efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493232003031 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** 

Department of the

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

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

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

2020

Open to Public Inspection

		nue Servic		14 8555			
			calendar year, or tax year beginning 01-01-2020 , and ending 12-3 C Name of organization	s1-2020	D Employe	r identif	ication number
		pplicable: change	CAHEC CAPITAL INC		47-1982		
□ Na		-	Doing business as			J, J	
		turri n/terminate	· ·		F.T. 1		
		d return on pendin		uite	E Telephone (919) 42		
			City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27615		<b>G</b> Gross red	eipts \$ 73	31,519
			F Name and address of principal officer: DANA BOOLE	H(a) Is	this a group ret	urn for	
			7700 FALLS OF NEUSE ROAD NO 200		ubordinates? re all subordinate	20	☐Yes ☑No
	r-exen	npt status	RALEIGH, NC 27615	│ `´in	cluded?		☐ Yes ☐No
			: ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527  WW.CAHEC.COM	1	"No," attach a li roup exemption	•	•
J 444	ebsit	e:► w	WW.CAHEC.COM	11(5)	roup exemption	number	
<b>K</b> Forn	n of or	rganization	n: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►	<b>L</b> Year of t	formation: 2014	<b>M</b> State	of legal domicile: NC
Pa	rt I	Sun	nmary	1			
Activities & Governance	2 3 4	Check the Number Total nu	THE CORPORATION WILL PARTNER WITH ORGANIZATIONS AND BUSINES F LOW- AND MODERATE-INCOME INDIVIDUALS AND FAMILIES. EMPHASIS Y OF ACTIVITIES INTENDED TO FURTHER THE CORPORATION'S MISSION, NDIVIDUALS AND FAMILIES WITH OBTAINING AFFORDABLE HOUSING.  This box ▶ ☐ if the organization discontinued its operations or disposed of the of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)	more than	LACED ON ACCE G FLEXIBLE FINA  25% of its net as	SS TO C	APITAL TO FINANCE
	l		related business revenue from Part VIII, column (C), line 12		•	7a	0
	b	Net unre	elated business taxable income from Form 990-T, line 39			7b	0
					Prior Year		Current Year
ēnuē	l		tions and grants (Part VIII, line 1h)		674,0		500,000
	l	_	service revenue (Part VIII, line 2g)		472,0	0	231,519
Α̈́	l		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total re	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,146,0	64	731,519
	l		and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	l		paid to or for members (Part IX, column (A), line 4)		06.3	0	0
Expenses	l		other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e)		96,2	0/	32,415
p en	l		Iraising expenses (Part IX, column (D), line 25) ▶0			$\dashv$	
Ä	l		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		216,9	74	96,138
	18	Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		313,1	81	128,553
	19	Revenue	e less expenses. Subtract line 18 from line 12		832,8	83	602,966
Net Assets or Fund Balances				Begini	ning of Current Ye	ear	End of Year
Ass 1 Ba	l		sets (Part X, line 16)		14,202,5	_	4,035,326
Z Set	l		ets or fund balances. Subtract line 21 from line 20		12,432,3 1,770,2	_	1,662,137 2,373,189
	rt II		nature Block		1,7,0,2		2,373,103
	edge	alties of and beli	perjury, I declare that I have examined this return, including accompanying ef, it is true, correct, and complete. Declaration of preparer (other than off				
		1 ****			2024 00 47		
Sign		Signa	ture of officer		2021-08-17 Date		
Here		DANA	BOOLE PRESIDENT				
		Туре	or print name and title				
				Date 2021-08- <b>1</b> 7	Check $igsqcup$ if $igsqcup$	TIN 00290535	5
Paid		<u>,                                    </u>	Firm's name DIXON HUGHES GOODMAN LLP		self-employed Firm's EIN ► 56-0	747981	
Pre <sub>l</sub> Use		;;   					
J 3 G	J11		Firm's address ► 1829 EASTCHESTER DRIVE		Phone no. (336) 8	ъу-5156	
M	ha TC	٠الم	HIGH POINT, NC 27265		<u> </u>		es 🗆 No
			s this return with the preparer shown above? (see instructions)	Cat. N	lo. 11282Y	<u> </u>	Form <b>990</b> (2020)

Form	990 (2020)				Page <b>2</b>
Pa	statement of Progran	n Service Accomplis	hments		
			any line in this Part III .		🗹
1	Briefly describe the organization's	mission:			
EMPO ITS N OF LO ACTI	OWERED AND SUSTAINABLE HOUSII MISSION, THE CORPORATION WILL OW- AND MODERATE-INCOME INDIV	NG OPPORTUNITIES FOR PARTNER WITH ORGANIZ VIDUALS AND FAMILIES. CORPORATION'S MISSIC	LOW- AND MODERATE- ATIONS AND BUSINES: EMPHASIS WILL BE PLA	SSISTANCE TO LIHTC DEVELOPERS INCOME INDIVIDUALS AND FAMILIE SES THAT FOCUS THEIR EFFORTS O ACED ON ACCESS TO CAPITAL TO FI LE FINANCING PROGRAMS THAT AS	ES. IN FURTHERANCE OF N MEETING THE NEEDS NANCE A VARIETY OF
2	Did the organization undertake an	v significant program ser	vices during the year wh	nich were not listed on	
_	the prior Form 990 or 990-EZ? .				☐ Yes ☑ No
	If "Yes," describe these new service	es on Schedule O.			
3	Did the organization cease conduc	ting, or make significant	changes in how it condu	ıcts, any program	
	services?	n Schedule O.			☐ Yes ☑ No
4		rganizations are required	to report the amount o	largest program services, as measu f grants and allocations to others, th	
4a	(Code: ) (Expense See Additional Data	ses \$ 128,553	including grants of \$	) (Revenue \$	731,519 )
4b	(Code: ) (Expens	ses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expens	ses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe (Expenses \$	in Schedule O.) including grants of	\$	) (Revenue \$	١
4e	Total program service expense		<u> </u>	/ (Neveride 4	,

19

Nο

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2020)

11d

11e

11f

12a

**12**b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Yes

	()			- uge D
Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No

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

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

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

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

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

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

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

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

in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 . . . . . . . . . . . . . . . .

				Pag
ąr	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
3	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
•	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		N
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		N
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ı	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
ali	Statements Regarding Other IRS Filings and Tax Compliance			_
_	Check if Schedule O contains a response or note to any line in this Part V	• ;		ᆜ
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   3		Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

**1**c

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 <sub>a</sub>	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on <b>6a</b>	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere <b>6b</b>	
7	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	rvices <b>7a</b>	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file <b>7c</b>	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo 1098-C?	rm <b>7h</b>	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	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	
	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]	<u> </u>	
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	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.  Enter the amount of reserves the organization is required to maintain by the states in	13a	
	which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	INO
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exc	cess	<b>—</b>
16	parachute payment(s) during the year?	. 15	No
10	If "Yes," complete Form 4720, Schedule O.	16	No

Pai	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" resp	onse to i	lines
_		8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction	A. Governing Body and Management			
1.	Entor	the number of voting members of the governing body at the end of the tax year   1a   6		Yes	No
14		re 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 ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 6			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a	Did th	ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	<b>7</b> b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by bllowing:			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the naziration's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se		<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, oranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a lle entity during the year?	16a		No
b	in joir	is," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17	List th	ne states with which a copy of this Form 990 is required to be filed▶			
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
		Own website $\ \square$ Another's website $\  ot \!$			
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records:			

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

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

Check this box if neither the organization no  (A)  Name and title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(C) o no ox, u n of or/t	) t ch unle: ficer rust	eck moss pers	ore son	(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)	Highest compensated employee  Key employee  Officer  Institutional Trustee and individual trustee or director		Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations		
(1) ROBERT LANDIS SR VICE PRESIDENT	1.00 40.00	х		х				0	250,867	27,156
(2) TANYA WOLFRAM DIRECTOR	1.00							0	0	0
(3) JOEL BROCKMANN DIRECTOR	1.00	х						0	0	0
(4) Dawn Dehart Director	1.00	Х						0	0	0
(5) PAUL KENNEDY DIRECTOR	1.00	Х						0	0	0
(6) JOSH EARN DIRECTOR	1.00	Х						0	0	0
(7) ERIN GRIFFIN SECRETARY/TREASURER	1.00 40.00			x				0	240,737	17,221
(8) DANA BOOLE PRESIDENT	40.00			х				0	519,687	32,484

