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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning SEP 13, 2011 and ending DEC 31, 2011

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
ENTERPRISE COMMUNITY INVESTMENT, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 10227 WINCOPIN CIRCLE

Room/suite 810

City or town, state or country, and ZIP + 4 COLUMBIA, MD 21044

F Name and address of principal officer: CRAIG MELLENDICK
SAME AS C ABOVE

D Employer identification number 52-1206840

E Telephone number 410-964-0552

G Gross receipts $ 33,347,206.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE,	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	316
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	3,081,543.
	b	Net unrelated business taxable income from Form 990-T, line 34	216,132.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.
	9	Program service revenue (Part VIII, line 2g)		29,608,097.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		470,171.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,268,938.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,347,206.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		530,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,955,182.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,796,326.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		26,282,008.
	19	Revenue less expenses. Subtract line 18 from line 12		7,065,198.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	161,117,512.	149,768,618.
	21	Total liabilities (Part X, line 26)	74,227,086.	55,812,994.
	22	Net assets or fund balances Subtract line 21 from line 20	86,890,426.	93,955,624.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 11/15/12

▶ CRAIG MELLENDICK, SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name EDWARD NEVIN	Preparer's signature	Date 11-14-12	Check ☐ if self-employed	PTIN P00645447
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 100 S. CHARLES ST 12TH FLOOR BALTIMORE, MD 21201-2713			Phone no. (410) 576-6700	

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

132001 01-23-12 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES. CENTRAL TO THIS MISSION IS ENTERPRISE'S FUNDAMENTAL COMMITMENT TO GIVE PEOPLE LIVING IN POVERTY AN OPPORTUNITY TO MOVE UP AND OUT. WE BELIEVE THAT THESE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses $ 16,786,405. including grants of $ 530,500.) (Revenue $ 26,526,554.)
THE ORGANIZATION ACTS AS THE GENERAL PARTNER OR MANAGING MEMBER OF LIMITED PARTNERSHIPS OR LLC'S THAT INVEST IN LIHTC PROPERTIES. THE INVESTMENTS ARE FOR THE PURPOSE OF ACQUISITION, REHABILITATION, OWNERSHIP, CONSTRUCTION AND OPERATION OF LOW INCOME HOUSING. ECI PARTNERS PRIMARILY WITH OTHER EXEMPT ORGANIZATIONS TO PROVIDE ASSET MANAGEMENT AND TECHNICAL ASSISTANCE, AND TO FACILITATE FINANCING. THESE ACTIVITES PROMOTE THE VIABILITY OF AFFORDABLE HOUSING NATIONWIDE.

4b (Code) (Expenses $ 2,849,411. including grants of $) (Revenue $ 3,081,543.)
ECI ORIGINATES AND SERVICES MORTGAGE LOANS THROUGH FHA AND FREDDIE MAC WHICH ARE TARGETED TOWARD AFFORDABLE LENDING PROGRAMS. THESE MORTGAGE LOANS ARE MADE PRIMARILY FOR MULTI-FAMILY HOUSING PROPERTIES THAT SERVE LOW INCOME INDIVIDUALS. THESE LOANS PROVIDE A SOURCE OF CAPITAL TO THE COMMUNITY IN THE SUPPORT OF HOUSING.

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

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

4e **Total program service expenses** ▶ 19,635,816.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	N/A	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; 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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
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, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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 25*	24a		X
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) and 501(c)(4) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	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	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	N/A	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	108		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	316		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	N/A	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	N/A	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	N/A	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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	X	
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	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, GA, NC, NJ, MD, TN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

CRAIG MELLENDICK - 410-964-0552
10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044

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

Check if Schedule O contains a response to any question in this Part VII [X]

