											
COLUMBIA DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-2668855	Hoosing											
COLLEGE PARKWAY LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 74-3101310												
ABERDEEN COMMONS DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3085953												
ABERDEEN COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									·
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3085889												
ABINGDON II LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2106017												
ALLENDALE APARTMENTS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2276680	TIOOSING											
ASHLAND PARK VIEW LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3391568	10031110											
ASHLAND LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3476443												_

Form 990, Schedule R, Part	111 - Identification		ted Organizal	tions Taxable (as a Partners	snip 	ı	ı		٠,٠	a 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 Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r nging ner?	(k) Percentage ownership
BETHLEHEM VILLAGE LP	LOW INCOME	MD	N/A				103	-110		103	-110	
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2329451	HOUSING											
BLADENSBURG LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-0715737	HOUSING											
BLADENSBURG COMMONS DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-0974196												
BLADENSBURG COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-0963356												
CAMBRDGE COMMONS DEVLOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-4760031												
CAMBRIDGE COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-4760089												
CATONSVILLE LLLP	LOW INCOME HOUSING	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-0809872	THOUSENG .											
CHELTENHAM DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-2902864	110031149											
CHELTENHAM PARK VIEW LP II	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 36-4575118												
CHERRYDALE LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 75-3243600												
COLDSPRING LIMITED PARTNERSHIP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2116802												
COLONIAL LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-1062843												
HIGHLAND DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-3635631												
PARKVILLE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 51-0394854												
SOMERSET COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-1688364												

Form 990, Schedule R, Part	III - Identification		ted Organiza	tions Taxable	as a Partners	ship	- I				, ι	
(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	(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
LAUREL II DEVELOPMENT LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-3200595	HOUSING											
SNOWDEN RIVER LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 14-1889256	HOUSING											
SIERRA WOODS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-4224884	HOUSING											
SEVERNA PARK LLLP	LOW INCOME HOUSING	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0594290												
SEVERNA PARK DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0594356												
SALISBURY LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3391397	HOUSING											
ROSEDALE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3499661												
SOMERSET RESERVE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2089967												
RIVERWOODS AT NORTH EAST LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 80-0940198												
HICKORY RIDGE VILLAGE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 76-0709118	Hoosing											
PARK VIEW AT BELAIR II LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2250082	Industria											
NAAMANS CREEK LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-1982497												
MULBERRY AT PARK LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 35-2513066												
MIRAMAR LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0288011												
MIRAMAR DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0288014												

Form 990, Schedule R, Part	- Tuentification	1	ieu Organizat 	lions raxable a	is a partners	l 	ı		I	١.,٠	, 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 Disprop alloca	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Taru	eral r iging ner?	(k) Percentage ownership
LOWER SALFORD LP	LOW INCOME	MD	N/A				Yes	No		Yes	No	
LOWER SALFORD LP	HOUSING	1410	IN/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2205672												
RANDALLSTOWN LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3499804	HOUSING											
LAUREL LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3605034	HOUSING											
SOUTH PANTOPS DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 38-3696292												
SPYGLASS AT CEDAR COVE LLC	LOW INCOME HOUSING	MD	N/A		<u> </u>							
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-4976151	HOUSING											
HOLLINS STATION LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 61-1714986	HOUSING											
LAUREL DEVELOPMENT LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3605076	HOUSING											
PARK VIEW 2018 PORTFOLIO LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 83-1847530	HOUSING											
EHC WESTMINSTER LHA LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-5485672	Hoosing											
SCOTLAND TOWNHOMES	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-2863399	HOUSING											
METRO HEIGHTS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 81-2524953	HOUSING											
YORK COMMONS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2352629	PINCOSING											
SOUTH PANTOPS LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 38-3696291	HOUSING											
YORK COMMONS DEVELOPMENT LP LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2352637												
WOODBRIDGE COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 01-0809929	110031110											

Form 990, Schedule R, Part	III - Identification	1	ted Organizal	ions Taxable	as a Partners	ship	<u>-</u>			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)	(h Dispropi allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
WEST MANCHESTER LP	LOW INCOME	MD	N/A				103	110		103	110	
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2050929	HOUSING											
TYLER ROAD LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-1948238	HOUSING											
TIMOTHY HOUSE LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-8996459	HOUSING											
TIMOTHY HOUSE DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-8996506												
TANEY VILLAGE LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 90-1025905	HOUSING											
STEVENS FOREST LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 75-3243603	HOUSING											
WOODLAWN APARTMENTS LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2040461	HOUSING											
LAUREL II LLLP	LOW INCOME HOUSING	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-3210567	HOUSING											
SOMERSET RESERVE DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2100811												
EHI SOMERSET RESERVE IGP LLC 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201	LOW INCOME HOUSING	MD	N/A									
82-0745349 EHI COLONIAL LANDING GP LLC	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-0908381	HOUSING		,									
EHI BLADENSBURG COMMONS IGP LLC	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-0731259												
EHI CAMBRIDGE COMMONS IGP LLC	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-0640744												