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	Name and title	Average hours per week (list any hours for related	than d	ne b	ox, ι n of tor/t	t ch unle ficei	<del> </del>	son	Rep comp fro orga	ortable ensation m the nization 2/1099-	Reportable compensation from related organizations (W-2/1099-	,	Estima amount o compen from organizati	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		ISC)	MISC)		relat organiza	ed
												$\pm$		
												+		
												$\pm$		
												+		
C.	Sub-Total		Α.				<b>▶</b>			0	1,011,29	1		76,86
2	Total number of individuals (includ of reportable compensation from th	ing but not limited	to thos				e) who	rece	eived mo	ore than \$1	00,000			
3	Did the organization list any <b>forme</b> line 1a? <i>If "Yes," complete Schedui</i>	· ·		ee, k	ey e •	mpl •	oyee,	or hi	ghest co	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, organization and related organizati individual										n the	4	Yes	
5	Did any person listed on line 1a rec services rendered to the organizati											5	Tes	No
S	ection B. Independent Contra	ictors												
1	Complete this table for your five hi from the organization. Report com	pensation for the o									n's tax year.	npens		
	Nam	(A) ne and business addre	ess							Desc	(B) cription of services		(C Comper	
												$\Rightarrow$		
												<u></u>		
										I		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		(2020) Statement	of E	Pevenue						Page <b>9</b>
Pari	VIII				a resp	onse or note to any	/ line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	gns		1a			revenue		312 - 314
Grants mounts	b	Membership dues		. [	1b					
و ا	С	Fundraising events	5.	. [	1c					
iffs, ar A		Related organization			1d					
s. G imil	_	Government grants (		Ļ	1e					
tion er S	f	All other contributions and similar amounts in above	not ir	ncluded	<b>1</b> f	500,000				
ibu Sthe	g	Noncash contributions lines 1a - 1f:\$	s incl	uded in	. [	·				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a	a-1f	L	1g	<u> </u>				
<u>ه</u>	···					Business Code	500,000	T		T
	2a	LOAN INTEREST				522292	184,975	184,975		
Ele Fle	١.	AMORTIZATION OF L	OAN	_		_	34,544	34,544		
e ver			OAN			900099	·	·		
Program Service Revenue	c	APPLICATION FEES				900099	11,000	11,000		
Xer X	d	RECOVERIES				900099	1,000	1,000		
an S						_				
rogr	е									
<u>α</u>	f	All other program	serv	ice revenue	€.					
	g	Total. Add lines 2	2a-2	f	. •	231,519				
		Investment income similar amounts)				interest, and other				
		Income from invest				•				
	5	Royalties				_	•			
				(i) Re	eal	(ii) Personal	_			
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
		Net rental income		(loss)			_			
				(i) Secu		(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses								
		Gain or (loss)	7c							
		I Net gain or (loss) Gross income from fu			· 					
3ne				of						
e∧e		See Part IV, line 18			8a					
Other Revenue	1	Less: direct expen			8b					
the	١ ،	: Net income or (los	ss) fr	om fundrai	sing e	vents 🛌				
U	9a	Gross income from See <b>Part</b> IV, line 19	gami	ing activities	- 1					
	   E	Less: direct expen			9a 9b		_			
		: Net income or (los								
	10	aGross sales of inve	anto	n, loce						
	10.	returns and allowa	ances	5	10	a				
	Ŀ	Less: cost of good	s sol	ld	10	)				
	_	Net income or (los Miscellaneo			f inver	Business Code				
	11		IV	_,			_			
	Ŀ	)								
		3								
	,	All other revenue	_							
		Total. Add lines 1				•				<u> </u>
	12	<b>Total revenue.</b> S	ee ir	nstructions			701 5:5	224 512		
	1						731,519	231,519	<u> </u>	0 0 Form <b>000</b> (2020)

	m 990 (2020)				Page 10
۲	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete co	lumn (A).
	Check if Schedule O contains a response or note to an				🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	-	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	24,549	24,549		
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	6,045	6,045		
	Payroll taxes	1,821	1,821		
	Fees for services (non-employees):		·		
	a Management				
	o Legal	5,689	5,689		
	c Accounting	10,600	10,600		
	<sup>*</sup>	10,000	10,000		
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17			-	
	Investment management fees	0.641	0.641		
ģ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,641	9,641		
12	Advertising and promotion	1,976	1,976		
	Office expenses	1,586	1,586		
14	Information technology	4,732	4,732		
15	Royalties				
16	Occupancy	4,036	4,036		
17	Travel	702	702		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	156,674	156,674		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,775	2,775		
23	Insurance	3,735	3,735		
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 DUES AND SUBSCRIPTIONS	1,000	1,000		
	b MAINTENANCE AND WARRANT	608	608		
	c EQUIPMENT LEASE	407	407		
	d PAYROLL PROCESSING	173	173		
	e All other expenses	-108,196	-108,196		
25	Total functional expenses. Add lines 1 through 24e	128,553	128,553	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

Assets

30

31

32

33

Page 11

65,981

0

2.373.189

2,373,189

4,035,326

Form 990 (2020)

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

		Beginning of year		End of year
L	Cash-non-interest-bearing	778,814	1	1,552,6
2	Savings and temporary cash investments		2	

Pledges and grants receivable, net . 110.195 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

12.880.422 Notes and loans receivable, net . . 7 Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges 0 9 9,167 10a Land, buildings, and equipment: cost or other 410,000 basis. Complete Part VI of Schedule D

1.978.194

		basis. Complete Fait vi of Schedule D	200			
	b	Less: accumulated depreciation	10b	410,000	10c	410,000
	11	Investments—publicly traded securities .	<u> </u>		11	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	e 11		13	
	14	Intangible assets		23,143	14	19,286
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	14,202,574	16	4,035,326
	17	Accounts payable and accrued expenses		53,168	17	4,427
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
တ္	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
lities	22	Loans and other payables to any current or for				

employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 12,379,183 1,657,710 23 Secured mortgages and notes payable to unrelated third parties 23

24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 12.432.351 1.662.137 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow FASB ASC 958, check here ▶

complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28

Fund Balances Organizations that do not follow FASB ASC 958, check here ▶

complete lines 29 through 33. ٥ 29 Capital stock or trust principal, or current funds 0 29 0

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

0

1,770,223

1,770,223

14,202,574

30

31

32

33

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

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

Form 990 (2020)

3h

#### **Additional Data**

Software ID:

PROVIDE COMMUNITY DEVELOPMENT FINANCING TO UNDERSERVED AND LOW-INCOME POPULATIONS, PRESERVING AND IMPROVING NEIGHBORHOODS AND RETAINING

Software Version:

**EIN:** 47-1982875

Name: CAHEC CAPITAL INC

Form 990 (2020)

**QUALITY AFFORDABLE COMMUNITIES.** 

# Form 990 (2020) Form 990, Part III, Line 4a:

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493232003031	
SCI		ULE A	- Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047	
	m 990			blic Charity Status and Public Support  f the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.					
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Nam	e of th	ne Service ne organiza	tion				Employer identific	<u> </u>	
CAHEC	. CAPIT	AL INC					47-1982875		
	rt I		for Public Charity Statu				See instructions.		
	rganiz —		a private foundation because	•					
1	Ш	•	onvention of churches, or as			. ,, ,			
2	Ш		scribed in <b>section 170(b)(</b>		,	, ,			
3		A hospital o	or a cooperative hospital serv	ice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).		
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section :</b>	170(b)(1)(A)(iii). E	nter the hospital's	
5		-	ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>	
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).		
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in	
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de ant college of agriculture. Se					ege or university or a	
10	<b>✓</b>	from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross	
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	ee section 509	(a)(4).		
12		more public	ation organized and operated ly supported organizations o through 12d that describes	lescribed in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509(</b> a		
a		<b>Type I.</b> A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar					
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its	
d		Type III n functionally	on-functionally integrated integrated. The organization i). You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
e		Check this	box if the organization receiver Type III non-functionally	ed a written determir	ation from the I		pe I, Type II, Type II	[ functionally	
f	Enter				-		<u> </u>		
g	Provi	de the follow	ing information about the su	pported organization(	s).			_	
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
Tota			tion Act Notice, see the Ir						

Sch	nedule A (Form 990 or 990-EZ) 2020						Page <b>2</b>
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support  Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and <b>stop here</b>	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and <b>stop here.</b> The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box of	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and <b>stop here.</b> The organization						
<b>17</b> a	a 10%-facts-and-circumstances tes	t—2020. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and <b>stop h</b> e	e <b>re.</b> Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

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.

	the organization fails to	qualify under t	he tests listed b	elow, please co	mplete Part II.)		
Se	ection A. Public Support						
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	(or fiscal year beginning in) ▶	(4) 2020	(5) 2027	(0, 2020	(4, 202)	(0, 2020	(1) 1010.
1	Gifts, grants, contributions, and membership fees received. (Do not		928,475	190,000	674,000	500,000	2,292,475
	include any "unusual grants.") .		920,473	190,000	674,000	300,000	2,292,473
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in	46,000	352,831	102,650	54,893	46,544	602,918
	any activity that is related to the	·			,	· ·	
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
_							
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities			+			
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	46,000	1,281,306	292,650	728,893	546,544	2,895,393
	Amounts included on lines 1, 2, and	.0,000	1,201,000	232,000	7 20/030	3.0,3.1.	
7 4	3 received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						0
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c						2,895,393
	from line 6.)						2,033,333
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	46,000	1,281,306	292,650	728,893	546,544	2,895,393
10a	Gross income from interest,						· · ·
	dividends, payments received on	120 700		154 506	447 474	104.075	077 440
	securities loans, rents, royalties and	120,706		154,596	417,171	184,975	877,448
	income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						

	(or fiscal year beginni	n
9	Amounts from line 6.	