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRI LUDWIG DIRECTOR	1.00	X						0.	104,784.	9,005.
(2) BILL BECKMANN DIRECTOR	1.00	X						0.	0.	0.
(3) BARRY CURTIS DIRECTOR	1.00	X						750.	0.	0.
(4) MARY K. REILLY DIRECTOR	1.00	X						1,000.	0.	0.
(5) LEE ROSENBERG DIRECTOR	1.00	X						750.	0.	0.
(6) ARLENE ISAACS-LOWE DIRECTOR	1.00	X						0.	0.	0.
(7) THOMAS W. WHITE DIRECTOR	1.00	X						1,000.	0.	0.
(8) JUDD S. LEVY DIRECTOR	1.00	X						0.	0.	0.
(9) W. KIMBALL GRIFFITH DIRECTOR	1.00	X						0.	0.	0.
(10) RONALD GRZYWINSKI DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID D. LEOPOLD DIRECTOR	1.00	X						0.	0.	0.
(12) PATRICIA T. ROUSE DIRECTOR	1.00	X						0.	0.	0.
(13) TONY M. SALAZAR DIRECTOR	1.00	X						0.	0.	0.
(14) J. RONALD TERWILLIGER DIRECTOR	1.00	X						0.	0.	0.
(15) THOMAS J. WATT DIRECTOR	1.00	X						0.	0.	0.
(16) CHARLES WERHANE PRESIDENT	40.00			X				143,107.	0.	18,986.
(17) GARY ALEX V. PRESIDENT	40.00			X				57,172.	0.	8,853.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSE ALFRIEND V. PRESIDENT	40.00			X				53,407.	0.	6,025.
(19) STEPHANIE ARNOLD V. PRESIDENT	40.00			X				39,341.	0.	7,023.
(20) MARY JO BARRANCO V. PRESIDENT	40.00			X				37,913.	0.	7,661.
(21) JOHN BRANDENBURG V. PRESIDENT	40.00			X				58,013.	0.	7,373.
(22) KENNETH CRAWFORD V. PRESIDENT	40.00			X				57,829.	0.	7,847.
(23) THOMAS EASTMAN V. PRESIDENT	40.00			X				63,396.	0.	8,606.
(24) MONIKA ELGERT V. PRESIDENT	40.00			X				45,834.	0.	7,652.
(25) KARI FITZPATRICK V. PRESIDENT	40.00			X				56,760.	0.	8,469.
(26) JEFFREY GALENTINE TREAS. V. PRESIDENT	40.00			X				35,792.	0.	6,079.
1b Sub-total							▶	652,064.	104,784.	103,579.
c Total from continuation sheets to Part VII, Section A							▶	997,157.	0.	168,316.
d Total (add lines 1b and 1c)							▶	1,649,221.	104,784.	271,895.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GALLAGHER, EVELIUS & JONES, LLP, 218 NORTH CHARLES ST. SUITE 400, BALTIMORE, MD	LEGAL	220,000.
DELOITTE TAX LLP, 100 S. CHARLES ST 12TH FLOOR, BALTIMORE, MD 21201	ACCOUNTING & TAX	217,093.
DLA PIPER RUDNICK GRAY CARY P.O. BOX 64029, BALTIMORE, MD 21264	LEGAL	189,573.
GTG CONSULTANTS, P.C., 350 WEST ONTARIO ST., SUITE 5 WEST, CHICAGO, IL 60654	CONSULTING	166,335.
GEBHARDT & SMITH LLP, ONE SOUTH ST. SUITE 2200, BALTIMORE, MD 21202	LEGAL	102,172.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶				
Program Service Revenue		Business Code				
	2 a LOW INCOME HOUSING REV	531390	26,526,554.	26,526,554.		
	b MULTI-FAMILY MORTGAGE	522298	3081543.		3,081,543.	
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	29,608,097.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	470,171.			470,171.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a ADMIN SVCS TO PARENT	561000	2987850.			2,987,850.
	b EARNINGS FROM SUBS	900003	279,324.			279,324.
	c MISCELLANEOUS INCOME	900099	1,764.			1,764.
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	3268938.			
	12 **Total revenue.** See instructions.	▶	33,347,206.	26,526,554.	3,081,543.	3,739,109.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	530,500.	530,500.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,912,111.	1,484,970.	427,141.	
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	7,257,844.	4,844,786.	2,413,058.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	261,911.	132,763.	129,148.	
9	Other employee benefits	1,170,723.	457,462.	713,261.	
10	Payroll taxes	352,593.	178,729.	173,864.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	511,745.	511,745.		
c	Accounting	356,691.	353,541.	3,150.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,874,154.	1,001,598.	872,556.	
12	Advertising and promotion	849,131.	203,312.	645,819.	
13	Office expenses	921,651.	136,677.	784,974.	
14	Information technology	1,515,875.	1,515,875.		
15	Royalties	2,887,869.	2,887,869.		
16	Occupancy	472,293.	397,106.	75,187.	
17	Travel	147,757.	111,162.	36,595.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,088.	11,653.	3,435.	
20	Interest	521,652.	521,652.		
21	Payments to affiliates	1,880,062.	1,880,062.		
22	Depreciation, depletion, and amortization	2,162,048.	1,794,044.	368,004.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TROUBLED PROJECT SUPPOR	666,310.	666,310.	0.	0.
b	NEW INITIATIVES	14,000.	14,000.	0.	0.
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	26,282,008.	19,635,816.	6,646,192.	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)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		10,939,816.	1	23,188,373.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		43,766,993.	4	26,975,821.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,927,788.	9	1,522,128.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,069,248.			
	b	Less: accumulated depreciation	10b 14,034,497.	8,494,252.	10c	8,034,751.
	11	Investments - publicly traded securities		4,778,005.	11	4,941,899.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11		88,363,575.	13	85,105,646.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,847,083.	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		161,117,512.	16	149,768,618.
Liabilities	17	Accounts payable and accrued expenses		13,615,483.	17	20,611,793.
	18	Grants payable			18	
	19	Deferred revenue		26,582,796.	19	27,314,413.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		594,765.	21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		33,434,042.	23	7,886,788.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		74,227,086.	26	55,812,994.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		1,000,000.	30	1,000,000.
	31	Paid-in or capital surplus, or land, building, or equipment fund		1,145,169.	31	1,145,169.
	32	Retained earnings, endowment, accumulated income, or other funds		84,745,257.	32	91,810,455.
	33	Total net assets or fund balances		86,890,426.	33	93,955,624.
	34	Total liabilities and net assets/fund balances		161,117,512.	34	149,768,618.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,347,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,282,008.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,065,198.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,890,426.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	93,955,624.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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.	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT, INC.

Employer identification number
52-1206840

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

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

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

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

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

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,407,720.	1,128,649.	279,071.
d Equipment		2,678,011.	1,849,846.	828,165.
e Other		17,983,517.	11,056,002.	6,927,515.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,034,751.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MORTGAGE SERVICE RIGHTS	1,779,396.	COST
(2) INVESTMENT IN		
(3) UNCONSOLIDATED		
(4) PARTNERSHIPS	20,443,479.	COST
(5) BRIDGE LOANS TO		
(6) UNCONSOLIDATED		
(7) PARTNERSHIPS	44,864,325.	COST
(8) MORTGAGES HELD FOR SALE	3,212,865.	COST
(9) DEFERRED TAX ASSET	14,805,581.	COST
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	85,105,646.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PART X, LINE 2: WE CONDUCT BUSINESS THROUGHOUT THE UNITED STATES AND, AS A RESULT, WE FILE INCOME TAX RETURNS IN FEDERAL AND VARIOUS STATE JURISDICTIONS. ALTHOUGH THERE ARE CURRENTLY NO ONGOING EXAMINATIONS BY STATE JURISDICTIONS, THE STATUTE OF LIMITATIONS HAS NOT YET EXPIRED ON SEVERAL OF OUR TAX FILINGS. WE REMAIN SUBJECT TO EXAMINATION OF THE FEDERAL INCOME TAX RETURNS FOR 2007 AND LATER YEARS. WE ALSO GENERALLY REMAIN SUBJECT TO THE EXAMINATION OF OUR VARIOUS STATE INCOME TAX RETURNS FOR A PERIOD OF FOUR TO FIVE YEARS FROM THE DATE THE RETURN WAS FILED.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT, INC.

