DLN: 93493222010058 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

nterna	l Reven	nue Service						Inspection
Fo	or the	2017 c		inning 01-01-2017 , and ending 1	2-31-2017			
		plicable	C Name of organization ENTERPRISE COMMUNITY LOAN F			D Employ	er identif	ication number
	dress c me cha	-	LLSE CONTROLLER ECANT			52-019	2004	
	me cna tial reti	_	Doing business as			<u> </u>		
☐ Fina	al return,	/terminated				F Talanhar	ne number	
		return n pending	Number and street (or P O box if 11000 BROKEN LAND PARKWAY N		m/suite	· ·		
⊐ API	piicatio	ıı pending		ountry, and ZIP or foreign postal code		(410) 9	64-0552	
			COLUMBIA, MD 21044	,, 5, for eight poster code		G Gross re	eceipts \$ 1	3,341,649
			F Name and address of princi	pal officer	H(a)	Is this a group re	• •	
			LORI CHATMAN 11000 BROKEN LAND PKWY 7			subordinates?	cui ii ioi	□Yes ☑No
			COLUMBIA, MD 21044			Are all subordina	tes	☐ Yes ☐No
Tax	k-exem	npt status	☑ 501(c)(3) ☐ 501(c)()	◀ (insert no)	I	included? If "No," attach a	list (see	
W	ebsite	e:▶ WW	W ENTERPRISECOMMUNITY CO		1	Group exemption		•
Forn	n of org	ganızatıon	✓ Corporation ☐ Trust ☐ As	ssociation Other	L Year o	f formation 1990	M State MD	of legal domicile
Da	rt I	Sumi	mary					
F			cribe the organization's mission	or most significant activities				
	T	O DĖLIVE	ER INNOVATĪVE FINANCIAL PRO	DUCTS AND TECHNICAL ASSISTANCE		ATIONS TO ACQ	UIRE, DE	VELOP, AND
2	<u>P</u>	RESERVE	QUALITY AFFORDABLE HOUSIN	NG AND TO REVITALIZE COMMUNITIES	j			
	_							
ao tenimanos	-		🗆 - :					
				discontinued its operations or disposed ning body (Part VI, line 1a)			assets 3	l s
5 ^	l			of the governing body (Part VI, line 1b			4	6
	l		•	calendar year 2017 (Part V, line 2a)	•		5	29
Activities a			• •	necessary)			6	0
ŧ	7a -	Total unre	elated business revenue from Pa	art VIII, column (C), line 12			7a	0
	b 1	Net unrel	ated business taxable income fr	om Form 990-T, line 34			7b	0
						Prior Year		Current Year
Qı	8 (Contribut	ions and grants (Part VIII, line	1h)		3,325,	000	2,506,905
Ravenua	9	Program :	service revenue (Part VIII, line	8,420,	398	10,582,558		
Rÿ	l		•	A), lines 3, 4, and 7d)		453,	276	252,186
			enue (Part VIII, column (A), lin			12.100	0	0
	_			nust equal Part VIII, column (A), line 1	2)	12,198,	_	13,341,649
	l		, ,	(, column (A), lines 1–3)			0	0
_			· ·	, column (A), line 4)	10)	2.026	752	2,597,704
SeS	l			benefits (Part IX, column (A), lines 5–1 olumn (A), line 11e)	LU)	2,026,	0	2,397,704
Expenses			raising expenses (Part IX, column (D)	, ,,			-	
ă				es 11a-11d, 11f-24e)		4,894,	553	7,234,709
	l	·	• • • • • • • • • • • • • • • • • • • •	qual Part IX, column (A), line 25)		6,921,		9,832,413
			,	from line 12		5,277,		3,509,236
5 %					Begi	nning of Current \	/ear	End of Year
Fund Balances]	Takel	ata (Dawt V. June 4.6)		<u> </u>	107.007	043	240 550 040
18 B			ets (Part X, line 16)		<u> </u>	197,097, 146,214,		219,558,968
			ılıtıes (Part X, lıne 26) s or fund balances Subtract lını			50,883,		165,182,569 54,376,399
	22 1 II		ature Block	C 22 11 O 11 11 11 1 1 1 1 1 1 1 1 1 1 1		30,003,	-00	J-,J/U,J99
				mined this return, including accompan	yıng schedule	es and statement	s, and to	the best of my
	edge a		f, it is true, correct, and comple	te Declaration of preparer (other than	officer) is ba	sed on all inform	ation of v	which preparer has
II y IX	i i o i i i c	l i						
		*******	* ure of officer			2018-08-06 Date		
ign		, -				Dutt		
lere	i		HEBNER S V P /CFO r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date	Т	PTIN	
Paic	1		NNE SCHRANTZ	ANNE SCHRANTZ	2018-08-06		P0023062	5
	a pare	r F	ırm's name ► COHNREZNICK LLP	1		Firm's EIN ► 22	-1478099	
-	Onl	1	ırm's address ▶ 7501 WISCONSIN AV	VENUE SUITE 400E		Phone no (301)	652-9100	
		•	BETHESDA, MD 208	314				
124 +	ha IDS		this return with the preparer sh	nown shove? (see instructions)				/es 🗆 No

Form	990 (2017)					Page 2						
Par	t IIII Statement	t of Program Servic	e Accomplis	hments								
	Check if Sch	edule O contains a respo	nse or note to	any line in this Part III		🗹						
1		organization's mission										
ORG/ REVI	ANIZATIONS TO ACQU TALIZE THEIR COMMU	JIRE, DEVELOP AND PRE	SERVE QUALIT ACCESS TO GO	Y AFFORDABLE HOUSI	ID TECHNICAL ASSISTANCE TO M NG FOR LOW AND MODERATE-INC FORDABLE HOUSING, FIRST-RATE	OME FAMILIES, AND TO						
2	Did the organization	undertake any significa	nt program ser	vices during the year w	hich were not listed on							
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe th	ese new services on Sch	edule O									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
		ese changes on Schedul				☐ Yes 🗹 No						
4	Section 501(c)(3) ai	zation's program service nd 501(c)(4) organizationue, if any, for each prog nue, if any, for each prog	ns are required	to report the amount of	largest program services, as mea if grants and allocations to others	sured by expenses , the total						
4a	(Code) (Expenses \$	8,870,548	including grants of \$) (Revenue \$	10,582,558)						
	See Additional Data	, (+	-,,	y y +	, (,,,						
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)						
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)						
4d	· -	ıces (Describe in Schedu	•) /D +	,						
	(Expenses \$		uding grants of	•) (Revenue \$	J						
4e	Total program ser	vice expenses 🟲	8,870,5	48								

Page 3

No

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

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

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

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

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

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Yes

3 4 5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Checklist of Required Schedules

- 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?
- 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?
- to provide advice on the distribution or investment of amounts in such funds or accounts? 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 🛸 . . .

or X as applicable

29

Part IV	Checklist of Required Schedules (continued)			
		·	Yes	No

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

Yes

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2017)

No

Nο

Nο

Νo

Νo

Nο

Νo

Nο

Page 4

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 58			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	(,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		N.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" respo	nse to li	nes
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,-		_
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management		Yes	N.a
1a	Enter the number of voting members of the governing body at the end of the tax year a		res	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	4.5	V	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	CA , MD , NM Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

ASSISTANT SECRETARY

ASSISTANT SECRETARY

(15) LORI CHATMAN

PRESIDENT

(16) SALLY HEBNER

VICE PRESIDENT

(14) KEITH FAIREY

Part VII

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

and Independent Contractors

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

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

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

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

of reportable compensation from the organization List all of the organization's former director	n and any relate	ed orga	nızatı	ons				·		,,000
organization, more than \$10,000 of reportable co List persons in the following order individual trus	ompensation fro	m the	organ	ızatı	ion	and ar	ny re	elated organization:	s	
compensated employees, and former such person		13, 11130	icacioi		., 45	, .	JC	ers, key employees	s, mgnese	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	(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	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) BARRY LIBERT DIRECTOR	1 00	x						0	0	0
(2) BILL BECKMANN DIRECTOR	1 00	×						0	0	0
(3) CATHY DOLAN DIRECTOR	1 00	х						0	0	0
(4) CHARLES WERHANE DIRECTOR	1 00 37 00	x						0	976,549	225,604
(5) CYNTHIA MULLER DIRECTOR	1 00	x						0	0	0
(6) MARLA BILONICK DIRECTOR	1 00	х						0	0	0
(7) RON GRZYWINSKI DIRECTOR	1 00	х						0	0	0
(8) SCOTT HOEKMAN DIRECTOR	1 00 37 00	х						0	475,960	169,526
(9) ANTONIETA RAMOS VICE PRESIDENT	38 00			×				220,117	0	40,528
(10) CHARLOTTE CROW TREASURER/SR VICE PRESIDENT	38 00			x				234,729	0	41,727
(11) CRAIG MELLENDICK VICE PRESIDENT	1 00 37 00			x				0	265,262	12,730
(12) FAITH THOMAS SECRETARY	1 00 37 00			×				0	316,147	38,935
(13) JUDITH KENDE	1 00			x				0	272,648	45,080

38 00 (17) TIMOTHY MARTIN Х 39,956 213.520 0 VICE PRESIDENT Form **990** (2017)