14

15

16

20

whether or not the business is regularly carried on.

check this box and stop here.

Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	46,000	1,281,306	292,650	728,893	546,544	2,895,393
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	120,706		154,596	417,171	184,975	877,448
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.	120,706		154,596	417,171	184,975	877,448
11	Net income from unrelated business activities not included in line 10b.						

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 166,706 11, and 12.). First 5 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,

1.281.306

447,246

1,146,064

15

18

731.519

Schedule A (Form 990 or 990-EZ) 2020

3.772.841

76.740 %

77.230 %

23.260 %

22.770 %

Section C. Computation of Public Support Percentage

Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . .

Public support percentage from 2019 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . . 16 17

Section D. Computation of Investment Income Percentage Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) .

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

b 33 1/3% support tests—2019. 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 not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

- 17 Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . . . . . 19a 331/3% support tests—2020. 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

Page 4

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

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

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	III section 309(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	or (6)? If "Yes," answer lines 3b and 01(c)(4), (5), or (6) and satisfied d how the organization made the 1	
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 <b>Part VI</b> when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?		

	m section ses (a)(1) or (2).	3a 3b 3b 3c 3c	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
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 <b>Part VI</b> when and how the organization made the		
	determination.	3b	
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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the			
	determination.	3b		
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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c below.	n 170(c)(2)(B) purposes?  3c  tion")? If "Yes" and if you  4a  the foreign supported despite being controlled or mination under sections to ensure that all support  2 If "Yes," answer lines 5b		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported			

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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c below.	3c	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	be in <b>Part VI</b> how the organization had such control and discretion despite being controlled or n 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 <b>Part VI</b> 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.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b		

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

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

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

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

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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

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,"

Pā	rt IV Supporting Organizations (continued)			
			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 lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in 11a above?	11a		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
	VI.			
5	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, 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 <b>Part VI</b> 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	163	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	<b>-</b>		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
_	ection C. Type II Supporting Organizations			
	ection 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 <b>Part VI</b> 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			
			Yes	No
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?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
3	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 <b>Part VI</b> 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	ions):		
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	b 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	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b 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 <b>Part VI identify those supported organizations and explain</b> 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 line 2a 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 <b>Part VI</b> 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 lines 3a and 3b 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? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
	<b>b</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) 2020 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 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) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
		1		

5 Income tax imposed in prior year 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

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

<b>7 Total annual distributions.</b> Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	8			
<b>9</b> Distributable amount for 2020 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

	stributions to attentive supported organizations to wh tails in <b>Part VI</b> ). See instructions	8			
<b>9</b> Di	stributable amount for 2020 from Section C, line 6			9	
<b>10</b> Lin	e 8 amount divided by Line 9 amount	10			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
<b>1</b> Dis	tributable amount for 2020 from Section C, line 6				
(re	derdistributions, if any, for years prior to 2020 asonable cause required <i>explain in <b>Part VI</b></i> ). e instructions.				
<b>3</b> Exc	ess distributions carryover, if any, to 2020:				
<b>a</b> Fr	om 2015				

10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2020:				
a From 2015				
<b>b</b> From 2016				
c From 2017				
<b>d</b> From 2018				
e From 2019				
f Total of lines 3a through e				
<b>q</b> Applied to underdistributions of prior years				

Schedule A (Form 990 or 990-EZ) (2020)

h Applied to 2020 distributable amount i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

instructions)

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

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

As Filed Data -

DLN: 93493232003031

OMB No. 1545-0047

## **Supplemental Financial Statements**

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization			Employer i	dentification number
CAI	HEC CAPITAL INC			47-1982875	
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye			r Accounts.	•
	Complete if the organization answered Te	(a) Donor advi		<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year	` '			
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex				re the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for	any other purpose o		
Pa	rt III Conservation Easements.	all are Farme 000. Bart	TV / line 7		
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ				
1		` —		la i atra ui a a Uni i aa	
	Preservation of land for public use (e.g., recreation	n or education)	Preservation of an	•	
	☐ Protection of natural habitat	Ш	Preservation of a c	ertified histori	ic structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation co	ntribution in the for		vation I at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic	c structure included in (a	)	2c	
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and n	ot on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished	d, or terminated by t	the organization	on during the
4	Number of states where property subject to conservatio	n easement is located <b>&gt;</b>			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, ir	spection, handling o	of violations,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violatio	ns, and enforcing co	nservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, a	nd enforcing conserv	ation easeme	ents during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the require	ements of section 17	70(h)(4)(B)(i)	
	and section $170(h)(4)(B)(ii)$ ?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organiza			
Pai	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye			er Similar A	Assets.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements.	ic exhibition, education,	or research in furthe		
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:				
(	(i) Revenue included on Form 990, Part VIII, line 1			►\$_	
(	ii)Assets included in Form 990, Part X			<b>&gt;</b> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A			ncial gain, pro	vide the
а	Revenue included on Form 990, Part VIII, line 1			▶\$_	
b	Assets included in Form 990, Part X			▶\$	
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat. No.	52283D <b>S</b> o	thedule D (Form 990) 202

Par	3111	Organizations M	aintaining Col	lections of	Art, His	storic	cal Ti	reası	ires, or	Other	Similar A	<b>Assets</b> (con	tinued)	
3		the organization's acq (check all that apply):		n, and other re	ecords, c	heck a	ny of	the fo	llowing t	hat are a	significant	use of its co	llection	
а		Public exhibition				d		Loan	or excha	ange pro	grams			
b		Scholarly research				e		Othe	r					
c		Preservation for future	e generations											
4	Provid Part >	de a description of the	_	lections and e	xplain ho	ow the	y furtl	ner the	e organiz	ation's e	xempt purp	oose in		
5	Durin	ig the year, did the org is to be sold to raise fur										☐ Yes		lo
Par	rt IV	Escrow and Cust Complete if the or			on Form	າ 990,	Part	IV, li	ne 9, or	reporte	ed an amo	ount on For	n 990,	Part
		X, line 21.												
1a		e organization an agent ded on Form 990, Part :										☐ Yes		lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the follo	owina t	tahle:		[			Amount		_
c		nning balance		'		_			ŀ	1c				_
d	_	ions during the year .							ŀ	1d				_
е		butions during the year							1	1e				_
f		ng balance							1	1f				_
2a		he organization include									ability?	. 🗆 Yes		— Io
b		es," explain the arrange										_		
	rt V	Endowment Fun		. Check here h	i tile exp	nanatio	JII IIas	been	provided	ı III Fait	<u> </u>	. —		
F C	I C V	Complete if the or		vered "Yes" o	on Form	າ 990.	Part	IV. li	ne 10.					
			<b>J</b>	(a) Current y			ior yea		<b>(c)</b> Two y	ears back	(d) Three y	/ears back (e)	Four yea	ars back
<b>1</b> a	Beginn	ing of year balance .												
b	Contrib	outions												
С	Net inv	estment earnings, gair	ns, and losses											
d	Grants	or scholarships												
		expenditures for facilition	es											
f	Admini	istrative expenses .												
g	End of	year balance												
2 a		de the estimated perce d designated or quasi-e	-	ent year end b	palance (I	line 1g	, colu	mn (a	)) held a	s:		·		
b	Perm	anent endowment 🕨	*********											
С	Term	endowment ►												
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%	6.									
3а		here endowment funds nization by:	not in the posses	sion of the org	ganizatio	n that	are h	eld an	d admini	stered fo	r the		Yes	No
	<b>(i)</b> Uı	nrelated organizations										3a(i)	)	
		Related organizations										3a(ii	)	
		es" on 3a(ii), are the re	<del>-</del>		•			?.				. 3b		
4		ribe in Part XIII the inte			s endown	ment fu	unds.							
Pai	rt VI	<b>Land, Buildings,</b> Complete if the or			on Form	990	Dart	TV/ li	no 11a	See Fo	rm 990 E	Part V ling '	10	
	Descri	iption of property	(a) Cost or oth	ner basis (	( <b>b)</b> Cost or						depreciation	<u> </u>	Book valu	ıe
1 ~	اعمط						4-	10,000						410,000
							4.	.0,000						410,000
	Buildin	-												
		old improvements												
		nent												
е	Other		I						I					