Employer identification number
52-1206840.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN CALIFORNIA ASSOCIATION OF NON-PROFIT HOUSING - 3345 WILSHIRE BLVD., SUITE 1005 - LOS ANGELES, CA 90010	95-4019655	501(C)(3)	5,500.	0.			GENERAL SUPPORT
COMMONBOND COMMUNITIES 328 W. KELLOGG BLVD ST. PAUL, MN 55102	36-3305018	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CATHOLIC COMMUNITY FUND OF BALTIMORE - 320 CATHEDRAL ST. - BALTIMORE, MD 21201	56-2401335	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HEARTLAND HUMAN CARE SERVICES 208 S. LASALLE ST. CHICAGO, IL 60604	36-4053244	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ENTERPRISE COMMUNITY PARTNERS, INC. - 10227 WINCOPIN CR. - COLUMBIA, MD 21044	52-1231931	501(C)(3)	500,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: IN THE NORMAL COURSE OF BUSINESS, ENTERPRISE COMMUNITY INVESTMENT MAY MAKE GRANTS TO OTHER ORGANIZATIONS, INCLUDING ITS PARENT, FOR PURPOSES OF SUPPORTING THEIR OPERATING ACTIVITIES. THE USE OF GRANT FUNDS IS MONITORED THROUGH THE REVIEW OF OPERATING RESULTS AND DISCUSSION WITH MANAGEMENT. GRANTS MADE TO THIRD PARTIES ALSO INCLUDE ASSESSING THE IMPACT THOSE ORGANIZATIONS MAKE ON THEIR POPULATION SERVED Ø E.G. THE NUMBER OF UNITS PRODUCES, SERVICES PROVIDED, ETC.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY INVESTMENT, INC.

Employer identification number

52-1206840

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES WERHANE	(i)	107,470.	0.	35,637.	18,457.	529.	162,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 6: THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT IS PARTIALLY CALCULATED BASED ON THE NET INCOME OF THE RELATED ORGANIZATION AS WELL AS SPECIFIC QUALITATIVE GOALS MET BY THE EMPLOYEE.

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: ENTERPRISE COMMUNITY INVESTMENT, INC.

Employer identification number: 52-1206840

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THRIVING COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPPORTUNITES ARE BEST PROVIDED IN COMMUNITIES WITH A DIVERSE MIX OF AFFORDABLE AND MARKET HOUSING OPTIONS, ACCESS TO JOBS AND SOCIAL SUPPORTS, AND A STRONG COMMITMENT TO THE ENVIRONMENT AND CIVIC PARTICIPATION.

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

FORM 990, PART VI, SECTION A, LINE 7A: THE CEO AND THE CHAIRPERSON OF ENTEPRISE COMMUNITY PARTNERS, ECI'S PARENT ENTITY, CONSULT WITH THE CEO OF ECI ON NOMINATIONS FOR THE GOVERNING BOARD. CHAIRPERSON OF ENTEPRISE COMMUNITY PARTNERS HAS FINAL APPROVAL OF ECI'S BOARD NOMINATIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE ENTIRE BOARD IS GIVEN A COPY OF THE FORM 990 FOR REVIEW. THE FINANCE AND AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE 990 IN A MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL CONFLICT OF INTEREST DISCLOSURE EXERCISE IS PERFORMED BY THE ORGANIZATION EACH JANUARY. THE

Name of the organization: ENTERPRISE COMMUNITY INVESTMENT, INC.
Employer identification number: 52-1206840

EXERCISE REQUIRES EACH EMPLOYEE TO READ THE BUSINESS ETHICS POLICY AND COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFYING ANY POSSIBLE CONFLICTS KNOWN BY THE EMPLOYEE. NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THIS CONFLICT OF INTEREST DISCLOSURE FORM UPON HIRING. THE EXECUTIVE OFFICE INCLUDES THE CONFLICT OF INTEREST POLICY AND THE DISCLOSURE STATEMENT IN ITS MAILING TO DIRECTORS IN ADVANCE OF THE ANNUAL BOARD MEETING. DIRECTORS ARE ASKED TO RETURN THE COMPLETED DISCLOSURES PRIOR TO THE ANNUAL MEETING. THE CHIEF AUDIT EXECUTIVE REVIEWS AND APPROVES THE DISCLOSURE DOCUMENT CONTENT, AND FOLLOWS UP ON ANY CONCERNS WITH EMPLOYEES. FOR NEW HIRES, A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS FOR FUTURE REFERENCE. THE EXECUTIVE OFFICE MONITORS AND FOLLOWS UP ON THE STATUS OF ANY UNRETURNED DISCLOSURE FORMS. THE GENERAL COUNSEL REVIEWS ALL DISCLOSURE FORMS AND FOLLOWS UP IF THERE ARE ANY ISSUES, IN ACCORDANCE WITH THE PROCEDURE SET FORTH IN THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: ECI PERFORMS FREQUENT MARKET ANALYSIS TO ASSESS ITS COMPENSATION STRUCTURE FOR ITS CEO, OFFICERS, AND OTHER EMPLOYEES. THE ANALYSIS IS REVIEWED BY THE BOARD OF DIRECTORS. THE HUMAN RELATIONS COMMITTEE SETS THE CEO COMPENSATION AND APPROVES THE COMPENSATION OF OFFICERS OF ECI. THE HUMAN RESOURSES COMMITTEE REPORTS ITS FINDINGS AND RECOMENDATIONS TO THE FULL BOARD. THESE PROCESSES ARE DOCUMENTED THROUGH MEETING MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AZ,AR,CA,CO,CT,DE,DC,FL,GA,ID,IL,IN,IA,LA,ME,MD,MA,MI,MN,MO,NE,NH,NJ,NM
NY,NC,ND,OH,OR,RI,SC,TN,UT,VT,VA

FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO PUBLIC.