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (i) (b) (c) (d) (e) (f) (g) (h) 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 entity (C corp, S corp, income assets ownership (b)(13)(state or foreign or trust) controlled country) entity? Yes No ENTERPRISE GROUP INC AFF. HOUSING MD ECI 100.000 % Yes 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1348268 ENTERPRISE NEW ORLEANS LLC AFF. HOUSING MD ECP INC -71 4,671,027 100.000 % No 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4201991 -970,162 ENTERPRISE OWNERSHIP INC LIHTC MD ECI C 6,499,458 100.000 % Yes 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-5572028 EMPLOYMENT OPPORTUNITIES INC NEW MKT ADVISORY MD **EOWN** C 9,347 100.000 % Yes 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1962418 **ENTERPRISE EQUITIES INC** BROKERS\DEALER MD **EOWN** 184,147 100.000 % Yes 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1669796 ENTERPRISE HOUSING INITIATIVES OF NY LIHTC MD **EOWN** -3,605 407,288 100.000 % Yes INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1751213 MD **ECAM** 174,528 EAM ASSOCIATES INC AFF. HOUSING -1,649100.000 % Yes 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2332045 ENTERPRISE COMMUNITY HOUSING AFF. HOUSING MD **ECAM** -13,550 479,385 100.000 % Yes ORGANIZATION 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1440653 **ENTERPRISE COMMUNITY ASSET** AFF. HOUSING MD **EOWN** 3,899,054 20,768,393 100.000 % Yes MANAGEMENT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 90-0863384 ENTERPRISE MORTGAGE HOLDINGS AFF. HOUSING MD **EOWN** -4,613,135 64,110,720 100.000 % Yes 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 80-0830074 **ENTERPRISE GRATZ** AFF. HOUSING MD **EOWN** 13.497 100.000 % Yes 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1770274 CPDC III INC R.E. OWNERSHIP DC CPDC -1,333 554,549 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2333995 CPDC IV INC DC CPDC 171,240 R.E. OWNERSHIP -1,309100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2331704 CPDC V INC R.E. OWNERSHIP DC CPDC -1,952 611,668 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2333997 CPDC BATES INC R.E. OWNERSHIP DC CPDC -1,982 2,652,277 100.000 % Yes 8403 COLESVILLE RD SUITE 1150

SILVER SPRING, MD 20910

02-0593843

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (g) (h) (i) (a) (e) 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 (C corp, S corp, domicile entity income assets ownership (b)(13)(state or foreign or trust) controlled country) entity? Yes No CPDC CPDC ISLAND WALK INC R.E. OWNERSHIP DC 204,674 5,505,669 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 41-2098344 CPDC 1330 7TH STREET INC R.E. OWNERSHIP DC CPDC lc -686 1,002,198 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 77-0594065 CPDC INC DC CPDC R.E. OWNERSHIP -185,612 5,671,108 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-1675960 CPDC OXFORD MANOR INC R.E. OWNERSHIP MD CPDC -2,044 358,500 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 33-1081385 CPDC PARKSIDE TERRACE INC R.E. OWNERSHIP DC CPDC lc -1,2892,286 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-3970185 DC CPDC CPDC WHEELER TERRACE INC R.E. OWNERSHIP -1,047 100.000 % 4,689,330 Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-8946425 CPDC MAYFAIR MANSIONS INC DC CPDC lc. R.E. OWNERSHIP -1,586 50,314 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-4762456 CPDC ADMIRAL LLC R.E. OWNERSHIP MD CPDC -1,026947 100.000 % Yes 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 26-3145362 R.E. OWNERSHIP CPDC MAYFAIR MANSIONS RENTAL GP LLC DC -1,607 2,706 100.000 % Yes 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-4762570 CPDC BUCKMAN ROAD LLC R.E. OWNERSHIP VΑ CPDC lc. -512 2,679 100.000 % Yes 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3887423 CPDC HIGHLAND PARK SENIOR HOUSING R.E. OWNERSHIP VΑ CPDC 9.437 531.945 100.000 % Yes 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4330975 R.E. OWNERSHIP CPDC ESSEX HOUSE LLC MD CPDC lc -160,704 2,045,057 100.000 % Yes 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-1626639 HOWARD HILL GP LLC R.E. OWNERSHIP DC CPDC 100.000 % -1.0321,264 Yes 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-0966653 CPDC EDGEWOOD ONE LLC R.E. OWNERSHIP DC CPDC lc -1,809 81,600 100.000 % Yes 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-3623472 CPDC HOLLINS HOUSE LLC MD R.E. OWNERSHIP CPDC 100.000 % Yes 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