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

410,000

Part VII	Complete if the organization answered "Yes" on Form 990,	Part IV	ine 11h	See Form 990 I	Part X line	12
	(a) Description of security or category (including name of security)	(b) Book value			d of valuatio	n:
	al derivatives					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, l	ine 110	. See Form 990,	Part X, line	13.
	(a) Description of investment	· · · · · ·		(b) Book value	(c) Meth	od of valuation: d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<b>•</b>		<u> </u>	
	Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ne 11d	. See Form 990, Par		<b>b)</b> Book value
(1)	(-)				<del></del>	- <b>,</b>
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu					•	
	Complete if the organization answered 'Yes' on Form 990, I		ne 11e	or 11f.See Form	990, Part >	(, line 25.
1. (1) Federal	income taxes	.y				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	on (b) must equal Form 990, Part X, col.(B) line 25.)  or uncertain tax positions. In Part XIII, provide the text of the footno	te to the o	rganizal	tion's financial state	ments that r	eports the
	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Check		_	the footnote has be	en provided	

Schedule D (Form 990) 2020

Pa		venue per Audited Financial Statemo zation answered 'Yes' on Form 990, Part			Return.	
1	•	upport per audited financial statements			1 1	
2	, 5 ,	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	, , ,	2a			
b	Donated services and use of facili	ties	2b		<b>-</b>	
С	Recoveries of prior year grants		2c		<b>-</b>	
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d		•			
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
c			٠		4c	
5	Total revenue. Add lines 3 and 40	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem			r Return.	
	-	zation answered 'Yes' on Form 990, Part		ine 12a.		
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,	۔ ا	1		
a		ties	2a		-	
b	Prior year adjustments		2b		-	
с	Other losses		2c		_	
d	Other (Describe in Part XIII.)		2d		-  _	
e	Add lines 2a through 2d				2e	
3					3	
4	Amounts included on Form 990, F	, ,	1 -	1		
a	·	d on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII.) .		4b		_	
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5		Ic. (This must equal Form 990, Part I, line 18.	) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide			ırt V, line 4; F	Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page **4** 

Page <b>5</b>	chedule D (Form 990) 2020					
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2020

## **Additional Data**

Software ID: Software Version:

F DECEMBER 31, 2020.

**EIN:** 47-1982875

Name: CAHEC CAPITAL INC

### **Supplemental Information**

appreniental annormation					
Return Reference	Explanation				
PART X, LINE 2:	CAHEC CAPITAL, INC. IS EXEMPT FROM FEDERAL TAXATION UNDER SECTIONS 501(C)(3) OF THE INTERN AL REVENUE CODE; THEREFORE, NO INCOME TAXES ARE REFLECTED IN THE FINANCIAL STATEMENTS FOR THE ORGANIZATION. AS OF DECEMBER 31, 2020, THE ORGANIZATION HAD NO ACCRUED INTEREST OR PEN ALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ENTITIES HAVE NOT BEEN INFORMED BY ANY TAX AUTHORITIES FOR ANY JURISDICTION THAT ANY OF ITS OPEN TAX YEARS ARE UNDER EXAMINATION AS O				

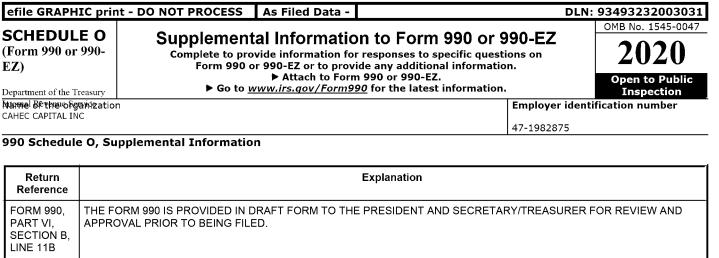
efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19323	2003	031
Schedule J (Form 990)		C	ompensati	on Information	00	1B No.	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.					2020	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest informa	ation.	pen t	o Pul	
Nar	ne of the organiz	Iation		E	Employer identificat			
CAH	IEC CAPITAL INC			4	F7-1982875			
Pa	rt I Questi	ons Regarding Compensa	ition					
							Yes	No
1a				the following to or for a person listed y relevant information regarding these				
	First-class	s or charter travel		Housing allowance or residence for pe	ersonal use			
		companions	님	Payments for business use of persona				
		nification and gross-up payment	ts 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauffe	eur, chet)			
b				follow a written policy regarding paym ve? If "No," complete Part III to explai		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Line	152	2		
	unectors, truste	es, officers, including the CEO/1	Executive Director	, regarding the items checked on line	ia:			
3				d to establish the compensation of the	!			
				ot check any boxes for methods CEO/Executive Director, but explain in	Part III.			
				White a second of the second o				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	П	Approval by the board or compensation	on committee			
4	During the year	, did any person listed on Form	990, Part VII, Sed	ction A, line 1a, with respect to the fili				
	related organiza							
a		ance payment or change-of-con			• •	4a 4b		No
b	•		receive payment from, a supplemental nonqualified retirement plan?					No No
C	c Participate in, or receive payment from, an equity-based compensation arrangement?					4C		INO
_	, ,,,	), 501(c)(4), and 501(c)(29	, ,	•				
5	compensation c	ed on Form 990, Part VII, Section on tingent on the revenues of:	on A, line 1a, did t	the organization pay or accrue any				
a	=	n?				5a		No
b		anization?				5b		No_
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b	, -					6b		No
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed to the control of the contro		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des		8		No
9				presumption procedure described in R		9		
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	rm 990. Cat. No. 50	053T Schedule J	(Form	990)	2020

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

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

instructions, on row (ii).  Note. The sum of colum	Do no ns (B)	ot list any individuals that (i)-(iii) for each listed ind	t are not listed on Form 99 dividual must equal the to	90, Part VII. tal amount of Form 990,	Part VII, Section A, line :	1a, applicable column (D)	and (E) amounts for tha	t individual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 DANA BOOLE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	393,239	109,932	16,516	9,253	23,231	552,171	0
2 ROBERT LANDIS SR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	207,867	43,000	0	11,031	16,125	278,023	0
3 ERIN GRIFFIN SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	193,737	47,000	0	2,700	14,521	257,958	0
								_
	+							
	+							
								_
	+							
	+							
	$\perp$							
	_							
	-		ı				Schedule	J (Form 990) 2020

Schedule J (Form 990) 2020	Page <b>3</b>				
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				
	THE BOARD OF COMMUNITY AFFORDABLE HOUSING EQUITY CORPORATION (CAHEC), THE CONTROLLING ENTITY, USES A TALENT MANAGEMENT COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY, AND BOARD APPROVAL COMMITTEE TO ESTABLISH COMPENSATION.				
	Schedule 1 (Form 990) 2020				



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 12C

FORM 990, PART VI, SECTION B.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION RELIES ON THE TALENT MANAGEMENT COMMITTEE OF A RELATED PARTY (CAHEC) THAT REGULARLY REVIEWS ITS HUMAN RESOURCE POLICIES AND PROCEDURES, COMPENSATION, AND MARKET ST UDIES (AS PREPARED BY ITS COMPENSATION CONSULTANT AND INDUSTRY SPECIFIC REPORTS). THE ORGA NIZATION'S TALENT MANAGEMENT CONSULTANT HAS OVER 25 YEARS EXPERIENCE IN (I) COLLECTING, AN ALYZING, AND DEVELOPING EQUITABLE PAY STRUCTURES AND (II) ASSISTING IN SELECTING AND IMPLE MENTING APPROPRIATE PAY STRUCTURES FOR EMPLOYEES. THE CONSULTANT AND CAHEC TALENT MANAGEME NT COMMITTEE PERFORM ANNUAL REVIEWS TO THE PLUS POLICY, RANGES AND SALARIES. THEY ALSO REVIEW ALL PROMOTIONS AND FUTURE NEW HIRES OF OFFICERS.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, UBLIC UPON REQUEST. IT DOES NOT HAVE A SEPARATE CONFLICT OF INTEREST POLICY FROM ITS PAREN SECTION C, LINE 19 TEREST POLICY IS ALSO AVAILABLE TO THE PUBLIC UPON REQUEST.