Name of the organization: ENTERPRISE COMMUNITY INVESTMENT, INC.

Employer identification number: 52-1206840

FORM 990, PART VII:

AVG HOURS DEVOTED TO RELATED ORG(S) WHEN RELATED COMP IS REPORTED:

TERRI LUDWIG IS THE CEO OF ENTERPRISE COMMUNITY PARTNERS, ECI'S PARENT ENTITY, AND WORKS 40 HOURS PER WEEK FOR THIS RELATED ORGANIZATION.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT, INC.

Employer identification number
52-1206840

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ENTERPRISE BUSINESS PARTNERS LLC - 26-4154371, 10227 WINCOPIN CR, COLUMBIA, MD 21044	SUPPORT SERVICES	MARYLAND	36,984.	997,412.	ECI
ENTERPRISE HOLDINGS, LLC - 52-2332039 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	0.	22,663.	ECI
EHCG GP, LLC - 45-3675104 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	-1.	7,405.	ECI
CCHF GP, LLC - 27-2629201 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	-2.	909.	ECI

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
ENTERPRISE COMMUNITY LOAN FUND - 52-1092004 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	FINANCING	MARYLAND	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
ENTERPRISE HOME OWNERSHIP PARTNERS, INC - 31-1737642, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
EHOP- DALLAS, INC. - 72-1590088 500AKARD STREET DALLAS, TX 75201	AFF. HOUSING	TEXAS	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
NEIGHBORHOOD PARTNERSHIP HOUSING DEVEL - 13-3811616, 1 WHITEHALL STREET, NEW YORK, NY 10004	AFF. HOUSING	NEW YORK	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GREEN FUND 2009 GP, LLC - 26-4798663 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	-4.	4,671.	ECI
EHP XIX GP, LLC - 26-4798827 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	-530.	9,568.	ECI
EHP XX GP, LLC - 27-2146780 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	-1,303.	18,656.	ECI
EHP XXI GP, LLC - 45-1732988 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	-37.	6,121.	ECI
EHP XXII GP, LLC - 45-2683946 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	-5.	3,999.	ECI
ENTERPRISE MIDDLE MANAGER LLC - 27-4033363 10227 WINCOPIN CR COLUMBIA, MD 21044	INVESTMENT IN LIHTC HOUSING	MARYLAND	-5.	859.	ECI

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
ENTERPRISE MARYLAND, LLC - 26-3262997 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
IAC/ ENTERPRISE NEHEMIAH DEVELOPMENT - 52-1742031, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
CORNERSTONE HOUSING CORPORATION - 52-1742293 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
ENTERPRISE COMMUNITY PARTNERS - 52-1231931 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(3)	LINE 7: 170(B)(1)(A)	NONE		X
CITY HOMES, INC. - 52-1479114 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
ENTERPRISE ADVISORS, INC. - 27-3846733 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
AFFORDABLE HOUSING SOLUTIONS - 35-2389470 10227 WINCOPIN CIRCLE, SUITE 810 COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(3)	LINE 11, TYPE I:	ECP,INC		X
ENTERPRISE COMMUNITY DEVELOPMENT, INC. - 45-3048058, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	AFF. HOUSING	MARYLAND	501(C)(4)	NA	ECI	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
481 ENTERPRISE AFFORDABLE HOUSING FUND I, LLLP - 27-1445201, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-259.	11,978.		X	N/A	X		.01%
ATLANTA HOUSING EQUITY FUND L.P. - 52-1752822, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-345.	107.		X	N/A	X		.01%
ATLANTA HOUSING EQUITY FUND II, L.P. - 52-1969157, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-641.	249.		X	N/A	X		.01%
AMERICAN EXPRESS WEST EQUITY FUND, L.P. - 20-0895254, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-488.	8,851.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ENTERPRISE COMMUNITY HOUSING ORGANIZATION INC. - 52-1440653, 10227 WINCOPIN CR., COLUMBIA, MD 21044	AFF. HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	523.	579,717.	100.00%
ENTERPRISE HOMES, INC. - 52-1456419 10227 WINCOPIN CR. COLUMBIA, MD 21044	DEVELOPMENT SERVICES	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	413.	8,771,841.	100.00%
ENTERPRISE REALTY PARTNERS, INC. - 02-0620992 10227 WINCOPIN CR. COLUMBIA, MD 21044	NEW MKTS ADVISORY	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	1,080,240.	12,895,089.	100.00%
ENTERPRISE EQUITIES, INC. - 52-1669796 10227 WINCOPIN CR. COLUMBIA, MD 21044	BROKER	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	2,332.	185,328.	100.00%
ENTERPRISE HOUSING INITIATIVE OF NY, INC. - 52-1751213, 10227 WINCOPIN CR., COLUMBIA, MD 21044	INVESTMNETS IN LIHTC HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	-27,657.	391,252.	100.00%