46-4758923

(f) (g) (h) (i) (a) (b) (c) (d) (e) Name, address, and EIN of Primary activity Legal Direct controllina Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity ownership (b)(13)(C corp, S corp, income vear (state or foreign or trust) assets controlled country) entity? Yes No HOLLINS HOUSE DEVELOPMENT LLC. IR.E. OWNERSHIP MD CPDC 410.011 512.821 100,000 % Yes

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

R.E. OWNERSHIP

R.E. OWNESHIP

MD

DC

SILVER SPRING, MD 20910

CPDC HOWARD MANOR LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

CPDC FORT STEVENS PLACE LLC

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910

27-2014315

27-4839536

81-2108522

8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-5040461					,	522,522	200000		
CPDC SUBURBIA FAIRFAX LLC 8403 COLESVILLE RD STE 1150	R.E. OWNESHIP	VA	CPDC	С	-1,138	447	100.000 %	Yes	

CPDC

CPDC

-17

-1,032

100.000 %

100.000 %

1.264

Yes

Yes

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Amount Involved Name of related organization Transaction type(a-s) Method of determining amount involved ENTERPRISE COMMUNITY PARTNERS INC В 9,681,525 COST ENTERPRISE COMMUNITY PARTNERS INC L 4,861,739 COST ENTERPRISE COMMUNITY PARTNERS INC Μ 1,722,016 COST ENTERPRISE COMMUNITY PARTNERS INC Р 1,872,347 COST ENTERPRISE COMMUNITY PARTNERS INC Q 850,507 COST ENTERPRISE COMMUNITY PARTNERS INC 0 6,782,413 COST ENTERPRISE COMMUNITY LOAN FUND INC Е 17,000,000 COST D M & T AFFORDABLE HOUSING FUND III LP 1,545,000 COST CALGREEN VI LLLP D 905,751 COST В ENTERPRISE HOMES INC 440,908 COST WINCOPIN CIRCLE LLLP D 12,414,334 COST ENTERPRISE HOMES INC D 31,510,407 COST D COMMUNITY HOUSING INC 2,600,000 COST ENTERPRISE HOMES INC Α 697,711 COST COMMUNITY HOUSING INC L 593,042 COST COMMUNITY HOUSING INC 0 379,158 COST L COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION 649,146 COST COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION 0 415,028 COST COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION Q 51,283 COST L ENTERPRISE HOMES INC 1,372,477 COST ENTERPRISE HOMES INC 0 1,059,976 COST ENTERPRISE HOMES INC Q 581,914 COST L ENTERPRISE COMMUNITY LOAN FUND INC 1,842,751 COST ENTERPRISE COMMUNITY LOAN FUND INC 0 872,071 COST

Q

134,721

COST

ENTERPRISE COMMUNITY LOAN FUND INC

(a) Name of related organization (c) Amount Involved (d)
Method of determining amount involved Transaction type(a-s) ENTERPRISE COMMUNITY ASSET MANAGEMENT INC 2,695,589 COST ENTERPRISE COMMUNITY ASSET MANAGEMENT INC 0 2,533,377 COST 276,699 COST ENTERPRISE COMMUNITY ASSET MANAGEMENT INC Q

(b)

0

685,871

COST

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

ENTERPRISE TECHNOLOGY COMPANY LLC

	,	,	
ENTERPRISE OWNERSHIP INC	L	621,556	COST
ENTERPRISE OWNERSHIP INC	0	234,970	COST
ENTERPRISE FUND MANAGER LLC	L	340,345	COST
ENTERPRISE FUND MANAGER LLC	0	366,851	COST

ENTERPRISE FUND MANAGER LLC	L	340,345	COST
ENTERPRISE FUND MANAGER LLC	0	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	0	158,718	COST

		300,031	
ENTERPRISE FUND MANAGER LLC	Q	19,682	COST
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	L	499,868	COST
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	0	158,718	COST
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	Q	223,628	COST

BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	0	158,718	COST
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	Q	223,628	COST
ENTERPRISE MORTGAGE HOLDINGS INC	L	394,564	COST
ENTERDRICE MORTCAGE HOLDINGS INC	0	200.200	COCT

	*		
ENTERPRISE MORTGAGE HOLDINGS INC	L	394,564	COST
ENTERPRISE MORTGAGE HOLDINGS INC	0	390,260	COST

ENTERPRISE MORTGAGE HOLDINGS INC	0	390,260	COST
ENTERPRISE TECHNOLOGY COMPANY LLC	L	373,520	COST