Х

Χ

Χ

281.930

415,534

0

361,997

45.080

20,502

76,191

37 00 1 00

37 00 38 00

1 00

37 00

Page 8

Section A. Officers, Director	J Hustees, K	Cy LIII	PIOY	-65	, an	iu iliy	JIICS	- compensateu	Linbiolees	COITE	mueuj	
(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, ι in of	t cho unle: fficer	eck moss pers r and a ee)	son	(D) Reportable compensation from the organization (W-	compensatio from related organization	Reportable compensation from related organizations) ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099 MISC)		organizat relat organiz	ed
(18) EKATERINA IZYUMOVA	38 00					x		129,237	,	0		22,357
SENIOR LOAN OFFICER			-	<u> </u>	\vdash					\dashv		
(19) JAMES CLARKE	38 00	<u> </u>				×		164,947	,	0		16,986
(20) JOSHUA GRIFF			\vdash	\vdash	\vdash				<u> </u>	\dashv		
	38 00	.				×		123,230		0		25,114
SENIOR LOAN OFFICER (21) JUSTIN CHEN			\vdash	\vdash	\vdash					\dashv		
SENIOR LENDER	38 00	 				×		132,541	132,541			8,111
(22) LINDA SORDEN	38 00		 	\vdash	+							
SENIOR LENDER						×		141,188	188			27,193
1b Sub-Total	<u> </u>))	•	Calve	1,721,506	3,004,030			855,620
of reportable compensation from the org						*****		ca more man quo	,,,,,,,,,			
3 Did the organization list any former off line 1a? <i>If "Yes," complete Schedule J fo</i>	•	,	key (emp	loye •	e, or h	nighe	est compensated e	mployee on	3	Yes	No No
4 For any individual listed on line 1a, is the organization and related organizations gundividual									he	4	Yes	_
5 Did any person listed on line 1a receive services rendered to the organization? If									dual for	5		No
Section B. Independent Contractor	s											
1 Complete this table for your five highest from the organization Report compensa										pen	sation	
(A) (B) Name and business address Description of services							(B)		(C			
ivame and	pusiness duaress							Descrip	icion or services		Comper	isduU(1
					=							

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 ▶ 0

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

Part		· · ·	Revenue								Pag	
		Check if Schedul	e O contains	a respo	onse or note to any				(B)	(C)		<u>_</u>
							(A) revenue	Rela ex	ated or kempt nction	Unrelated business revenue	(D) Revenue excluded from tax under sectio	
	1 2	Federated campaigi	ns	10				re	venue		512-514	
इ इ				1a								
ran		Membership dues .		1b								
э. Б		Fundraising events		1c								
iffs ar /		l Related organizatio		1d								
 ⊒.°.		Government grants (co		1e	2,506,905							
utions er Si	f	All other contributions, and similar amounts no above	, gıfts, grants, ot ıncluded	1 f								
Contributions, Gifts, Grants and Other Similar Amounts												
<u>ة ت</u>	_h	Total.Add lines 1a-1	f		<u> </u>	:	2,506,905					
활					Business	Code						_
Program Service Revenue	2a	INTEREST ON PROG				531110	<u> </u>	577,931	9,677,			_
a ž		FEE INCOME				531110		342,116	842,			—
Š	_	RELATED INVESTMENT-				531110		37,200 25,311	37, 25,			—
3.	u	RELATED INVESTMENT-	TOA			331330		23,311	23,	311		—
an	e											_
ıßo.	f	All other program se	rvice revenue	9	10.5	82,558					'	
4	g.	Fotal. Add lines 2a-2f			<u> </u>	_		_				
		nvestment income (in			nterest, and other		216,94	3			216,	943
		income from investme				_	<u> </u>				<u> </u>	—
		Royalties				-						—
			(ı) Rea		(II) Personal							_
	6a	Gross rents				1						
	b	Less rental expenses				-						
	c	Rental income or (loss)				1						
	d	Net rental income of	r (loss)			1						
			(ı) Securi	ties	(II) Other							_
	7a	Gross amount from sales of assets other than inventory		35,243								
	Ь	Less cost or other basis and		0		1						
	c	sales expenses Gain or (loss)		35,243		_						
		Net gain or (loss) .			•	ļ	35,24	3			35,	243
Other Revenue	8a	Gross income from for (not including \$ contributions reported)		of								
₹		See Part IV, line 18]						
~ ~		Less direct expenses		b								
her		Net income or (loss)		_	ents 🕨							—
ŏ	Уa	Gross income from g See Part IV, line 19		ies								
				а								
	b	Less direct expenses	s	b]						
		Net income or (loss)		activit	ies >							_
	10a	Gross sales of invent returns and allowand		a								
	b	Less cost of goods s	sold	b		}						
	С	Net income or (loss)		fınvent								
-	11	Miscellaneous	Revenue		Business Code	1						
		u										
	b											—
	c											
	له.	All other revenue .										_
		Total. Add lines 11a			▶	1						—
		Total revenue. See										—
			40000113				13,341,64	9	10,582,558		0 252,	186

Form 990 (2017) Page 10									
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	ınızatıons must comp	olete column (A)	_				
	Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		<u> </u>				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21								
2	Grants and other assistance to domestic individuals See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	1,030,362	805,434	224,928					
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	1,160,733	907,437	253,296					
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	161,545	124,212	37,333					
9	Other employee benefits	53,476	41,126	12,350					
10	Payroll taxes	191,588	147,312	44,276					
11	Fees for services (non-employees)								
a	Management								
b	Legal	46,353	36,257	10,096					
	Accounting	14,200	11,107	3,093					
	Lobbying		·	·					
	Professional fundraising services See Part IV, line 17								
	Investment management fees								
		217,200	170,035	47,165					
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	·	·	·					
	Advertising and promotion	12,437	10,447	1,990					
13	Office expenses	88,439	74,289	14,150					
	Information technology	336,795	263,441	73,354					
15	Royalties								
16	Occupancy	208,312	174,982	33,330					
17	Travel	86,852	72,956	13,896					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .								
19	Conferences, conventions, and meetings	19,793	16,626	3,167					
20	Interest	3,759,473	3,759,473						
21	Payments to affiliates	844,711	661,282	183,429					
22	Depreciation, depletion, and amortization								
23	Insurance	30,517	25,634	4,883					
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 BAD DEBTS	1,562,571	1,562,571	0					
	b MISCELLANEOUS	7,056	5,927	1,129					
	С								
	d								
,	e All other expenses								
	Total functional expenses. Add lines 1 through 24e	9,832,413	8,870,548	961,865	0				
	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)								

12

13

14

15

16

17

18

19

20

21

Liabilities 22

Assets or Fund Bal

Net

28

29

30

31

32

33

34

8.932.514

5.340.214

14.532

648,239

37.192.024

400 400 000

7.559.905

54,376,399

219.558.968

Form **990** (2017)

219.558.968

12

13

14

15

16

17

18

19

20

21

22

23

28

29

30

31

32

33

34

249 289

54.413

492,297

26.583.714

10.881.951

50,883,188

197.097.943

197.097.943

Page **11**

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

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

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

Investments-program-related See Part IV, line 11

Intangible assets

Grants payable . . .

Deferred revenue . . .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

		Beginning of year		End of year
L	Cash-non-interest-bearing		1	
,	Savings and temporary cash investments	37.599.693	2	34.0

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	37,599,693	2	34,618,296
3	Pledges and grants receivable, net	3,300,000	3	2,506,905
4	Accounts receivable, net	770,519	4	1,021,268
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 145.624.047

Assets 167,125,239 Notes and loans receivable, net . Inventories for sale or use . 8 616 Prepaid expenses and deferred charges 9 0

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 9.499.366 11 Investments—publicly traded securities . 11

ances	27	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	40,001,237	27	46,816,494
	26	Total liabilities. Add lines 17 through 25	146,214,755	26	165,182,569
	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	5,466,120	25	4,860,214
	24	Unsecured notes and loans payable to unrelated third parties	113,672,624	24	122,482,092

Page **12**

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

No

No

Form 990 (2017)

Schedule O

9	Net unrealized gains (losses) on investments	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•) >	-31,431
6	Donated services and use of facilities																6	
7	Investment expenses																7	
8	Prior period adjustments																8	
9	Other changes in net assets or fund balances	(exp	olain	ın :	Sche	edul	e 0)) .									9	15,406

7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	15,406
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,376,399
ar	t XIII Financial Statements and Reporting		

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☑ Both consolidated and separate basis

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID:

Software Version:

EIN: 52-0192004

Form 990 (2017)

Form 990, Part III, Line 4a:

ENTERPRISE COMMUNITY LOAN FUND HAS GENERATED CUMULATIVE LOANVOLUME (INCLUDING COMMITMENTS) OF MORE THAN \$1 7 BILLION.SUPPORTING THE DEVELOPMENT OR PRESERVATION OF APPROXIMATELY 108,000AFFORDABLE UNITS