SEE PART VII FOR CONTINUATIONS

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
AMERICAN EXPRESS - UTAH EQUITY FUND. L.P. - 52-2041772, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-5,092.	6,987.		X	N/A	X		.01%
BANK OF AMERICA HOUSING FUND, L.P. - 52-1932672, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-125.	21.		X	N/A	X		.01%
THE BANC OF AMERICA HOUSING FUND I, L.P. - 52-1826758, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	689,886.	348.	X		N/A	X		.01%
THE BANC OF AMERICA HOUSING FUND II, L.P. - 52-1907935, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-436.	175.		X	N/A	X		.01%
BANC OF AMERICA HOUSING FUND III, L.P. - 52-2100730, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-1,231.	3,139.		X	N/A	X		.01%
BANC OF AMERICA HOUSING FUND IIIA, L.P. - 52-2193746, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-153.	11.		X	N/A	X		.01%
BANC OF AMERICA HOUSING FUND IIIB, L.P. - 52-2209525, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-121.	462.		X	N/A	X		.01%
BANC OF AMERICA HOUSING FUND IIIC, L.P. - 52-2209526, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-58.	687.		X	N/A	X		.01%
BANC OF AMERICA HOUSING FUND IIID, L.P. - 52-2212426, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-90.	10.		X	N/A	X		.01%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
BANC OF AMERICA HOUSING FUND IIIF, L.P. - 52-2212431, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-111.	645.		X	N/A	X		.01%
BANC OF AMERICA HOUSING FUND IIIG, L.P. - 52-2286685, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-82.	901.		X	N/A	X		.01%
BANC OF AMERICA HOUSING FUND IIIH, L.P. - 52-2286686, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	GA	N/A	RELATED	-109.	873.		X	N/A	X		.01%
THE BANC OF AMERICA HOUSING FUND IV, LLLP. - 52-2282447, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-923.	4,670.		X	N/A	X		.01%
THE BANC OF AMERICA HOUSING FUND IVA, LLLP - 04-3631847, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-375.	4,219.		X	N/A	X		.01%
THE BANC OF AMERICA HOUSING FUND V, LLLP - 52-2282701, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-126.	477.		X	N/A	X		.01%
THE BANC OF AMERICA HOUSING FUND VI, LLLP - 20-1975415, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-819.	7,792.		X	N/A	X		.01%
THE BANC OF AMERICA HOUSING FUND VII, LLLP - 20-5583537, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-409.	2,682.		X	N/A	X		.01%
THE BANC OF AMERICA HOUSING FUND VIII, LLLP - 27-0336462, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-141.	9,253.		X	N/A	X		.01%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
THE BANC OF AMERICA HOUSING FUND IX, LLLP - 45-2404936, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-1.	2,705.		X	N/A	X		.01%
COMMUNITY HOUSING ALLIANCE L.P. - 75-3118119, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-510.	5,581.		X	N/A	X		.01%
COMMUNITY HOUSING ALLIANCE II L.P. - 65-1240099, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-666.	8,659.		X	N/A	X		.01%
COMMUNITY HOUSING ALLIANCE III L.P. - 20-4238319, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-1,038.	11,647.		X	N/A	X		.01%
J.P. MORGAN CHASE AFFORDABLE HOUSING FUND, L.P. - 52-2138751, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-357.	1,365.		X	N/A	X		.01%
CORPORATE HOUSING INITIATIVES LIMITED PARTNERSHIP - 52-1714746, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	165,327.	83.	X		N/A	X		.01%
CORPORATE HOUSING INITIATIVES II LIMITED PARTNERSHIP - 52-1854657, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	0.	305.		X	N/A	X		.01%
CORPORATE HOUSING INITIATIVES III LIMITED PARTNERSHIP - 52-2059385, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-4,050.	636.		X	N/A	X		.01%
ESIC CITIGROUP CCDE INVESTMENT FUND LP - 52-2362647, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-101.	473.		X	N/A	X		.01%

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DELAWARE EQUITY FUND FOR HOUSING LIMITED PARTNERSHIP I - 52-1859433, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	35,956.	61.	X		N/A	X		.01%
ENTERPRISE CALIFORNIA GREEN COMMUNITIES L.P. - 26-3246728, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-415.	2,881.		X	N/A	X		.01%
ENTERPRISE COMMUNITY OPPORTUNITY FUND, LLLP - 27-0472729, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-113.	2,853.		X	N/A	X		.01%
EMPIRE AND GARDEN STATE EQUITY FUND LIMITED PARTNERSHIP - 20-1821222, 10227 WINCOPIN CIRCLE, SUITE	LOW INCOME HOUSING	MD	N/A	RELATED	-446.	2,948.		X	N/A	X		.01%
ENTERPRISE HOUSING ALLIANCE FUND L.P. - 20-3270372, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-625.	6,716.		X	N/A	X		.01%
ENTERPRISE HOUSING ALLIANCE FUND II LP - 20-4670450, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-885.	11,642.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS LIMITED PARTNERSHIP - 52-1687148, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-2,060.	2.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS II LIMITED PARTNERSHIP - 52-1751175, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-1,677.	2.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS III LIMITED PARTNERSHIP - 52-1788574, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	134,180.	2,824.	X		N/A	X		.01%

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ENTERPRISE HOUSING PARTNERS III SERIES II LIMITED PARTNERSHIP - 20-0405235, 10227 WINCOPIN CIRCLE, SUITE	LOW INCOME HOUSING	DE	N/A	RELATED	-1,437.	10,974.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS VII LIMITED PARTNERSHIP - 52-1995500, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-5,052.	378.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS VIII LIMITED PARTNERSHIP - 52-2138749, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-495.	1,151.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS IX LIMITED PARTNERSHIP - 52-2282444, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-345.	2,724.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS X LIMITED PARTNERSHIP - 03-0386841, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-732.	5,760.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XI LIMITED PARTNERSHIP - 59-3763774, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-657.	6,834.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XII LIMITED PARTNERSHIP - 20-1004093, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-967.	12,080.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XIII LIMITED PARTNERSHIP - 20-2675276, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-667.	8,880.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XIV LIMITED PARTNERSHIP - 20-4670098, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-1,416.	15,572.		X	N/A	X		.01%

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ENTERPRISE HOUSING PARTNERS XV LIMITED PARTNERSHIP - 26-0707086, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-1,318.	13,924.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XVI INVESTOR LIMITED PARTNERSHIP - 26-0707054, 10227 WINCOPIN CIRCLE, SUITE	LOW INCOME HOUSING	MD	N/A	RELATED	-642.	8,499.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XVII LIMITED PARTNERSHIP - 26-1848528, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-819.	9,962.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XVIII LIMITED PARTNERSHIP - 26-1848605, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-753.	9,155.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS 1992 LIMITED PARTNERSHIP - 52-6538578, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	54,897.	92.	X		N/A	X		.01%
ENTERPRISE HOUSING PARTNERS 1994 LIMITED PARTNERSHIP - 52-1910361, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	1,338.	154.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS 1995 LIMITED PARTNERSHIP - 52-1952868, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-5,072.	106.		X	N/A	X		.01%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND I L.P. - 20-5112196, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-179.	2,652.		X	N/A	X		.01%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND I, SERIES II, L.P. - 26-1163243, 10227 WINCOPIN CIRCLE, SUITE 810,	LOW INCOME HOUSING	DE	N/A	RELATED	-124.	1,767.		X	N/A	X		.01%