Return Explanation Reference

FORM 990. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PART XII, LINE 2C:

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

## **Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

DLN: 93493232003031

Open to Public Inspection

**Employer identification number** 

47-1982875

Department of the Treasury Internal Revenue Service

Name of the organization CAHEC CAPITAL INC

(Form 990)

SCHEDULE R

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (c) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity (1) CAHEC FUND GP LLC FURTHERS THE CHARITABLE NC CAHEC 7700 FALLS OF NEUSE ROAD STE 200 PURPOSES OF CAHEC RALEIGH, NC 27615 46-1280192 (2) HIGHLAND PARK MILL SCP LLC INVESTS IN LOW INCOME NC CAHEC 7700 FALLS OF NEUSE ROAD STE 200 RESIDENTIAL HOUSING RALEIGH, NC 27615 20-1899644 (3) CAHEC MM LLC 7700 FALLS OF NEUSE ROAD STE 200 FURTHERS THE CHARITABLE NC CAHEC PROPERTIES PURPOSES OF CAHEC RALEIGH, NC 27615 84-3573835 (4) CAHEC PRESERVATION LLC FURTHERS THE CHARITABLE NC CAHEC PROPERTIES 7700 FALLS OF NEUSE ROAD STE 200 PURPOSES OF CAHEC RALEIGH, NC 27615 84-3588923 (5) CAHEC DEVELOPMENT LLC FURTHERS THE CHARITABLE CAHEC PROPERTIES NC 7700 FALLS OF NEUSE ROAD STE 200 PURPOSES OF CAHEC RALEIGH, NC 27615 84-3612533 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. (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No 501(C)(3) (1) COMMUNITY AFFORDABLE HOUSING EQUITY CORPORATION PROMOTE AFFORDABLE NC LINE 11 No 7700 FALLS OF NEUSE ROAD STE 200 HOUSING AND COMMUNITIES RALEIGH, NC 27615 56-1805915 (2) CAHEC BUILDING CORPORATION OWN BUILDING NC 501(C)(2) CAHEC No 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2261250 (3) CAHEC PROPERTIES CORPORATION ASSIST TROUBLED CAHEC LINE 11 NC 501(C)(3) CAHEC No 7700 FALLS OF NEUSE ROAD STE 200 SPONSORED EQUITY FUNDS RALEIGH, NC 27615 56-2217808 (4)CAHEC FOUNDATION FURTHERS THE CHARITABLE NC 501(C)(3) LINE 11 CAHEC No 7700 FALLS OF NEUSE ROAD STE 200 PURPOSES OF CAHEC RALEIGH, NC 27615 46-0842173 (5) CAHEC MANAGEMENT INC SERVES AS PROPERTY NC 501(C)(3) LINE 11 CAHEC No 7700 FALLS OF NEUSE ROAD STE 200 MANAGER OF ALL CMI MANAGED PROPERTIES RALEIGH, NC 27615 84-3628117 Schedule R (Form 990) 2020 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y

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

See Additional Data Table

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelate excluded fi tax unde sections 5 514)	ated, total in d, rom er	e of	<b>(g)</b> Share of end-of-year assets	<b>(h</b> Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?	(k Percer owner	tage
					314)				Yes	No		Yes	No		
Part IV Identification of Related Organizat because it had one or more related org							ansv	vered "Yes	s" on F	orm 9	90, Part IV	, line	34		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	L do (state	(c) egal micile or foreign untry)	Dire	(d) ct controlling entity	(e) Type of enti (C corp, S co or trust)		<b>(f)</b> Share of total income	Share	(g) of end- year assets	of-Percel	ntage	(1	(i) ection 5 3) cont entity Yes	rolled
(1)CAHEC HOLDINGS LLC  7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-1895068	FURTHER CHARITABLE PURPOSES OF CAHEC		NC	N/A		С								res	No
(2)CAHEC ENERGY LLC  7701 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-5317367	TO PROMOTE SELF- SUFFCIENCY FROM RENEWABLE ENERGIES		NC	N/A		С									No

Schedule R (Form 990) 2020				Р	age <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35	ib, 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 rela	ated organizations listed ir	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	No
f c Gift, grant, or capital contribution from related organization(s)				1c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				<b>1</b> g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				1o Yes	
p Reimbursement paid to related organization(s) for expenses				1p Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
${f r}$ Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including covered r	elationships and tr	ansaction thresholds.		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount involve	ed
(1)COMMUNITY AFFORDABLE HOUSING EQUITY CORP	0	30,594	COST		
(2)COMMUNITY AFFORDABLE HOUSING EQUITY CORP	P	23,909	COST		

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

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

		•											
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Ar oı	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partneri	or g ?	<b>(k)</b> Percentage ownership
				Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2020

Schedule R (Fo	rm 990) 2020	P <sub>1</sub>	age <b>5</b>
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	rn Reference	Explanation	

## Software ID: Software Version:

**EIN:** 47-1982875

Name: CAHEC CAPITAL INC

Form 990, Schedule R, Part	III - Identification o	1	ed Organizati 	ons Taxable a	s a Partners	hip 	ı		I	7	is 1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	I .	eral r aging ner?	(k) Percentage ownership
AFFORDABLE HOUSING EQUITY FUND I LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A				ies	No		163	No	
200 RALEIGH, NC 27615 45-4028020												
AFFORDABLE HOUSING EQUITY FUND II LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC NC	N/A					No			No	
RALEIGH, NC 27615 80-0895905 AFFORDABLE HOUSING EQUITY	INVESTS IN LOW	NC	N/A					No			No	
FUND III LIMITED  7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 82-2129334	INCOME RESIDENTIAL HOUSING											
ANN EDMOND GARDEN APARTMENTS LTD 7700 FALLS OF NEUSE ROAD STE	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
200 RALEIGH, NC 27615 58-1837212 AUTUMN LANE LIMITED	OWNS LOW INCOME	NC	N/A					No			No	
PARTNERSHIP  7700 FALLS OF NEUSE ROAD STE 200  RALEIGH, NC 27615 58-1850066	RESIDENTIAL HOUSING											
BARTON VILLAGE LIMITED PARTNERSHIP  7700 FALLS OF NEUSE ROAD STE 200	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
RALEIGH, NC 27615 58-1959767 BLOOMINGDALE PROPERTIES LIMITED PARTNERSHIP	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1819372 BOWMAN VILLAGE LIMITED	OWNS LOW INCOME	NC	N/A					No			No	
PARTNERSHIP  7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	RESIDENTIAL HOUSING											
58-1888496 BRIGHTWOOD LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
200 RALEIGH, NC 27615 58-2064192 BROOKS RUN APARTMENTS LP	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2042911		NG										
BROOKSHOLLOW APARTMENTS LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2001271	RESIDENTIAL HOUSING	NC NC	N/A					No			No	
BUENA VISTA PROPERTIES LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
RALEIGH, NC 27615 58-1819370 CAHEC NEW MARKETS LLC 7700 FALLS OF NEUSE ROAD STE	PROMOTES SELF- SUFFCIENCY OF LOW INCOME COMMUNITIES	NC	N/A					No			No	
200 RALEIGH, NC 27615 20-2631700 CAHEC SUB-CDE I LLC	PROMOTES SELF-	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2008554	SUFFICIENCE FOR LOW											
CAHEC SUB-CDE II LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	PROMOTES SELF- SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
27-2010314						]						

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) (a) Share of end-Domicile Direct Share of total or Name, address, and EIN of allocations? Code V-UBI amount in Percentage Primary activity income(related, Managing (State Controlling income of-year assets related organization Box 20 of Schedule K-1 ownership unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No CAHEC SUB-CDE III LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW INCOME COMMUNITIES 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2010403 CAHEC SUB-CDE IV LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW INCOME COMMUNITIES 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2036390 CAHEC SUB-CDE IX LLC PROMOTES SELF-NC N/A No Nο SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 80-0923939 CAHEC SUB-CDE V LLC PROMOTES SELE-N/A NC No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 27-2038998 CAHEC SUB-CDE VI LLC PROMOTES SELE-NC N/A No Nο SUFFICIENCE FOR LOW INCOME COMMUNITIES 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 30-0782848 CAHEC SUB-CDE VII LLC PROMOTES SELF-NC N/A Nο Nο SUFFICIENCE FOR LOW INCOME COMMUNITIES 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 30-0782854 CAHEC SUB-CDE VIII LLC PROMOTES SELF-NC N/A Nο Nο SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES RALEIGH, NC 27615 38-3906344 CAHEC SUB-CDE X LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 80-0924017 PROMOTES SELF-CAHEC SUB-CDE XI LLC NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 80-0923939 CAHEC SUB-CDE XII LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 38-3928779 CAHEC SUB-CDE XIII LLC PROMOTES SELF-N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 37-1754494 CAHEC SUB-CDE XIV LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 37-1754637 CAHEC SUB-CDE XIX LLC PROMOTES SELF-NC N/A No Νo SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 84-2425582 CAHEC SUB-CDE XV LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 37-1754780 PROMOTES SELF-CAHEC SUB-CDE XVI LLC NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD INCOME COMMUNITIES STE 200 RALEIGH, NC 27615 36-4783600