Name: ENTERPRISE COMMUNITY LOAN FUND INC

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9349322201005				
SCI	HED m 990	ULE A		Public (Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017			
		the Treasury	▶ Inf	ormation abou	ıt Schedule A (Form	990 or 990-EZ		ictions is at	Open to Public Inspection			
Nam	e of th	nie Service he organiza			<u>www.irs.g</u>	ov/form990.		Employer identific	<u> </u>			
ENTER	(PRISE		DAN FUND INC					52-0192004				
	rt I				us (All organization : it is (For lines 1 thro			See instructions.				
1	n gannz		•		sociation of churches	5 ,	,	(A)(i)				
2		•		·	1)(A)(ii). (Attach Sch							
3						•	• •					
_		·	•	•	vice organization desc			•				
4	Ш		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7				mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in			
8					170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10	✓	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
11		An organiza	ition organiz	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	dexclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box			
а		Type I. A sorganization	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting on t of the sup	rganization sup	ervised or controlled i							
С		Type III f	unctionally	integrated. A s	supporting organizatio ons) You must com				ted with, its			
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis it IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar				
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	functionally			
f	Enter			ion-functionally Lorganizations	integrated supporting	organization						
g				-	ipported organization(s)						
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota	l	work Reduc				Cat No 11285		 Schedule A (Form 9				

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part								
III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
Section A. Public Support						_		
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
Gifts, grants, contributions, and								

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,
	check this box and stop here					🕨	
S	ection C. Computation of Public			_	•	•	
14	Public support percentage for 2017 (line		14				

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

19,463,592

41,524,637

60,988,229

13,116,640

2,079,713

15,196,353

45,791,876

60,988,229

1,261,346

1,261,346

62,249,575

73 560 %

72 410 %

2 030 %

2 400 %

▶□

(f) Total

(f) Total

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	Α.	•	abiic	Juppo
	_	'n	lendar	Vear
(or fisc	cal	v	ear he	ainnina

The value of services or facilities furnished by a governmental unit to the organization without charge

3 received from disqualified persons Amounts included on lines 2 and 3 received from other than

disqualified persons that exceed the

Public support. (Subtract line 7c

greater of \$5,000 or 1% of the amount on line 13 for the year

(or fiscal year beginning in) ▶

Gross income from interest, dividends, payments received on

business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain

or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

11, and 12)

Add lines 7a and 7b

Section B. Total Support Calendar year

Amounts from line 6

from line 6)

q

10a

12

14

15

16

17

18

20

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and

	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201/	(1)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,502,917	4,175,770	7,953,000	3,325,000	2,506,905	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,638,793	8,105,963	7,776,925	8,420,398	10,582,558	
3	Gross receipts from activities that						

(b) 2014

are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

8,141,710

2,717,528

468,827

3,186,355

8,141,710

(a) 2013

(a) 2013

12,281,733

2,387,447

439,823

2,827,270

12,281,733

225,056

225,056

12,506,789

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization.

(b) 2014

15,729,925

1,828,422

366,523

2,194,945

15,729,925

218,061

218,061

15,947,986

(c) 2015

(c) 2015

(d) 2016

11,745,398 2,702,773

411,143

3,113,916

11,745,398

214,018

214,018

11,959,416

(d) 2016

(e) 2017

13,089,463

3,480,470

393,397

3,873,867

13,089,463

216,943

216,943

13,306,406

Schedule A (Form 990 or 990-EZ) 2017

15

16

17

18

(e) 2017

387,268 securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 387,268 Add lines 10a and 10b С Net income from unrelated 11

Section C. Computation of Public Support Percentage

Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2016 Schedule A, Part III, line 17

8,528,978

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3						
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
							4a
	checked 12a or 12b in Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						

				3.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
		3с					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below						
	organization? If "Ves " describe in Part VI how the organization had such control and discretion despite being controlled or						
	supervised by or in connection with its supported organizations						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections						
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$				
		4c					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and						

			, ,				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below						
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	ganization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or pervised by or in connection with its supported organizations	4b					
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the	4c					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)						

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing				
	organization's supported organizations? If "Yes," provide detail in Part VI.				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a				
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)				

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9		
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a				
b	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c				
	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year					
_		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization					
5	ection C. Type II Supporting Organizations					
	cetion c. Type 11 Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1				
S	ection D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3				
s	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b				

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

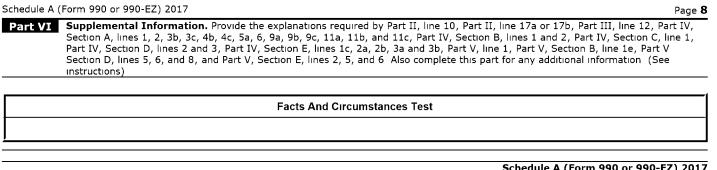
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.



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

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

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493222010058

Open to Public

Department of the Treasury

(Form 990)

► Attach to Form 990. Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Inspection Employer identification number

	RPRISE COMMUNITY LOAN FUND INC				,	o.o,ci ide		
					52-0	192004		
Pari	Organizations Maintaining Donor Advi	sed Funds or O	her	Similar Funds o	or Acc	ounts.		
	Complete if the organization answered "Ye							
		(a) Dono	advi	sed funds		(b)Funds	and other a	accounts
. Т	otal number at end of year							
. A	ggregate value of contributions to (during year)							
Д	ggregate value of grants from (during year)							
. A	aggregate value at end of year							
	Did the organization inform all donors and donor adviso			ets held in donor ac	dvised	funds are t	the	
	organization's property, subject to the organization's ex	clusive legal contro	?					Yes 🗌 No
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?							Yes 🗆 No
Part	Conservation Easements. Complete if the	ne organization a	rswe	red "Yes" on Forr	n 990	. Part IV.		165 🗀 116
	Purpose(s) of conservation easements held by the orga					, ,		
	Preservation of land for public use (e.g., recreation	·		Preservation of an	histor	ically impo	ortant land a	area
		ir or education)						ii ea
	Protection of natural habitat		ш	Preservation of a	certifie	d historic s	structure	
	Preservation of open space							
	Complete lines 2a through 2d if the organization held a	qualified conservat	on co	ntribution in the foi	rm of a			
	easement on the last day of the tax year Total number of conservation easements				2a	Held at	t the End o	f the Year
-	Total acreage restricted by conservation easements				2b			
	Number of conservation easements on a certified history	is structure includes	lun (n	`				
-			•	•	2c			
	Number of conservation easements included in (c) acqu structure listed in the National Register	rred arter 6/17/06,	anu n	ot on a historic	2d			
	Number of conservation easements modified, transferre tax year •	ed, released, extingi	uished	l, or terminated by	the or	ganızatıon	during the	
. 1	Number of states where property subject to conservation	on easement is local	ed ►			_		
	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold		ng, ır	spection, handling	of viola	ations,	☐ Yes	□ No
. :	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vi	olatio	ns, and enforcing co	onserv	atıon ease	ments durin	g the year
	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ns, aı	nd enforcing conser	vation	easement	s during the	year
;	Does each conservation easement reported on line 2(d)	above satisfy the r	equire	ements of section 1	70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?	,	•		. /\	, , ,	☐ Yes	□ No
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org						
art		of Art, Historic			er Si	milar As	sets.	
	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	on, or research in f				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub	16 (ASC 958), to rep	ort ir	ıts revenue staten				
	following amounts relating to these items Revenue included on Form 990, Part VIII, line 1					▶ \$		
٠.	Assets included in Form 990, Part X							
: :	If the organization received or held works of art, histori				ıncıal g		de the	
	following amounts required to be reported under SFAS	116 (ASC 958) relat	ing to	these items		. .		
	Revenue included on Form 990, Part VIII, line 1					* *		
b /	Assets included in Form 990, Part X					▶ \$		

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Ma	aintaining Coll	lections o	f Art, Hi	storical T	reası	ires, or	Other :	Similar A	ssets (continued)	·
3		ng the organization's acquas (check all that apply)	uisition, accessior	n, and other	records, c	heck any of	the fo	llowing th	nat are a	sıgnıfıcant ı	use of its	s collection	1
а		Public exhibition				d 🗌	Loan	or excha	nge prog	rams			
b		Scholarly research				е 🗌	Othe	r					
c	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a		ne organization an agent, uded on Form 990, Part >		an or other I	ntermedia	ry for contr	bution	s or othe	r assets r	not	☐ Ye	es 🗆	No No
b	If "	Yes," explain the arrange	ement in Part XIII	and comple	te the follo	owing table		Γ		Α	mount		_
С	Beg	inning balance							1c				
d	Add	itions during the year							1d				
е	Dist	ributions during the year	-						1e				_
f	End	ing balance							1f				_
2a	Dıd	the organization include	an amount on Fo	rm 990, Par	t X, line 2:	1, for escrov	v or cu	ıstodıal ad	count lia	bility?	□ Ye	es 🗆	— No
b	If "\	res," explain the arrange	ment in Part XIII	Check here	e if the exp	lanation ha	s been	provided	ın Part X	(III		_	
Pa	irt V	Endowment Fund	ds. Complete ıf	the organi	zation ar	swered "Y	es" or	n Form 9	990, Par	t IV, line 1	10.		_
			·	(a)Curren	t year	(b)Prior yea	ir	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four ye	ars back
1a	Begir	nning of year balance .											
b	Conti	ributions											
c	Net II	nvestment earnings, gain	ns, and losses										
d	Gran	ts or scholarships	•										
е		r expenditures for facilitie programs	es										
f	Admı	nistrative expenses .											
g	End o	of year balance											
2	Pro	vide the estimated percer	ntage of the curre	nt year end	balance (line 1g, colu	mn (a)) held as	;				
а	Boa	rd designated or quasi-ei	ndowment 🟲										
b	Peri	manent endowment 🕨											
С	Ten	porarily restricted endow	wment 🕨										
	The	percentages on lines 2a,	, 2b, and 2c shou	ld equal 100)%								
3а		there endowment funds anization by	not in the posses	sion of the o	organizatio	n that are h	ield an	id adminis	stered for	the	_	Yes	No
	(i)	unrelated organizations										a(i)	
b		related organizations . (es" on 3a(ii), are the rel		 s listed as r	• • • • • • • • • • • • • • • • • • •	 Schedule F	. ?	• •			<u> </u>	a(ii) 3b	
4	Des	cribe in Part XIII the inte			n's endowr	ment funds							
Pa	rt VI	, ,	• •		lan Faurr	. 000 - 0		11-	Caa Fr	000 D-	با لا بست	20.10	
	Desc	Complete If the org	ganization answ (a) Cost or oth (investme	er basis		r other basis (m 990, Pa		ne 10. (d) Book va	ue
12	Land												
		-											
	Build	- h						-					
		ehold improvements						-					
		oment											
	Othe				00 0 :::	, ,-	. ,	10())					
ı ota	al. Ad	d lines 1a through 1e <i>(Co</i>	olumn (d) must ed	qual Form 9:	90, Part X,	column (B,	, line :	10(c)) .	. 1	▶			0