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ENTERPRISE NEIGHBORHOOD PARTNERS FUND II LP - 86-1170270, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-558.	2,405.		X	N/A	X		.01%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND III, LLLP - 20-5071960, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-396.	5,448.		X	N/A	X		.01%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND IV, LLLP - 27-4032460, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-3.	2,611.		X	N/A	X		.01%
ENTERPRISE RB FUND I, L.P. - 26-2457927, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-2,507.	19,077.		X	N/A	X		.01%
ENTERPRISE RB FUND II, LLLP - 27-1520644, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	DE	N/A	RELATED	-802.	11,901.		X	N/A	X		.01%
ENTERPRISE-UIG AFFORDABLE HOUSING FUND, LLC - 27-3308441, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-288.	4,675.		X	N/A	X		.01%
FLORIDA HOUSING TAX CREDIT FUND, LTD. - 52-1781530, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	FL	N/A	RELATED	50,301.	261.	X		N/A	X		.01%
FLORIDA HOUSING TAX CREDIT FUND II, LTD. - 52-1969165, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	FL	N/A	RELATED	-2,325.	369.		X	N/A	X		.01%
FREDDIE MAC EQUITY PLUS I-ESIC LP - 52-2316462, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-290.	1,581.		X	N/A	X		.01%

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FREDDIE MAC EQUITY PLUS II-ESIC LP - 01-0728494, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-583.	6,415.		X	N/A	X		.01%
THE HOUSING OUTREACH FUND IV LIMITED PARTNERSHIP - 52-1911199, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	19,046.	63.	X		N/A	X		.01%
THE HOUSING OUTREACH FUND V LIMITED PARTNERSHIP - 52-1962416, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	90,274.	26.	X		N/A	X		.01%
THE HOUSING OUTREACH FUND VI LIMITED PARTNERSHIP - 52-1995502, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-6,358.	40.		X	N/A	X		.01%
THE HOUSING OUTREACH FUND VII LIMITED PARTNERSHIP - 52-2059388, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-167.	261.		X	N/A	X		.01%
THE HOUSING OUTREACH FUND VIII LIMITED PARTNERSHIP - 52-2186795, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-711.	972.		X	N/A	X		.01%
THE HOUSING OUTREACH FUND IX LIMITED PARTNERSHIP - 52-2282441, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-1,661.	10,384.		X	N/A	X		.01%
THE HOUSING OUTREACH FUND X LIMITED PARTNERSHIP - 20-0276712, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-543.	5,552.		X	N/A	X		.01%
THE HOUSING OUTREACH FUND XI LIMITED PARTNERSHIP - 20-1413560, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-572.	5,583.		X	N/A	X		.01%