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (h) (e) Lègal Domicile (g) Share of end-(d) Disproprtionate (k) Predominant Direct Share of total Name, address, and EIN of allocations? Code V-UBI amount in Percentage Primary activity income(related. Controlling (State income of-year assets Managing Box 20 of Schedule K-1 unrelated, ownership related organization Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No CAHEC SUB-CDE XVII LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD STE INCOME COMMUNITIES 200 RALEIGH, NC 27615 30-0825609 CAHEC SUB-CDE XVIII LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD STE INCOME COMMUNITIES 200 RALEIGH, NC 27615 38-3929419 CAHEC SUB-CDE XX LLC No PROMOTES SELF-NC N/A Nο SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD STE INCOME COMMUNITIES 200 RALEIGH, NC 27615 84-2409260 PROMOTES SELE-CAHEC SUB-CDE XXI LLC NC N/A Nο Nο SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD STE INCOME COMMUNITIES RALEIGH, NC 27615 84-2442706 CAHEC SUB-CDE XXII LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD STE INCOME COMMUNITIES RALEIGH, NC 27615 84-2453473 CAHEC SUB-CDE XXIII LLC PROMOTES SELF-NC N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD STE INCOME COMMUNITIES RALEIGH, NC 27615 84-2469936 CAHEC SUB-CDE XXIV LLC PROMOTES SELF-N/A No NC No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD STE INCOME COMMUNITIES 200 RALEIGH, NC 27615 84-2486300 CAHEC SUB-CDE XXV LLC PROMOTES SELF-N/A No No SUFFICIENCE FOR LOW 7700 FALLS OF NEUSE ROAD STEINCOME COMMUNITIES 200 RALEIGH, NC 27615 84-2497799 OWNS LOW INCOME CANTERFIELD MANOR OF N/A NC No No DENMARK A LP RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-0944600 CAROLINA EQUITY FUND V INVESTS IN LOW N/A NC No No LIMITED PARTNERSHIP INCOME RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 56-2144515 CARRIAGE HILL APARTMENTS OWNS LOW INCOME NC N/A No No

RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-1096385 CHESTNUT LANE LIMITED OWNS LOW INCOME NC N/A No No PARTNERSHIP RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 58-1751362 CLEARVIEW APARTMENTS LTD OWNS LOW INCOME NC N/A No No RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 58-1845374 COMMUNITY EQUITY FUND IX-INVESTS IN LOW NC N/A No No MS LIMITED PARTNERSHIP INCOME RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 55-0800712

No

No

COMMUNITY EQUITY FUND IX-NC INVESTS IN LOW

LIMITED PARTNERSHIP

RALEIGH, NC 27615 55-0800719

7700 FALLS OF NEUSE ROAD STE

N/A

NC

INCOME RESIDENTIAL

HOUSING

Form 990, Schedule R, Part	III - Identification		ed Organizat	ions Taxable a	s a Partners	hip	ı			1	_ 1	
<b>(a)</b> Name, address, and EIN of	<b>(b)</b> Primary activity	(c) Legal Domicile	<b>(d)</b> Direct	(e) Predominant income(related,	<b>(f)</b> Share of total	Share of end-	<b>(h</b> Dispropr allocat	tionate	(i) Code V-UBI amount in	Gene	eral r	(k) Percentage
related organization	Timaly activity	(State or	Controlling Entity	unrelated, excluded from	income	of-year assets			Box 20 of Schedule K-1 (Form 1065)	Mana Partr	ging ner?	ownership
		Foreign Country)		tax under sections					,			
COMMUNITY FOLITY FUND VI	INVECTO IN LOW	N.C.	NI/A	512-514)			Yes	No		Yes		
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200	110031110											
RALEIGH, NC 27615 56-2205120												
	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	HOUSING											
200 RALEIGH, NC 27615 56-2205125												
COMMUNITY EQUITY FUND VI-C	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	HOUSING											
200 RALEIGH, NC 27615												
	INVESTS IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE	INCOME RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615												
56-2205119 COMMUNITY EQUITY FUND VI-E	INVESTS IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE	INCOME RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615												
56-2205109 COMMUNITY EQUITY FUND VII-A	INVESTS IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING		,									
7700 FALLS OF NEUSE ROAD STE												
RALEIGH, NC 27615 56-2231166 COMMUNITY EQUITY FUND VII-D	INVESTS IN LOW	NC	N/A					No			No	
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	INC	IN/A					INO			NO	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 56-2231178												
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200	110051110											
RALEIGH, NC 27615 56-2231184												
COMMUNITY EQUITY FUND VIII-A LIMITED PARTNERSHIP	INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200	HOUSING											
RALEIGH, NC 27615 56-2275655												
	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	HOUSING											
200 RALEIGH, NC 27615 55-0847945												
COMMUNITY EQUITY FUND X	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	HOUSING											
200 RALEIGH, NC 27615 14-1878745												
COMMUNITY EQUITY FUND XI	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	HOUSING											
200 RALEIGH, NC 27615												
	INVESTS IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE	INCOME RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615												
	INVESTS IN LOW	NC	N/A					No			No	
	INCOME RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615												
26-0291455 COMMUNITY EQUITY FUND XIV	INVESTS IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING							-			-	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 26-2405784												

Form 990, Schedule R, Part	III - Identification		ed Organizati	ions Taxable a	s a Partners	hip	ı		I	۱ ،	, I	
(a)	(b)	(c) Legal	(d)	<b>(e)</b> Predominant	(f)	(g)	(h Dispropr	) tionate	(i)	(j Gen	eral	(k)
Name, address, and EIN of related organization	Primary activity	Domicile (State	Controlling	income(related, unrelated,	Share of total income	Share of end- of-year assets	allocat		Code V-UBI amount in Box 20 of Schedule K-1	o Mana Partr	ging	Percentage ownership
J		or Foreign	Entity	excluded from tax under					(Form 1065)	Parti	iei r	
		Country)		sections 512-514)								
COMMUNITY EQUITY FUND XIX	INVESTS IN LOW	NC	N/A				Yes	No No		Yes	No No	
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING											
7701 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 38-3922020												
	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	HOUSING											
200 RALEIGH, NC 27615												
26-4747487  COMMUNITY EQUITY FUND XVI	INVESTS IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING											
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 27-3916281												
	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	HOUSING											
200 RALEIGH, NC 27615												
45-3862444  COMMUNITY EQUITY FUND XVIII	INVESTS IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING							-				
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 90-0903926												
	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
	HOUSING											
200 RALEIGH, NC 27615												
47-2384129	INVEST IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING							110			,,,,	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 61-1774937												
COMMUNITY EQUITY FUND XXII	INVEST IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
	HOUSING											
200 RALEIGH, NC 27615												
81-4677192  COMMUNITY EQUITY FUND XXIII	INVEST IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING		.,,									
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 82-3704162												
COMMUNITY EQUITY FUND XXIV I	INVEST IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	HOUSING											
200 RALEIGH, NC 27615												
83-2811555  COMMUNITY EQUITY FUND XXV	INVEST IN LOW	NC	N/A					No			No	
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING											
7700 FALLS OF NEUSE ROAD STE												
RALEIGH, NC 27615 84-3935883												
	INVESTS IN HISTORIC ENTITITES	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING											
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 58-1759511												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
RALEIGH, NC 27615 57-0789889												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 57-0730445												

Form 990, Schedule R, Part	III - Identification		ed Organizati	ons Taxable a	s a Partners	hip	I		1	1		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections		(g) Share of end- of-year assets	(h Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r aging	<b>(k)</b> Percentage ownership
				512-514)			Yes	No		Yes		
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 58-2062383												
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200	INOUSING											
RALEIGH, NC 27615 83-1086265												
GEORGIA PRESERVATION FUND I LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200	HOUSING											
RALEIGH, NC 27615 32-0413405												
GLENNVILLE PROPERTIES LTDCOUNTRY ESTATES APTS	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	_
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 58-1656187												
	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200	HOUSING											
RALEIGH, NC 27615 20-3971832 GREENTREE VILLAGE LIMITED	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING		IV/A					NO			INO	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 58-1865764												
GREENVILLE PROPERTIES LP - OAK HILL	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 58-1759594												
GREENWOOD VILLAGE LIMITED PARTNERSHIP	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 58-1969413												
HIAWASSEE APARTMENTS LTD	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
58-1837214	OWNS LOW INCOME	GA	N/A					No			No	
406 EAST FOURTH STREET	RESIDENTIAL HOUSING		,									
WINSTONSALEM, NC 27101 56-2273272	0,4410 + 0,44 = 1, = 1, = 1		21/2									
HILLTOP APARTMENTS LTD - GA 7700 FALLS OF NEUSE ROAD STE	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
200 RALEIGH, NC 27615												
	OWNS LOW INCOME		N/A					No			No	
FOX RUN APTS 7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615												
58-1864213	OWNS LOW INCOME		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615 58-1446847												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615 58-1943721												
MARSHALL VILLAGE LIMITED	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
58-1881367						ĺ						