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organızatı	on answ	ered "Yes" on Form 99	90, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Metho Cost or end-o	od of valuation f-year market value
	ll derivatives	· · · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990, Pa	rt IV, lın	e 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Boo	ok value		od of valuation f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered (a) Description		990, Par	t IV, line 11d See Form	990, Part X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	 answered 'Ye	s' on For		. ▶ 1e or 11f.
1.	(a) Description of liability		(b) Bo	ok value	
	Income taxes IELD FOR OTHERS			4,514,088	
DUE TO PAR	ENT			180,585	
DUE TO AFF (4)	ILIATE			165,541	
(5)					
(6)					
(7)					
(8)					
(9)					
	(h) must social form 000, Both V and (0) Long CC	. 1		4.050.24	
	<i>n (b) must equal Form 990, Part X, col (B) line 25)</i> or uncertain tax positions In Part XIII, provide the text o	of the footnote	to the org	4,860,214 anization's financial state	ements that reports the

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Donated services and use of facilities 2b b 2c c d Other (Describe in Part XIII) 2d 15.406

2a

2a 2b

2c

2d

4a

4b

Explanation

-31.431

2e

3

4c

5

Page 4

13,325,624

-16,025

n

13,341,649

13,341,649

9,832,413

9,832,413

9.832.413

Schedule D (Form 990) 2017

e 2e 3

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

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a

Investment expenses not included on Form 990, Part VIII, line 7b . 4b

b Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Other (Describe in Part XIII) d Add lines 2a through 2d . .

Donated services and use of facilities . . .

Schedule D (Form 990) 2017

Part XI

1

2

c

Amounts included on line 1 but not on Form 990, Part IX, line 25

Net unrealized gains (losses) on investments

3 4

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

b

Return Reference

See Additional Data Table

Supplemental Information

5 Part XIII

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: **Software Version:**

EIN: 52-0192004

Name: ENTERPRISE COMMUNITY LOAN FUND INC

Supplemental Information Return Reference

PART X, LINE 2

Explanation LOAN FUND IS RECOGNIZED AS 501(C)(3) SOCIAL WELFARE ORGANIZATION AND IS EXEMPT FROM INCOME TAXES WITH RESPECT TO CHARITABLE ACTIVITIES, EXCEPT FOR UNRELATED BUSINESS INCOME WE DID NOT HAVE ANY UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2017 AND 2016 ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYI

NG CONSOLIDATED FINANCIAL STATEMENTS WE DO FILE TAX RETURNS REQUIRED TO BE COMPLETED BY T AX EXEMPT ENTITIES WITH THE INTERNAL REVENUE SERVICE ("IRS") AND OTHER TAXING AUTHORITIES THESE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEAR S WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS, TAX YEARS SINCE 20 14 REMAIN OPEN FOR EXAMINATION ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NO T REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE

CONSIDERED FOR DISCLOSURE

Supplemental Information						
Return Reference	Explanation					
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAAP/TAX DIFFERENCES IN INVESTMENT IN ECLF TOAH/BAY AREA & GSAF, LLC 15,406					

Sı

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9322	22010	058
Sch	nedule J	C	ompensati	ion Information	40	IB No	1545-0	0047
(Fori	m 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions gov/form990.	is at		to Pul ectio	
Nar	ne of the organiz		<u>www.</u>	901/101111330 1	Employer identificat			
ENT	ERPRISE COMMUNIT	TY LOAN FUND INC			52-0192004			
Pa	rt I Questi	ons Regarding Compensa	ition		32 013200 1			
	<u> </u>						Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	닏	Payments for business use of perso				
		nification and gross-up payment	ts 📙	Health or social club dues or initiation				
	□ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all	. 1-2	2		
	directors, truste	ees, officers, including the CEO/	executive Director	r, regarding the items checked in line	e la?			
3	organization's C	EO/Executive Director Check a	II that apply Do r	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	itrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Pari	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9				
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6 a		No
b	Any related orga					6b		No
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		140
For I	Danerwork Redi	iction Act Notice, see the Ins	structions for Fo	orm 990 Cat No. 5	50053T Schedule J	(Form	990)	2017

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii) Do not list any individuals that are not listed on Form 9 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	990	, Part VII	•	.,	•	·	vidual
(A) Name and Title	(A) Name and Title		kdown of W-2 and/c compensation		(C) Retirement and other	(D) Nontaxable benefits	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation			
See Additional Data Table		•			•		

Schedule J (Form 990) 2017 Page **3** Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation EMPLOYEES LISTED ON PART VII OF THE FORM 990 HAVE A PERFORMANCE BONUS PLAN BASED ON ACHIEVING CERTAIN FINANCIAL TARGETS AND OTHER PART I. LINE 7 INDIVIDUAL PERFORMANCE CRITERIA

Schedule J (Form 990) 2017

Software ID: Software Version:

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

(i) Base Compensation

241,569

226,173

236,458

284,610

316,195

189,632

126,456

152,497

129,230

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

70,872

46,025

44,750

75,868

77,353

23,438

2,562

12,000

10,086

EIN: 52-0192004

Name: ENTERPRISE COMMUNITY LOAN FUND INC

(C) Retirement and

other deferred

20,484

20,484

20,484

20,484

51,595

15,360

4,400

10,989

8,742

(D) Nontaxable

benefits

18,451

24,596

24,596

24,596

24,596

17,957

5,997

18,451

18

(E) Total of columns

(B)(i)-(D)

355,082

317,728

327,010

382,499

491,725

253,476

151,594

181,933

168,381

(F) Compensation in

column (B)

0

0

0

0

0

0

0

0

0

0

20,703

		(1) Base Compensation	Bonus & incentive compensation	Other reportable compensation	compensation	belleties		reported as deferred on prior Form 990
1CHARLES WERHANE DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	450,563	393,188	132,798	207,153	18,451	1,202,153	128,962
1SCOTT HOEKMAN DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	251,770	157,040	67,150	144,930	24,596	645,486	69,660
2ANTONIETA RAMOS VICE PRESIDENT	(1)	197,684	21,471	962	15,932	24,596	260,645	0
	(11)	0	0	0	0	0	0	0
3 CHARLOTTE CROW TREASURER/SR VICE	(1)	198,332	34,417	1,980	17,131	24,596	276,456	0
PRESIDENT	(11)	0	0	0	0	0	0	0
4CRAIG MELLENDICK VICE PRESIDENT	(1)	0	0	0	0	0	0	0
	(11)	64,391	86,700	114,171	4,533	8,197	277,992	85,942
5 FAITH THOMAS SECRETARY	(1)	0	0	0	0	0	0	0

3,706

450

722

1,519

21,986

450

219

450

1,872

1CHARLES WERHANE DIRECTOR	(
	(1
1SCOTT HOEKMAN	(

6JUDITH KENDE

7KEITH FAIREY

8LORI CHATMAN

9SALLY HEBNER

VICE PRESIDENT

VICE PRESIDENT

12JAMES CLARKE

13LINDA SORDEN

SENIOR LENDER

10TIMOTHY MARTIN

11EKATERINA IZYUMOVA

SENIOR LOAN OFFICER

DIRECTOR OF LENDING

PRESIDENT

ASSISTANT SECRETARY

ASSISTANT SECRETARY

(11)

(1)

(II)

(1)

(III)

(1)

(1)

(II)

(1)

(II)

(1)

(1)

(II)

(1)

(III)