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THE HOUSING OUTREACH FUND XII LIMITED PARTNERSHIP - 20-3270454, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-442.	6,957.		X	N/A	X		.01%
THE HOUSING OUTREACH FUND XIII LIMITED PARTNERSHIP - 20-3270497, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-321.	4,647.		X	N/A	X		.01%
MARYLAND HOUSING EQUITY FUND II LIMITED PARTNERSHIP - 52-1742217, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-684.	159.		X	N/A	X		.01%
MARYLAND HOUSING EQUITY FUND III LIMITED PARTNERSHIP - 52-1854655, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-2,315.	8.		X	N/A	X		.01%
M&T BANK AFFORDABLE HOUSING FUND, L.P. - 52-2064052, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-4,210.	4,280.		X	N/A	X		.01%
M&T BANK AFFORDABLE HOUSING FUND II, LLLP - 27-1528572, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	-117.	2,049.		X	N/A	X		.01%
NATIVE AMERICAN HOUSING FUND I LIMITED PARTNERSHIP - 02-0535639, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-120.	732.		X	N/A	X		.01%
NATIVE AMERICAN HOUSING FUND II LIMITED PARTNERSHIP - 20-0302735, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DC	N/A	RELATED	-7.	1,027.		X	N/A	X		.01%
NEW YORK STATE CORPORATE TAX CREDIT FUND LIMITED PARTNERSHIP - 52-1744200, 10227 WINCOPIN CIRCLE, SUITE	LOW INCOME HOUSING	NY	N/A	RELATED	144,520.	895.	X		N/A	X		.01%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
NEW YORK STATE CORPORATE TAX CREDIT FUND II LIMITED PARTNERSHIP - 52-1917640, 10227 WINCOPIN CIRCLE, SUITE	LOW INCOME HOUSING	NY	N/A	RELATED	-1,354.	51.		X	N/A	X		.01%
OREGON EQUITY FUND LIMITED PARTNERSHIP - 93-1121997, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	OR	N/A	RELATED	-9,190.	0.	X		N/A	X		.01%
PITTSBURGH EQUITY FUND LIMITED PARTNERSHIP - 52-1738120, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	15,168.	6.	X		N/A	X		.01%
PRUDENTIAL HOUSING FUND LIMITED PARTNERSHIP - 52-2003113, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-920.	15.		X	N/A	X		.01%
UNITED HEALTHCARE FUND 1 LLLP - 45-2714779, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA, MD 21044	LOW INCOME HOUSING	MD	N/A	RELATED	0.	1,986.		X	N/A	X		.01%
US AFFORDABLE HOUSING FUND LIMITED PARTNERSHIP - 60-0001701, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-246.	2,405.		X	N/A	X		.01%
WAMU AFFORDABLE HOUSING FUND LIMITED PARTNERSHIP - 52-2102708, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	DE	N/A	RELATED	-499.	2,261.		X	N/A	X		.01%
ESIC NEW MARKETS PARTNERS XLIMITED PARTNERSHIP - 20-1239228, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	COMMUNITY DEVELOPMENT	MD	N/A	RELATED	7,824.	708,937.		X	N/A	X		99.99%
ENTERPRISE HOUSING PARTNERS XIX LIMITED PARTNERSHIP - 26-4326201, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-530.	9,568.		X	N/A	X		.01%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ENTERPRISE HOUSING PARTNERS XX LIMITED PARTNERSHIP - 27-2146836, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-1,303.	18,656.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XXI LIMITED PARTNERSHIP - 45-1733217, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-37.	6,121.		X	N/A	X		.01%
ENTERPRISE HOUSING PARTNERS XXII LIMITED PARTNERSHIP - 45-2684029, 10227 WINCOPIN CIRCLE, SUITE 810, COLUMBIA,	LOW INCOME HOUSING	MD	N/A	RELATED	-5.	3,999.		X	N/A	X		.01%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
EAM ASSOCIATES, INC. - 52-2332045 10227 WINCOPIN CR. COLUMBIA, MD 21044	AFF. HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	-1,525.	123,634.	100.00%
ESIC COMMUNITY PATNERS, INC. - 03-0389797 10227 WINCOPIN CR. COLUMBIA, MD 21044	NEW MKTS ADVISORY	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	0.	-379.	100.00%
ENTERPRISE GRATZ STREET HOUSING CORPORATION - 52-1770274, 10227 WINCOPIN CR., COLUMBIA, MD 21044	INVESTMENTS IN LIHTC HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	0.	-757,673.	100.00%
ENTERPRISE TEAM, INC. - 26-2188033 10227 WINCOPIN CR. COLUMBIA, MD 21044	AFF. HOUSING LENDER	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	28,251.	-200,664.	100.00%
EMPLOYMENT OPPORTUNITES, INC. - 52-1962418 10227 WINCOPIN CR. COLUMBIA, MD 21044	AFF. HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	-196.	-12,631.	100.00%
ENTERPRISE MORTGAGE INVESTMENTS, INC. - 52-1870291 10227 WINCOPIN CR. COLUMBIA, MD 21044	AFF. HOUSING LENDER	MD	ENTERPRISE COMMUNITY INVESTMENTS	C CORP	252,660.	20,123,983.	100.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ENTERPRISE HOUSING PARTNERS XVII, LP	D	600,000.	COST
(2) ENTERPRISE HOUSING PARTNERS XVIII, LP	D	1,900,000.	COST
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

481 ENTERPRISE AFFORDABLE HOUSING FUND I, LLLP

EIN: 27-1445201

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMERICAN EXPRESS - UTAH EQUITY FUND. L.P.

EIN: 52-2041772

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

J.P. MORGAN CHASE AFFORDABLE HOUSING FUND, L.P.

EIN: 52-2138751

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CORPORATE HOUSING INITIATIVES LIMITED PARTNERSHIP

EIN: 52-1714746

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CORPORATE HOUSING INITIATIVES II LIMITED PARTNERSHIP

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

EIN: 52-1854657

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CORPORATE HOUSING INITIATIVES III LIMITED PARTNERSHIP

EIN: 52-2059385

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ESIC CITIGROUP CCDE INVESTMENT FUND LP

EIN: 52-2362647

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

DELAWARE EQUITY FUND FOR HOUSING LIMITED PARTNERSHIP I

EIN: 52-1859433

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE CALIFORNIA GREEN COMMUNITIES L.P.

EIN: 26-3246728

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE COMMUNITY OPPORTUNITY FUND, LLLP

EIN: 27-0472729

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

EMPIRE AND GARDEN STATE EQUITY FUND LIMITED PARTNERSHIP

EIN: 20-1821222

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS LIMITED PARTNERSHIP

EIN: 52-1687148

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS II LIMITED PARTNERSHIP

EIN: 52-1751175

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS III LIMITED PARTNERSHIP

EIN: 52-1788574

10227 WINCOPIN CIRCLE, SUITE 810

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS III SERIES II LIMITED

PARTNERSHIP

EIN: 20-0405235

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS VII LIMITED PARTNERSHIP

EIN: 52-1995500

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS VIII LIMITED PARTNERSHIP

EIN: 52-2138749

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS IX LIMITED PARTNERSHIP

EIN: 52-2282444

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

ENTERPRISE HOUSING PARTNERS X LIMITED PARTNERSHIP

EIN: 03-0386841

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XI LIMITED PARTNERSHIP

EIN: 59-3763774

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XII LIMITED PARTNERSHIP

EIN: 20-1004093

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XIII LIMITED PARTNERSHIP

EIN: 20-2675276

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XIV LIMITED PARTNERSHIP

EIN: 20-4670098

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XV LIMITED PARTNERSHIP

EIN: 26-0707086

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XVI INVESTOR LIMITED PARTNERSHIP

EIN: 26-0707054

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XVII LIMITED PARTNERSHIP

EIN: 26-1848528

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XVIII LIMITED PARTNERSHIP

EIN: 26-1848605

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS 1992 LIMITED PARTNERSHIP

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

EIN: 52-6538578

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS 1994 LIMITED PARTNERSHIP

EIN: 52-1910361

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS 1995 LIMITED PARTNERSHIP

EIN: 52-1952868

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE NEIGHBORHOOD PARTNERS FUND I L.P.

EIN: 20-5112196

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE NEIGHBORHOOD PARTNERS FUND I, SERIES II, L.P.