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) (e) (h) Lègal (d) (g) Disproprtionate (a) Name, address, and EIN of Predominant income(related, (i) Code V-UBI amount in (k) Domicile Direct Share of total Share of endor allocations? Percentage Primary activity Managing (State Controlling income of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes Yes No No MCKINLEY-WALKER LTD OWNS LOW INCOME NC N/A No No RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 58-1807948 OWNS LOW INCOME MEADOWBROOK PROPERTIES II NC ln/a No No LIMITED PARTNERSHIP RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1819366 MEADOWCREEK COMMONS LLC OWNS LOW INCOME NC N/A Nο Nο RESIDENTIAL HOUSING 113 SOUTH WILMINGTON STREET RALEIGH, NC 27420 27-0861151 MOUNTAIN LANE LIMITED OWNS LOW INCOME NC N/A No No **PARTNERSHIP** RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 58-1572297 NEW APPLE LANE APARTMENTS OWNS LOW INCOME GΑ N/A No No LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3784263 NEW APPLE VILLAGE OWNS LOW INCOME N/A GΑ No No APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4229420 OWNS LOW INCOME NEW ASHLEY PARK APARTMENTS NC N/A No No RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 51-0608743 OWNS LOW INCOME **NEW ASHTON VILLAGE** GΑ N/A No No APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4235304 NEW AUTUMNWOOD VILLAGE OWNS LOW INCOME NC N/A Nο No APARTMENTS LLC RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2602575 NEW AUTUMNWOOD VILLAGE OWNS LOW INCOME N/A GΑ No No APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4235465 NEW AZALEA VILLAGE OWNS LOW INCOME GΑ N/A Nο Νo APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-378435**1** OWNS LOW INCOME NEW BAMBERG VILLAGE NC N/A No No APARTMENTS LLC RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 20-5788628 NEW BELLE VILLE APARTMENTS OWNS LOW INCOME NC N/A Nο Νo RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 26-2679395 OWNS LOW INCOME NEW BERKELEY PLACE NC N/A Nο Nο APARTMENTS LLC RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676160 NEW BLACKVILLE GARDENS OWNS LOW INCOME NC N/A Νo No APARTMENTS A LP RESIDENTIAL HOUSING

7700 FALLS OF NEUSE ROAD STE

RALEIGH, NC 27615 58-2298762 Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) Legal (h) (d) (f) (g) Disproprtionate (a) Name, address, and EIN of Predominant income(related, (i) Code V-UBI amount in (k) Domicile Direct Share of total Share of endor Primary activity allocations? 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 512-514) Yes Yes No No NEW BON AIRE APARTMENTS LLC OWNS LOW INCOME NC N/A No No RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 26-0170374 OWNS LOW INCOME NEW BRECKENRIDGE NC N/A No No APARTMENTS LLC RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2602710 NEW BRIARWOOD APARTMENTS OWNS LOW INCOME N/A NC Νo No LLC RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 45-3730816 OWNS LOW INCOME RESIDENTIAL HOUSING NEW BRIARWOOD VILLAGE GΑ N/A No No APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-378426<sup>3</sup> NEW BROOKS HILL APARTMENTS OWNS LOW INCOME N/A GΑ No No RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4439484 NEW BROOKS LANE APARTMENTS OWNS LOW INCOME GΑ N/A No No RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4450976 NEW BROOKS POINT OWNS LOW INCOME N/A Νo No APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4451007 NEW BROOKSFIELD APARTMENTS OWNS LOW INCOME GΑ N/A No No RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4176367 NEW BROOKSIDE MANOR OWNS LOW INCOME NC N/A Νo No APARTMENTS LLC RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676165 NEW BROOKSTONE APARTMENTS OWNS LOW INCOME N/A No GΑ No RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4451023 NEW BUENA VISTA APARTMENTS OWNS LOW INCOME NC N/A No No LLC RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2677988 OWNS LOW INCOME RESIDENTIAL HOUSING NEW CAMBRIDGE APARTMENTS NC N/A Nο No 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615 20-5851550 NEW CARSON VILLAGE OWNS LOW INCOME GΑ N/A No No RESIDENTIAL HOUSING APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4176399 NEW CASTLEWOOD APARTMENTS OWNS LOW INCOME NC N/A Nο No RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5881806 NEW CEDAR RIDGE APARTMENTS OWNS LOW INCOME NC N/A No No RESIDENTIAL HOUSING 7700 FALLS OF NEUSE ROAD STE RALEIGH, NC 27615

46-4<u>557</u>948

Form 990, Schedule R, Part	III - Identification		ed Organizati	ions Taxable a	is a Partners	hip	1		1	ء ا		1
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated,	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate ions?	Code V-UBI amount in Box 20 of Schedule K-1	<b>(j</b> Gen o Mana Parti	eral r iging	<b>(k)</b> Percentage ownership
		Foreign Country)	Littley	excluded from tax under sections 512-514)			W	- NI-	(Form 1065)			
NEW CHERRY KNOLL APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A				Yes	<b>No</b> No		Yes	<b>No</b>	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
80-0229864 NEW CHERRY LANE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-3784422												
NEW CHERRYWOOD APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229870												
NEW CHESTER TOWNHOUSES A LP	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2676112												
NEW CHESTER TOWNHOUSES PHASE II A LP	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-1239731												
NEW COLONY SQUARE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
26-2670538  NEW COTTONWOOD APARTMENTS OF SC LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	RESIDENTIAL HOUSING											
46-1503613	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200	RESIDENTIAL HOUSING											
RALEIGH, NC 27615 20-5788601 NEW COUNTRY RIDGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
45-3730894 NEW COUNTRYSIDE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	RESIDENTIAL TIOOSING											
20-5851581  NEW CREEKSIDE APARTMENTS	OWNS LOW INCOME	NC	N/A					No			No	
LLC 7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING										NO	
200 RALEIGH, NC 27615 26-2669586												
NEW DEERWOOD VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-4176435												
NEW DEVENWOOD APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 81-1136135												
NEW DOYLE VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-4451050												
NEW DUVAL APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
200 RALEIGH, NC 27615 26-2709122												