(A) Name and Title

efile GRAPHIC print - DO NOT PROCESS					
SCHEDUL (Form 990 or EZ)	990- Complete to pr Form 990 ► Information abou	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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		OMB No 1545-0047 2017 Open to Public Inspection	
Name of the organization ENTERPRISE COMMUNITY LOAN FUND INC 990 Schedule O, Supplemental Information					ification number
Return Reference	Explanation				
FORM 990, PART VI, SECTION B, LINE 11B	THE ENTIRE BOARD IS GIVEN THE OPPORTUNITY TO REVIEW THE 990 AND PROVIDE ANY COMMENTS AND C ONCERNS AFTER ALL COMMENTS AND CONCERNS HAVE BEEN ADDRESSED THE BOARD APPROVES THE 990 FO R FILING				

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL CONFLICT OF INTEREST DISCLOSURE EXERCISE IS PERFORMED BY THE ORGANIZATION EACH J ANUARY THIS EXERCISE REQUIRES EACH EMPLOYEE TO READ THE BUSINESS ETHICS POLICY AND COMPLE TE THE CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFYING ANY POSSIBLE CONFLICTS KNOWN BY TH E EMPLOYEE NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THE CONFLICT OF INTEREST DISCLOSUR E FORM UPON HIRING A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS FOR FUTURE REFERENCING ON AN ANNUAL BASIS, ALL DIRECTORS ACKNOWLEDGE THEIR FAMILIARITY WITH THE LOAN FUND CONFLICT OF INTEREST POLICY AND COMPLETE THE DISCLOSURE STATEMENT THE COMPLETED STATEMENTS ARE REVIEWED BY THE GENERAL COUNSEL ANY ISSUES NOTED ARE REFERRED TO THE BOARD OR APPROPRIAT E COMMITTEE

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT AND OTHER OFFICERS OF ENTERPRIS
PART VI,	E COMMUNITY LOAN FUND IS AS FOLLOWS THE CHAIRMAN OF THE BOARD APPROVES THE PRESIDENT'S CO
SECTION B,	MPENSATION, UTILIZING COMPARABILITY DATA THE CHAIRMAN ALSO REVIEWS AND APPROVES THE RECOM
LINE 15	MENDATIONS FOR THE OTHER OFFICERS' COMPENSATION, UTILIZING COMPARABILITY DATA

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C, LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART XI, LINE 9

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

Related Organizations and Officiated Partitership

As Filed Data -

20

Employer identification number

201/

DLN: 93493222010058
OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ENTERPRISE COMMUNITY LOAN FUND INC.

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

52-0192004 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Primary activity End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization (b) (c) (d) (f) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)ENTERPRISE COMMUNITY PARTNERS INC LINE 7 AFF HOUSING MD 501(C)(3) No 11000 BROKEN LAND PARKWAY 700 N/A COLUMBIA, MD 21044 52-1231931 (2) ENTERPRISE COMMUNITY INVESTMENT INC AFF HOUSING MD 501(C)(4) ECP INC No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1206840 (3) ENTERPRISE MARYLAND LLC AFF HOUSING 501(C)(3) LINE 12A, I ECP INC MD No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 26-3262997 (4) NEIGHBORHOOD PARTNERSHIP HOUSING DEVELOPMENT FUND INC AFF HOUSING NY 501(C)(3) LINE 12A, I ECP INC No 1 WHITEHALL STREET NEW YORK, NY 10004 13-3811616 (5) ENTERPRISE ADVISORS INC AFF HOUSING MD 501(C)(3) LINE 12A. I ECP INC No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 27-3846733 (6) AFFORDABLE HOUSING SOLUTIONS INC AFF HOUSING MD 501(C)(3) LINE 12A, I ECP INC No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 35-2389470 (7)ENTERPRISE HOMES INC AFF HOUSING MD LINE 10 ECI INC 501(C)(3) No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1888775 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. See Additional Data Table (b) (c) (d) (i) (k) (e) (f) (g) (ı) Name, address, and EIN of Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization controlling income(related, total income end-of-year allocations? amount in box ownership activity domicile managing unrelated, 20 of (state entity assets Schedule K-1 excluded from or tax under (Form 1065) foreign country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (f) (h) (ı) (g) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Section 512(b) Primary activity Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity ıncome vear (state or foreign or trust) assets entity? country) Yes No See Additional Data Table

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1р	Yes	

k Lease of facilities, equipment, or other assets from related organization(s)	1k Y	'es
l Performance of services or membership or fundraising solicitations for related organization(s)	 11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Y	'es
o Sharing of paid employees with related organization(s)	10 Y	'es
p Reimbursement paid to related organization(s) for expenses	1p Y	res es
q Reimbursement paid by related organization(s) for expenses	1q	No

No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (d) Method of determining amount involved (b) Transaction (c) Amount involved type (a-s)

Page 3

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

- See management of garileactors see and accords regarding exclusion		, countries p	a. c., c., 5,, p.s										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 11000 BROKEN LAND PARKWAY 700

11000 BROKEN LAND PARKWAY 700

11000 BROKEN LAND PARKWAY 700

11000 BROKEN LAND PARKWAY 700

11000 BROKEN LAND PARKWAY 700

11000 BROKEN LAND PARKWAY 700

COLUMBIA, MD 21044

COLUMBIA, MD 21044 52-1206840

COLUMBIA, MD 21044 26-3262997

1 WHITEHALL STREET NEW YORK, NY 10004 13-3811616

COLUMBIA, MD 21044

COLUMBIA, MD 21044 35-2389470

COLUMBIA, MD 21044 52-1888775

27-3846733

52-1231931

Software Version: EIN: 52-0192004

Software ID:

Name: ENTERPRISE COMMUNITY LOAN FUND INC

AFF HOUSING

MD

MD

MD

NY

MD

MD

MD

501(C)(3)

501(C)(4)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

LINE 7

LINE 12A, I

LINE 12A, I

LINE 12A, I

LINE 12A, I

LINE 10

N/A

ECP INC

ECP INC

ECP INC

ECP INC

ECP INC

ECI INC

Yes

No

No

No

No

No

No

No

No

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza	ations				
(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?

Form 990, Schedule R, Part	III - Identification	n of Rela	ated Organiza	tions Tavable	as a Dartner	shin						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(H Disprop alloca	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
481 ENTERPRISE AFFORDABLE HOUSING FUND 111 LLLP	LOW INCOME HOUSING	MD	N/A				res	NO		res	140	
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 37-1753892	HOUSING											
481 ENTERPRISE AFFORDABLE HOUSING FUND I LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-1445201												
481 ENTERPRISE AFFORDABLE HOUSING FUND II LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 80-0865768												
481 ENTERPRISE AFFORDABLE HOUSING FUND IV LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2551595												
ABERDEEN COMMONS DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3085953												
ABERDEEN COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3085889												
ABINGDON II LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2106017	HOUSING											
ALLENDALE APARTMENTS LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201	LOW INCOME HOUSING	MD	N/A									
47-2276680 AMERICAN EXPRESS - UTAH	LOW INCOME	DE	N/A									
EQUITY FUND LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044	HOUSING											
52-2041772 AMERICAN EXPRESS - WEST EQUITY FUND LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044	HOUSING											
20-0895254 AMERICAN EXPRESS-UTAH EQUITY FUND II LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044	I I I I I I I I I I I I I I I I I I I											
37-1824311 AMERICAN EXPRESS-WEST EQUITY FUND II LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0492768												
APACHE RIDGE TOWNHOMES LP	LOW INCOME HOUSING	AZ	N/A									
PO BOX 550 MCNARY, AZ 85930 86-0988370												
ASHLAND PARK VIEW LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3391568	LOW INCOME HOUSING	MD	N/A									
ASHLAND LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3476443												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Legal General (g) Predominant Disproprtionate (i) (k) (b) (a) Domicile Direct Share of total Share of endor Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling ıncome of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country' sections 512-514) Yes No Yes No ASPEN PLACE LP LOW INCOME ОН N/A HOUSING 6516 DETROIT AVE CLEVELAND, OH 44102 81-3159342 LOW INCOME ATLANTA HOUSING EQUITY FUND GΑ N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1969157 N/A BAKERVIEW REDEVELOPMENT LOW INCOME WA HOUSING PARTNERS LLLP 208 UNITY ST BELLINGTON, WA 98225 82-0607460 BANC OF AMERICA HOUSING LOW INCOME N/A GΑ FUND I LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1826758 LOW INCOME BANC OF AMERICA HOUSING MD N/A FUND II LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1907935 BANC OF AMERICA HOUSING LOW INCOME GΑ N/A FUND III LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2100730 BANC OF AMERICA HOUSING LOW INCOME GΑ N/A FUND IIIA LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2193746 BANC OF AMERICA HOUSING LOW INCOME GΑ N/A FUND IIIB LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2209525 BANC OF AMERICA HOUSING LOW INCOME GΑ N/A FUND IIIC LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2209526 BANC OF AMERICA HOUSING LOW INCOME GΑ N/A FUND IIID LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2212426 BANC OF AMERICA HOUSING LOW INCOME GΑ N/A FUND IIIF LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2212431 BANC OF AMERICA HOUSING LOW INCOME GΑ N/A HOUSING FUND IIIG LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2286685 BANC OF AMERICA HOUSING LOW INCOME GΑ N/A FUND IIIH LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2286686 BANC OF AMERICA HOUSING FUND IV LP LLLC LOW INCOME DE N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2282447 BANC OF AMERICA HOUSING LOW INCOME DE N/A