EIN: 26-1163243

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE NEIGHBORHOOD PARTNERS FUND II LP

EIN: 86-1170270

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE NEIGHBORHOOD PARTNERS FUND III, LLLP

EIN: 20-5071960

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE NEIGHBORHOOD PARTNERS FUND IV, LLLP

EIN: 27-4032460

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE-UIG AFFORDABLE HOUSING FUND, LLC

EIN: 27-3308441

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND IV LIMITED PARTNERSHIP

EIN: 52-1911199

10227 WINCOPIN CIRCLE, SUITE 810

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND V LIMITED PARTNERSHIP

EIN: 52-1962416

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND VI LIMITED PARTNERSHIP

EIN: 52-1995502

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND VII LIMITED PARTNERSHIP

EIN: 52-2059388

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND VIII LIMITED PARTNERSHIP

EIN: 52-2186795

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND IX LIMITED PARTNERSHIP

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

EIN: 52-2282441

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND X LIMITED PARTNERSHIP

EIN: 20-0276712

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND XI LIMITED PARTNERSHIP

EIN: 20-1413560

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND XII LIMITED PARTNERSHIP

EIN: 20-3270454

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE HOUSING OUTREACH FUND XIII LIMITED PARTNERSHIP

EIN: 20-3270497

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MARYLAND HOUSING EQUITY FUND II LIMITED PARTNERSHIP

EIN: 52-1742217

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MARYLAND HOUSING EQUITY FUND III LIMITED PARTNERSHIP

EIN: 52-1854655

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NATIVE AMERICAN HOUSING FUND I LIMITED PARTNERSHIP

EIN: 02-0535639

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NATIVE AMERICAN HOUSING FUND II LIMITED PARTNERSHIP

EIN: 20-0302735

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW YORK STATE CORPORATE TAX CREDIT FUND LIMITED

PARTNERSHIP

EIN: 52-1744200

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW YORK STATE CORPORATE TAX CREDIT FUND II LIMITED

PARTNERSHIP

EIN: 52-1917640

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PITTSBURGH EQUITY FUND LIMITED PARTNERSHIP

EIN: 52-1738120

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PRUDENTIAL HOUSING FUND LIMITED PARTNERSHIP

EIN: 52-2003113

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

US AFFORDABLE HOUSING FUND LIMITED PARTNERSHIP

EIN: 60-0001701

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

WAMU AFFORDABLE HOUSING FUND LIMITED PARTNERSHIP

EIN: 52-2102708

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ESIC NEW MARKETS PARTNERS XLIMITED PARTNERSHIP

EIN: 20-1239228

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XIX LIMITED PARTNERSHIP

EIN: 26-4326201

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XX LIMITED PARTNERSHIP

EIN: 27-2146836

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XXI LIMITED PARTNERSHIP

EIN: 45-1733217

10227 WINCOPIN CIRCLE, SUITE 810

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

COLUMBIA, MD 21044

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENTERPRISE HOUSING PARTNERS XXII LIMITED PARTNERSHIP

EIN: 45-2684029

10227 WINCOPIN CIRCLE, SUITE 810

COLUMBIA, MD 21044

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEPHEN GIMILARO V. PRESIDENT	40.00			X				39,291.	0.	4,906.
(28) SALLY HEBNER V. PRESIDENT	40.00			X				59,076.	0.	8,205.
(29) SCOTT HOEKMAN SENIOR V. PRESIDENT	40.00			X				82,488.	0.	16,270.
(30) ELAINE MARTIN V. PRESIDENT	40.00			X				39,648.	0.	4,769.
(31) CRAIG MELLENDICK SENIOR V. PRESIDENT CFO	40.00			X				73,337.	0.	13,515.
(32) RAOUL MOORE V. PRESIDENT	40.00			X				89,706.	0.	13,377.
(33) ELIZABETH O'LEARY V. PRESIDENT	40.00			X				71,925.	0.	12,316.
(34) WILLIAM OSTRYE V. PRESIDENT	40.00			X				49,264.	0.	6,869.
(35) PHILLIP PORTER V. PRESIDENT	40.00			X				62,964.	0.	10,805.
(36) BRUCE ROTHSCHILD SENIOR V. PRESIDENT	40.00			X				73,104.	0.	14,147.
(37) LAMAR SEATS SENIOR V. PRESIDENT	40.00			X				94,105.	0.	14,966.
(38) STEPHEN SMITH V. PRESIDENT	40.00			X				38,473.	0.	8,850.
(39) JOSEPH WESOLOWSKI SENIOR V. PRESIDENT	40.00			X				74,986.	0.	14,892.
(40) OWEN WILLIAMS V. PRESIDENT	40.00			X				58,598.	0.	8,577.
(41) B. SUE WILSON V. PRESIDENT	40.00			X				51,310.	0.	7,493.
(42) BRIAN WINDLEY V. PRESIDENT	40.00			X				38,882.	0.	8,359.
Total to Part VII, Section A, line 1c								997,157.		168,316.

Form **8868**

(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	ENTERPRISE COMMUNITY INVESTMENT, INC.	☒ 52-1206480
	Number, street, and room or suite no. If a P O. box, see instructions.	Social security number (SSN)
	10227 WINCOPIN CIRCLE, SUITE 810	☐
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	COLUMBIA, MD 21044	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ CRAIG MELLENDICK

Telephone No. ▶ 410-964-1230 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 12, to file the exempt organization return for the organization named above The extension is for the organization's return for:

▶ ☒ calendar year 20 11 or

▶ ☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☒
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
File by the due date for filing your return. See instructions	ENTERPRISE COMMUNITY INVESTMENT, INC.	☒ 52-1206480
	Number, street, and room or suite no. If a P.O. box, see instructions. 10227 WINCOPIN CIRCLE, SUITE 810	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBIA, MD 21044	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ CRAIG MELLENDICK
Telephone No ▶ 410-964-1230 FAX No ▶
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 20 12.
5 For calendar year 11, or other tax year beginning _____, 20 ____, and ending _____, 20 ____
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☒ Initial return ☐ Final return
☐ Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CHIEF FINANCIAL OFFICER Date ▶

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