FUND IVA LP LLLC

04-3631847

11000 BROKEN LAND PKWY COLUMBIA, MD 21044 HOUSING

Form 990, Schedule R, Part	III - Identification	of Relat	ed Organizati	ons Taxable a	s a Partners	hip						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d)	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g)	(h Dispropri allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Parti	eral r aging ner?	(k) Percentage ownership
	LOW INCOME HOUSING	DE	N/A				Yes	NO		Tes	NO	
FUND IVB LP LLLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044												
01-0649967 BANC OF AMERICA HOUSING	LOW INCOME HOUSING	DE	N/A									
FUND VI LP LLLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-1975415												
BANC OF AMERICA HOUSING FUND VII LP LLLC	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-5583537												
BANC OF AMERICA HOUSING FUND VIII LP LLLC	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0336462												
BANK OF AMERICA LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1932672												
BELLEVUW DEVELOPMENT ASSOCIATES LP	LOW INCOME HOUSING	RI	N/A									
224 DEXTER ST PROVIDENCE, RI 02907 05-0493384												
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC	AFFORDABLE HOUSING	ОН	N/A									
1360 EAST 9TH ST ING CENTER 300 CLEVELAND, OH 44114 26-2916887												
BETHLEHEM VILLAGE LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2329451												
BLACKHAWK APARTMENTS LP PO BOX 751 EAGLE BUTTE	LOW INCOME HOUSING	SD	N/A									
EAGEL BUTTE, SD 57625 41-2016002												
BLADENSBURG COMMONS DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-0974196												
	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-0963356												
	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-0715737												
CAMBRDGE COMMONS DEVLOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-4760031												
CAMBRIDGE COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-4760089	LOW THEOME HOUSE	MD	NI/A									
CARDIFF PROPERTIES LP 11000 BROKEN LAND PKWY	LOW INCOME HOUSING	MD	N/A									
COLUMBIA, MD 21044 51-0428139												

(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) Dispropri allocati	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gendon Mana Partr	eral r ging ner?	(k) Percentage ownership
CATONSVILLE LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201	LOW INCOME HOUSING	MD	N/A									
26-0809872												
CCHF (AAA) 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-2440376	LOW INCOME HOUSING	MD	N/A									
CHANNEL RENEWABLE LLC 1101 30TH ST NW WASHINGTON, DC 20007 47-3694857	LOW INCOME HOUSING		N/A									
CHASE NMTC FHCSD INVESTMENT FUND LLC 11000 BROKEN LAND PKWY	NEW MARKET TAX CREDITS	MD	N/A									-
COLUMBIA, MD 21044 80-0886870												
CHASE NMTC AHS INVESTMENT FUND LLC	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-3915998												
CHASE NMTC FHCW INVESTMENT FUND LLC	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2485015												
CHASE NMTC SA QUINCY INVESTMENT FUND LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044	NEW MARKET TAX CREDITS	MD	N/A									
27-2792075 CHELTENHAM DEVELOPMENT LLLP	I OW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-2902864	HOUSING	'										
CHELTENHAM PARK VIEW LP II 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 36-4575118	LOW INCOME HOUSING	MD	N/A									
CHERRYDALE LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 75-3243600												
COLDSPRING LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2116802	LOW INCOME HOUSING	MD	N/A									
COLDSPRING LP 218 N CHARLES ST BALTIMORE, MD 21201	LOW INCOME HOUSING	MD	N/A									
52-2116802 COLLEGE PARKWAY LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 74-3101310	HOUSING											
COLLEGE PARKWAY LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 74-3101310	LOW INCOME HOUSING	MD	N/A									
COLONIAL LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-1062843	LOW INCOME HOUSING	MD	N/A									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (g) Predominant Disproprtionate (k) (b) Domicile Direct Share of total Share of end-of-Code V-UBI amount in or income(related, allocations? Percentage Name, address, and EIN of Primary activity Managing (State Controlling ıncome year assets Box 20 of Schedule related organization ownership unrelated, Partner? or Entity K-1 excluded from Foreign (Form 1065) tax under Country sections 512-514) Yes Yes No No COLUMBIA DEVELOPMENT LLLP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE BALTIMORE, MD 21201 27-2668855 LOW INCOME N/A COLUMBIA LLLP MD HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-2669010 COMMUNITY HOUSING LOW INCOME MD N/A ALLIANCE II LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 65-1240099 COMMUNITY HOUSING LOW INCOME MD N/A ALLIANCE III LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-4238319 COMMUNITY HOUSING LOW INCOME MD N/A ALLIANCE LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 75-3118119 CORPORATE HOUSING LOW INCOME DC N/A INITIATIVES II LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1854657 CORPORATE HOUSING LOW INCOME DC N/A INITIATIVES III LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2059385 CORPORATE HOUSING LOW INCOME DC N/A INITIATIVES LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1714746 COVE POINT APARTMENTS II LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 14-1945613 COVE POINT APARTMENTS LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE BALTIMORE, MD 21201 87-0729715 LOW INCOME EAGLE VIEW PLAZE LP NM N/A HOUSING 5 WEST GUTIERREZ SANTE FE, NM 87506 85-0465519 LOW INCOME EASTON LP MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2004860 ECLF TOAH MBR LLC FINANCING DE ECLF RELATED 20,444 3,236,630 No No 99 990 % 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-5305396 LOW INCOME EDNOR APARTMENTS LP MD N/A HOUSING 875 HOLLINS STREET SUITE BALTIMORE, MD 21201 EHC WESTMINSTER LHA LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE BALTIMORE, MD 21201 90-0858324

Form 990, Schedule R, Part	III - Identification	1	ted Organizal	tions Taxable a	as a Partner:	ship 	I		1	١.,٠	, ι	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Disprop alloca	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	raiti	eral r iging ner?	(k) Percentage ownership
				312-314)			Yes	No		Yes	No	
ELLICOTT CITY II LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2271721												
ELLICOTT LLLP	LOW INCOME	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2061432	HOUSING											
EMERSON DEVELOPMENT LLLP	LOW INCOME	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-0809915	HOUSING											
EMERSON LLLP	LOW INCOME HOUSING	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-0809902	INCUSING											
	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-1821222												
	NEW MARKET TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 41-4423749	CREDITS											
ENMP 69 LP	NEW MARKET TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4439215	CREDITS											
ENMP 70 LP	NEW MARKET TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4419593	CREDITS											
ENMP 71 LP	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4466427	CREDITS											
	NEW MARKET TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4490944	CREDITS											
	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4497802	CREDITS											
ENMP 74 LP	NEW MARKET TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4511073	CREDITS											
	NEW MARKET TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-4542667	CREDITS											
	NEW MARKET TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5266037	CREDITS											
	NEW MARKET TAX	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5291974	CREDITS											

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General (d) Legal (g) Disproprtionate (b) Predominant (i) (k) (a) or Direct Share of total Share of end-Domicile Name, address, and EIN of Primary activity income(related, allocations? Code V-UBI amount in Percentage Managing Controlling (State income of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No ENMP 78 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5317178 ENMP 79 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5375297 ENMP 80 LP NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5393394 ENMP 81 LP NEW MARKET TAX N/A MD CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5442465 ENMP 82 LP NEW MARKET TAX MD N/A **CREDITS** 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-5468168 ENTERPRISE AFFORDABLE LOW INCOME MD N/A HOUSING FUND I LLLP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 38-3984252 ENTERPRISE CALIFORNIA GREEN LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-3246728 ENTERPRISE COMMUNITY LOW INCOME MD N/A OPPORTUNITY FUND HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0472729 ENTERPRISE GREEN WEST LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4326163 ENTERPRISE GREEN WEST 2 LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-2146723 **ENTERPRISE HOMES** LOW INCOME MD N/A PRESERVATION FUND LLC HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 81-5278019 ENTERPRISE HOUSING ALLIANCE LOW INCOME MD N/A FUND II LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-4670450 ENTERPRISE HOUSING ALLIANCE LOW INCOME MD N/A FUND LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-3270372 ENTERPRISE HOUSING CALGREEN LOW INCOME MD N/A **FUND** HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0702801 ENTERPRISE HOUSING EQUITY LOW INCOME MD N/A FUND I LLLP HOUSING

11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2603066 Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (d) (g) (b) Predominant Disproprtionate (i) or Direct Share of total Share of end-Domicile Name, address, and EIN of Primary activity income(related, allocations? Code V-UBI amount in Percentage Managing Controlling (State of-vear assets income related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No ENTERPRISE HOUSING LOW INCOME MD N/A HOUSING OPPORTUNITY FUND I 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-4024947 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS 1992 LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-6538578 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS 1995 LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1952868 LOW INCOME ENTERPRISE HOUSING MD N/A PARTNERS CALGREEN II FUND HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 80-0839276 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS CALGREEN III FUND HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 61-1757440 **ENTERPRISE HOUSING** LOW INCOME MD N/A PARTNERS CALGREEN IV FUND LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 61-1790836 ENTERPRISE HOUSING LOW INCOME DE N/A PARTNERS III LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1788574 LOW INCOME HOUSING DE ENTERPRISE HOUSING N/A PARTNERS III SERIES II LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-0405235 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS IX LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2282444 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS VII LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1995500 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS VIII LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2138749 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS X LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 03-0386841 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XI LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 59-3763774 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XII LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-1004093 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XIII LP HOUSING

11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-2675276 Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (d) (g) Predominant Disproprtionate (i) (b) Direct or Domicile Share of total Share of end-Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing Controlling (State ıncome of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XIV LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-4670098 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XIX LP (EHP 19) HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4326201 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XV INVESTOR LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-0707086 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XV LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-3152647 LOW INCOME ENTERPRISE HOUSING MD N/A PARTNERS XVI INVESTOR LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-0707054 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XVI LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-0707012 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XVII LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-1848528 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XVIII LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-1848605 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XX LP (EHP 20) HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-2146836 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XXI HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-1733217 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XXII HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-2684029 **ENTERPRISE HOUSING** LOW INCOME MD N/A PARTNERS XXIII HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2452040 ENTERPRISE HOUSING LOW INCOME MD N/A PARTNERS XXIV HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 46-2915500 LOW INCOME **ENTERPRISE HOUSING** MD N/A PARTNERS XXIX HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0502733 LOW INCOME ENTERPRISE HOUSING MD N/A PARTNERS XXV HOUSING

11000 BROKEN LAND PKWY COLUMBIA, MD 21044

38-3913092

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (g) Predominant Disproprtionate (i) (b) Share of endor Domicile Direct Share of total Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling income of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0853211 ENTERPRISE HOUSING PARTNERS LOW INCOME MD N/A XXVII HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 36-4830385 ENTERPRISE HOUSING PARTNERS LOW INCOME N/A MD IIIVXX HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0943789 ENTERPRISE KEY HOUSING FUND LOW INCOME MD N/A I LLLP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2465349 ENTERPRISE MULTI-STATE LIHTC LOW INCOME N/A MD FUND LLLP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-2714779 ENTERPRISE NEIGHBORHOOD LOW INCOME N/A DE IMPACT FUND I HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0381276 ENTERPRISE NEIGHBORHOOD LOW INCOME DE N/A IMPACT FUND II HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 61-1848126 ENTERPRISE NEIGHBORHOOD OW INCOME DE N/A HOUSING PARTNERS I LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-5112196 ENTERPRISE NEIGHBORHOOD LOW INCOME DΕ N/A PARTNERS I SERIES II LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-1163243 ENTERPRISE NEIGHBORHOOD LOW INCOME DE N/A PARTNERS II LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 86-1170270 ENTERPRISE NEIGHBORHOOD LOW INCOME DE N/A PARTNERS III LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-5071960 **ENTERPRISE NEIGHBORHOOD** LOW INCOME MD N/A PARTNERS VI LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 37-1707544 ENTERPRISE NEIGHBORHOOD LOW INCOME MD N/A PARTNERS VII LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0829862 ENTERPRISE NEIGHBORHOOD LOW INCOME MD N/A PARTNERS VIII LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 38-3989465 LOW INCOME ENTERPRISE NEIGHOOD MD N/A PARTNERS IV LLP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-4032460

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (e) General Legal (d) (g) (b) Predominant Disproprtionate (i) (a) Direct Share of endor Domicile Share of total Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing Controlling (State income of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes No Yes No ENTERPRISE NEIGHOOD LOW INCOME MD N/A HOUSING PARTNERS V LLP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-4734359 ENTERPRISE RB FUND I LP (ERB LOW INCOME DE N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-2457927 ENTERPRISE RB FUND II LP (ERB LOW INCOME DE N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-1520644 ENTERPRISE WF EQUITY FUND LOW INCOME MD N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2514024 LOW INCOME ENTERPRISE-FIRST NIAGARA MD IN/A AFFORDABLE HOUSING FUND I HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 38-3923041 **ENTERPRISE-SNB HOUSING** LOW INCOME MD N/A FUND I LLLP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 38-4039743 ENTERPRISE-UIG AFFORDABLE LOW INCOME MDN/A HOUSING FUND HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-3308441 ESIC CITIGROUP CCDE LOW INCOME DF N/A INVESTMENT FUND LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2362647 ESIC NEW MARKET PARTNERS 42 NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4658562 ESIC NEW MARKET PARTNERS 44 NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4658671 ESIC NEW MARKET PARTNERS 45 NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4661984 ESIC NEW MARKET PARTNERS 46 NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4662041 NEW MARKET TAX ESIC NEW MARKET PARTNERS 47 MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4662070 ESIC NEW MARKET PARTNERS 48 NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4662091 ESIC NEW MARKET PARTNERS 49 NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044

26-4662123

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (g) Predominant Disproprtionate (i) (b) (a) Share of end-Domicile Direct Share of total or Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling ıncome of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A 50 LP CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4658397 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A 51 LP CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227081 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A 52 LP CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227154 NEW MARKET TAX ESIC NEW MARKET PARTNERS MD N/A 53 LP CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227239 ESIC NEW MARKET PARTNERS NEW MARKET TAX N/A MD 54 LP **CREDITS** 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227373 ESIC NEW MARKET PARTNERS NEW MARKET TAX N/A MD 55 LP CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-0227421 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 36-4759601 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A 57 LP **CREDITS** 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0766267 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 37-1714867 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 38-3900148 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 36-4756021 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0818694 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0819261 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A 63 LP CREDITS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0436514 ESIC NEW MARKET PARTNERS NEW MARKET TAX MD N/A **CREDITS** 11000 BROKEN LAND PKWY

COLUMBIA, MD 21044 37-1755508

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gene or Mana Partr	eral r ging ner?	(k) Percentage ownership
ESIC NEW MARKET PARTNERS 65 LP	NEW MARKET TAX CREDITS	MD	N/A				1.55					
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2506303												
ESIC NEW MARKET PARTNERS 66 LP	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 32-0440072												
ESIC NEW MARKET PARTNERS 67 LP	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 30-0829170												
ESIC NEW MARKETS PARTNERS 14 LP	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-1935275												
ESIC NEW MARKETS PARTNERS LP	NEW MARKET TAX CREDITS	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 02-0552042												
EVERGREEN SENIOR APARTMENTS LP	LOW INCOME HOUSING	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 36-4628665												
FALCON LP POBOX 751	LOW INCOME HOUSING	SD	N/A									
EAGEL BUTTE, SD 57625 46-0458032												
FLORIDA HOSING TAX CREDIT FUND II LP	LOW INCOME HOUSING	FL	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1969165												
FREDDIE MAC EQUITY PLUS I- ESIC LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2316462												
FREDDIE MAC EQUITY PLUS II- ESIC LP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 01-0728494												
FULLERTON LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-2704751	LOW INCOME HOUSING	MD	N/A									
GLEN BURNIE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-0491824												
GREEN AT LOGAN FIELD LP 875 HOLLINS STREET SUITE 202	LOW INCOME HOUSING	MD	N/A									
BALTIMORE, MD 21201 80-0805909												
GREENS AT ENGLISH CONSUL LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201	LOW INCOME HOUSING	MD	N/A									
90-0884446 GREENS AT HAMMONDS LANE LP		MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0497564	HOUSING											

Form 990, Schedule R, Part	- Identification	1	iteu Organiza 	cions raxable; 	as a Parthers	snib 	I		1	/:	, 1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
CDEENS AT IDVINCTON MEMOUS	LOW INCOME	ME	N/A				Yes	No		Yes	No	
GREENS AT IRVINGTON MEWS LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3178312	HOUSING	MD	N/A									
GREENS AT LIBERTY ROAD LP	LOW INCOME	MD	N/A								\dashv	
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0497351	HOUSING											
GREENS AT ROLLING ROAD LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0471856	LOW INCOME HOUSING	MD	N/A									
HARPER HOUSE LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3169195	LOW INCOME HOUSING	MD	N/A									
HERITAGE BANK FUND I LLLP	LOW INCOME	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 38-3976725	HOUSING											
HICKORY RIDGE VILLAGE LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 76-0709118	HOUSING											
HIGHLAND DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-3635631												
HIGHLAND LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 45-3635596												
HOLLINS STATION LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 61-1714986												
HOUSING OUTREACH FUND IX LP	LOW INCOME HOUSING	DC	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2282441												
HOUSING OUTREACH FUND VI LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044	LOW INCOME HOUSING	DC	N/A									
52-1995502 HOUSING OUTREACH FUND VII	LOW INCOME	DC	N/A									
LP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2059388	HOUSING											
HOUSING OUTREACH FUND VIII	LOW INCOME HOUSING	DC	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2186795												
HOUSING OUTREACH FUND X LP	LOW INCOME	DC	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-0276712	HOUSING											
11000 BROKEN LAND PKWY COLUMBIA, MD 21044	LOW INCOME HOUSING	DC	N/A									
20-1413560												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General (d) Legal (g) (b) Predominant Disproprtionate (i) (k) (a) Direct Share of total Share of endor Domicile Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling income of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No HOUSING OUTREACH FUND XII LOW INCOME DC N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-3270454 HOUSING OUTREACH FUND XIII LOW INCOME DC N/A HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-3270497 IBERIABANK AFFORDABLE LOW INCOME MD N/A HOUSING FUND HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-2460340 JP MORGAN CHASE AFFORDABLE LOW INCOME DE N/A HOUSING FUND HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2138751 LADERA APARTMENTS HOMES LP LOW INCOME NM N/A HOUSING 440 GALISTEO ST SANTE FE, NM 87501 85-0474875 LAUREL DEVELOPMENT LLLP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3605076 LAUREL II DEVELOPMENT LLLP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-3200595 LOW INCOME LAUREL II LLLP MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-3210567 LAUREL LLLP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3605034 LOWER SALFORD LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2205672 M&T BANK AFFORDABLE LOW INCOME DE N/A HOUSING FUND II LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-1528572 M&T BANK AFFORDABLE LOW INCOME DE N/A HOUSING FUND LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2064052 MARYLAND HOUSING EQUITY LOW INCOME MD N/A FUND III LP HOUSING 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1854655 MERCY HOUSING CALIFORNIA 69 LOW INCOME CO N/A HOUSING 1990 BROADWAY DENVER, CO 80202 47-5419818 METRO HEIGHTS LP LOW INCOME MD N/A HOUSING 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201

81-2524953

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g)	(h Dispropri allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
METRO HEIGHTS LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 81-2524953	HOUSING											
MIRAMAR DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0288014	Hoosing											
MIRAMAR LLLP	LOW INCOME HOUSING	MD	N/A									·
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 30-0288011												
MLG 904 DEVELOPMENT LLC	LOW INCOME HOUSING	NY	N/A									
1605 DR MARTIN LUTHER KING BRONX, NY 10453 81-2814680												
MULBERRY AT PARK LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201	LOW INCOME HOUSING	MD	N/A									
35-2513066 NAAMANS CREEK LP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-1982497	HOUSING	2	.,,,,									
NATIVE AMERICAN HOUSING FUND II LP	LOW INCOME HOUSING	DC	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 20-0302735												
NEW YORK EQUITY FUND 1989 LP	LOW INCOME HOUSING	ΙL	N/A									
10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 36-3680405												
NEW YORK EQUITY FUND 1990 LP 10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 36-3744662	LOW INCOME HOUSING	IL	N/A									
NEW YORK EQUITY FUND 1992 LP	LOW INCOME	IL	N/A									
10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 36-3831681	HOUSING											
NEW YORK EQUITY FUND 1993 LP	LOW INCOME HOUSING	IL	N/A									
10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 36-3924008												
NEW YORK EQUITY FUND 1994 LP	LOW INCOME HOUSING	IL	N/A									
10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 36-3970081												
NEW YORK EQUITY FUND 1995 LP	LOW INCOME HOUSING	IL	N/A									
10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 36-4033218												
NEW YORK EQUITY FUND 1995 SERIES II LP	LOW INCOME HOUSING	IL	N/A									
10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 36-4047569												
NEW YORK EQUITY FUND 2000 LP 10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606	LOW INCOME HOUSING	IL	N/A									
36-4187874	İ											

Form 990, Schedule R, Part	III - Identification	of Rela	ted Organizat	ions Taxable a	s a Partners	hip						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g)	(h Dispropi allocat	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Partr	eral r iging ner?	(k) Percentage ownership
NEW YORK EQUITY FUND 2000 SERIES II LP	LOW INCOME HOUSING	IL	N/A	,			Yes	No		Yes	No	
10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 36-4190655												
PARK HEIGHTS SENIOR HOUSING LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2067956												
PARK VIEW AT BELAIR II LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2250082	LOW INCOME HOUSING	MD	N/A									
PARKVILLE LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201	LOW INCOME HOUSING	MD	N/A									
51-0394854 RANDALLSTOWN LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201	LOW INCOME HOUSING	MD	N/A									
27-3499804 RENSSLEAR MADISON LP 1645 NORTH MCCADE ST RENSSLEAR, IN 47978	LOW INCOME HOUSING	IN	N/A									
35-2105955 RIVERWOODS AT NORTH EAST LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 80-0940198	LOW INCOME HOUSING	MD	N/A									
ROSEDALE LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-3499661	LOW INCOME HOUSING	MD	N/A									
SALISBURY LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-3391397	LOW INCOME HOUSING	MD	N/A									
SCOTLAND TOWNHOMES 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-2863399	LOW INCOME HOUSING	MD	N/A									<u> </u>
SENTER WEST VILLAGE ASSOC LP	LOW INCOME HOUSING	со	N/A									
SEVERNA PARK DEVELOPMENT LLLP 875 HOLLINS STREET SUITE 202	LOW INCOME HOUSING	MD	N/A									
BALTIMORE, MD 21201 27-0594356 SEVERNA PARK LLLP	LOW INCOME	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 27-0594290	HOUSING											
SIERRA WOODS LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-4224884	LOW INCOME HOUSING	MD	N/A									
SNOWDEN RIVER LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 14-1889256	LOW INCOME HOUSING	MD	N/A									

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

(c) (e) (f) (g) (h) (g) (i) (i) (i)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
SOMERSET COMMONS LLLP	LOW INCOME	MD	N/A	512-514)			Yes	No		Yes	No	
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 26-1688364	HOUSING	טוא	N/A									
SOMERSET RESERVE DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
876 HOLLINS STREET SUITE 202 BALTIMORE, MD 21202 47-2100811												
SOMERSET RESERVE LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-2089967												
SOUTH PANTOPS DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 38-3696292												
SOUTH PANTOPS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 38-3696291												
SPYGLASS AT CEDAR COVE LLC	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 47-4976151												
STEPHENS HALL DEVELOPMENT ASSOC LP	LOW INCOME HOUSING	RI	N/A									
224 DEXTER ST PROVIDENCE, RI 02907 05-0508552												
STEVENS FOREST LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 75-3243603												
SUNTRUST ENTERPRISE PARTNERS FUND I LLLP	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 35-3940720												
TANEY VILLAGE LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 90-1025905												
THE BANC OF AMERICA HOUSING FUND IX	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-2404936												
THE BANC OF AMERICA HOUSING FUND X	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 90-0999696												
THE BANC OF AMERICA HOUSING FUND XI	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 61-1794073												
THE ENTERPRISE MULTIFAMILY OPPORTUNITY FUND I LLC	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 90-1025647												
THE ENTERPRISE MULTIFAMILY OPPORTUNITY FUND II LLC	LOW INCOME HOUSING	MD	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 61-1803597												_

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g)	(h) Disproprtionate allocations? Yes No		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing -1 Partner?		(k) Percentage ownership
TIMOTHY HOUSE DEVELOPMENT LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-8996506												
TIMOTHY HOUSE LLLP	LOW INCOME HOUSING	MD	N/A									_
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 20-8996459	HOUSING											
TYLER ROAD LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-1948238	HOUSING											
US AFFORDABLE HOUSING FUND LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 60-0001701												
UMOM IV LLC	LOW INCOME HOUSING	AZ	N/A									
3333 E VAN BUREN ST MCNARY, AZ 85930 81-1432037												
WAMU AFFORDABLE HOUSING FUND LP	LOW INCOME HOUSING	DE	N/A									
11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2102708												
WAVERLY PLACE APARTMENTS LP 2686 SPRING STREET REWOOD CITY, CA 94063 81-4332962	LOW INCOME HOUSING	CA	N/A									
WEST MANCHESTER LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2050929	LOW INCOME HOUSING	MD	N/A									
WOODBRIDGE COMMONS LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 01-0809929	HOUSING											
WOODLAWN APARTMENTS LP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2040461	LOW INCOME HOUSING	MD	N/A									
YORK COMMONS DEVELOPMENT LP LLLP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2352637												
YORK COMMONS LP	LOW INCOME HOUSING	MD	N/A									
875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-2352629												
DENVER PFS LLC	FINANCING	DE	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 81-0784340												
IMPACTUS MARKETPLACE LLC 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009 47-3333274	FINANCING	DE	N/A									
WINCOPIN CIRCLE LLLP	FINANCING	MD	N/A									
11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2331442												

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (c) (d) (e) (f) (h) (i) (g) Primary activity Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 domicile related organization entity (C corp. S corp. income ownership (b)(13) vear (state or foreign or trust) assets controlled entity? country) Yes No ENTERPRISE GROUP INC AFF HOUSING MD N/A No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1348268 ENTERPRISE NEW ORLEANS LLC AFF HOUSING MD N/A No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 26-4201991 ENTERPRISE OWNERSHIP INC LIHTC MD ln/a No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 45-5572028 EMPLOYMENT OPPORTUNITIES INC MD ln/a NEW MKT ADVISORY No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1962418 ENTERPRISE EQUITIES INC BROKER/DEALER MD IN/A No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1669796 ENTERPRISE HOUSING INITIATIVES OF NY LIHTC N/A MD No INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1751213 EAM ASSOCIATES INC AFF HOUSING MD N/A No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-2332045 ENTERPRISE COMMUNITY HOUSING AFF HOUSING MD N/A No ORGANIZATION 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1440653 ENTERPRISE COMMUNITY ASSET AFF HOUSING MD N/A No MANAGEMENT 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 90-0863384 ENTERPRISE MORTGAGE HOLDINGS AFF HOUSING MD IN/A No 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044

80-0830074

ENTERPRISE GRATZ

COLUMBIA, MD 21044 52-1770274

11000 BROKEN LAND PARKWAY 700

AFF HOUSING

MD

N/A

No