Property Control   Property Co	Form 990, Schedule R, Part	III - Identification		ed Organizati	ions Taxable a	s a Partners	hip		ı			
March   Marc	Name, address, and EIN of	Primary activity	Legal Domicile (State or Foreign	Direct Controlling	Predominant income(related, unrelated, excluded from	Share of total	Share of end-	Disproprtio	Code V-UBI amount in Box 20 of Schedule K-1	Gen o Mana	eral r iging	Percentage
Sect   Section Malabase   Section			Country)		sections			Ves N		Vec	No	
TO ADMINISTRATION OF MEMBER ROAD OFF MEMBER RO			GA	N/A						res		
PROPERTY	COLUMBIA, SC 29224 45-4533439											
TO COMPANY COUNTY OF MUSIC ROLD TO THE PROPERTY OF THE PROPERT		RESIDENTIAL HOUSING	NC	N/A					0		No	
Inc.   Price Port   Price   Price Port   P	200 RALEIGH, NC 27615											
200   200		I	NC	N/A				1	0		No	
No.	200 RALEIGH, NC 27615											
TOTAL   STATE   CONTINUE   CONT	NEW FAIRRIDGE LANE	I	NC	N/A				ı	О		No	
INFO	200 RALEIGH, NC 27615											
7700 FALLS OF NEUSE ROAD STE 200 SALSEGE, N. C. 27615 201 SALSEGE, N. C	NEW FAIRRIDGE VILLAGE		NC	N/A				1	lo		No	
ALLEGE, N. C. 276.5   2004   100	7700 FALLS OF NEUSE ROAD STE											
DECEMBER   DECEMBER   DATE	RALEIGH, NC 27615											
COLUMBIA, SC 29224  TO STANDARD MANUAL COMES CLEU VILLAGE  NEW FOREST CLEU VILLAGE  NEW FOREST CLEU VILLAGE  NEW FOREST VILLAGE  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BALEGIE, NC 27615  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BALEGIE, NC 27615  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BALEGIE, NC 27615  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BALEGIE, NC 27615  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BALEGIE, NC 27615  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BALEGIE, NC 27615  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOUSING  NO BOX 23589  COLUMBIA, SC 29224  TO STANDARD MANUAL COMESTICATION OF THE RESIDENTIAL FOU			GA	N/A				٦	o		No	
APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23599 COUMBILS, SC 29224 45-417-8500 NEW FOREST VIEW APARTMENTS OWNS LOW INCOME RESIDENTIAL HOUSING POOR STATE AND	COLUMBIA, SC 29224											
COLUMBA, SC 19324 54-175500 NEW FOREST VIEW APARTMENTS OWN'S LOW INCOME NEXT OWN'S LOW INCOME RESIDENTIAL HOUSING NEW CORES VIEW APARTMENTS LC RESIDENTIAL HOUSING NEW CORES VIEW APARTMENTS VIEW APARTMENTS NEW CORES VIEW APAR	NEW FOREST GLEN VILLAGE		GA	N/A				ı	o		No	
NEW FOREST VIEW APARTMENTS   OWN'S LOW INCOME RESIDENTIAL HOUSING   NO   N/A   NO   N/A	COLUMBIA, SC 29224											
7700 FALLS OF NEUSE ROAD STE 20 AUXINIOME RESIDENTIAL HOUSING NEW FOLK OAKS VILLAGE RESIDENTIAL HOUSING NEW FIRST NEW FOLK OAKS VILLAGE RESIDENTIAL HOUSING NEW FIRST NEW	NEW FOREST VIEW APARTMENTS		NC	N/A				١	О		No	
New Glein Reads Village   No.   No	200 RALEIGH, NC 27615											
200 RALEIGH, NC 27615 80-0229878 ROWING LOW INCOME RESIDENTIAL HOUSING PO BDV 25589 COLUMBA, SC 29224 4-3-378-4488 RESIDENTIAL HOUSING RESIDENTIAL	NEW FOUR OAKS VILLAGE		NC	N/A				ı	lo		No	
NEW GIBSON VILLAGE   APARTMENTS   CLC   CHORNING   CLC   C	200 RALEIGH, NC 27615											
PO BOX 23589 COLUMBIA, SC 29224 45-3784488  NEW GLENTELD APARTMENTS PHASE I LLC  TOO FALLS OF NEUSE ROAD STE 200 REVIGENTELD APARTMENTS PHASE II LLC  RESIDENTIAL HOUSING  NO  NO  NO  NO  NO  NO  NO  NO  NO	NEW GIBSON VILLAGE		GA	N/A				1	0		No	-
NEW CELENTIELD APARTMENTS PHASE I LLC PHASE I LLC NOWS LOW INCOME RESIDENTIAL HOUSING NO	PO BOX 23589 COLUMBIA, SC 29224											
200   RALEIGH, NC 27615   27-0164536   NC   N/A   NO   NO   NO   NO   NO   NO   NO   N	NEW GLENFIELD APARTMENTS		NC	N/A				ľ	lo		No	
27-0164536	200											
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-0164607  NEW HAMILTON VILLAGE APARTMENTS LLC RESIDENTIAL HOUSING GA N/A No	27-0164536 NEW GLENFIELD APARTMENTS	I	NC	N/A				r	0		No	
RALEIGH, NC 27615 27-0164607  NEW HAMILTON VILLAGE APARTMENTS LLC  PO BOX 23589 COLUMBIA, SC 29224 45-4533522  NEW HARVIN MANOR APARTMENTS LLC  OWNS LOW INCOME RESIDENTIAL HOUSING  NC  NO  NO  NO  NO  NO  NO  NO  NO  NO	7700 FALLS OF NEUSE ROAD STE											
NEW HAMILTON VILLAGE APARTMENTS LLC  PO BOX 23589 COLUMBIA, SC 29224 45-4533522  NO  NO  NO  NO  NO  NO  NO  NO  NO	RALEIGH, NC 27615											
COLUMBIA, SC 29224 45-4533522  NEW HARVIN MANOR APARTMENTS LLC  7700 FALLS OF NEUSE ROAD STE 200  RESIDENTIAL HOUSING  NO  NO  NO  NO  NO  NO  NO  NO  NO	NEW HAMILTON VILLAGE	I	GA	N/A				١	О		No	_
NEW HARVIN MANOR APARTMENTS LLC  7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676172  NEW HAZELWOOD MANOR APARTMENTS LLC  7700 FALLS OF NEUSE ROAD STE 200  RESIDENTIAL HOUSING  NC  NO  NO  NO  NO  NO  NO  NO  NO  NO	COLUMBIA, SC 29224											
200 RALEIGH, NC 27615 26-2676172  NEW HAZELWOOD MANOR APARTMENTS LLC  7700 FALLS OF NEUSE ROAD STE 200  RESIDENTIAL HOUSING  NO	NEW HARVIN MANOR		NC	N/A				ı	О		No	
NEW HAZELWOOD MANOR APARTMENTS LLC  7700 FALLS OF NEUSE ROAD STE 200	200 RALEIGH, NC 27615											
7700 FALLS OF NEUSE ROAD STE 200	NEW HAZELWOOD MANOR			N/A				1	To		No	
46-1520588	7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615											

Form 990, Schedule R, Part	III - Identification		ed Organizat	ions Taxable a	s a Partners	hip			1	1	1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated,	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropri allocati	tionate ions?	Code V-UBI amount in Box 20 of Schedule K-1	(j Gen o Mana Parti	eral r iging	(k) Percentage ownership
		Foreign Country)	,	excluded from tax under sections 512-514)			Yes	No	(Form 1065)	Yes	No	
NEW HERITAGE SQUARE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A				les	No		163	No	
7700 FALLS OF NEUSE ROAD STE												
RALEIGH, NC 27615 20-5760279 NEW HIDDEN VALLEY	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615 26-2679398												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	_
PO BOX 23589 COLUMBIA, SC 29224 27-2404563	OWNS LOW INCOME	NG	N/A					N.				
NEW HILLMONT VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229882												
NEW HOLLY SPRINGS APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2671368												
NEW HOLLY TREE MANOR	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 81-5006969												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-4507444												
NEW HOUSTON VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-4229026												
NEW HUNTINGTON SQUARE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603562												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679401												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
45-3737987 NEW LAUREL VILLAGE	OWNS LOW INCOME		N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224	RESIDENTIAL HOUSING											
45-4229145 NEW LAURELWOOD APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
46-1526398 NEW LOGAN LANE APARTMENTS	OWNS LOW INCOME		N/A					No			No	
LLC 7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615 45-3738023												
NEW MAGNOLIA VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 20-5788607												

Form 990, Schedule R, Part	III - Identification (		ed Organizati	ons Taxable a	s a Partners	hip	1					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from		(g) Share of end- of-year assets	<b>(h</b> Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gene oi Mana Partr	eral or aging	(k) Percentage ownership
		Country)		tax under sections 512-514)			V			V	N.	
NEW MANNING LANE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A				Yes	No No		Yes	No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 46-1533702 NEW MANNINGTON PLACE	OWNS LOW INCOME	NC	N/A					No			No	
APARTMENTS LLC	RESIDENTIAL HOUSING	NC	IN/A					110				
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
46-1863655 NEW MAPLE LANE APARTMENTS	OWNS LOW INCOME	GA	N/A					No			No	
LLC PO BOX 23589 COLUMBIA, SC 29224	RESIDENTIAL HOUSING											
45-3785316 NEW MARION MANOR	OWNS LOW INCOME	NC	N/A	1				No		$\vdash$	No	
APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615 46-1585521												
NEW MCCORMICK MANOR APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 81-4997070												
NEW MEADOW PARK APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 45-3739078 NEW MEADOWBROOK	OWNS LOW INCOME	NC	N/A					No			No	
APARTMENTS LLC	RESIDENTIAL HOUSING	110	IN/A					110				
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
26-2788514 NEW MEADOWBROOK VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-3786674												
NEW MELROSE LANE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2205091												
NEW MIDWAY MANOR APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
RALEIGH, NC 27615 26-2679388												
NEW NORTH OAKS APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
26-2603603 NEW NORTHWEST APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
20-5851657 NEW OAK CREST APARTMENTS	OWNS LOW INCOME	NC	N/A					No		H	No	
LLC 7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615												
26-2678515 NEW OAK VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-3857676												
NEW OAKLAND VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 80-0229888												

Form 990, Schedule R, Part	III - Identification		ed Organizat	ions Taxable a	s a Partners	hip	ı			ı -	ͺ ,	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from	<b>(f)</b> Share of total income	(g) Share of end- of-year assets	(h) Disproprti allocatio	ionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gend ol Mana Partr	eral r iging	(k) Percentage ownership
		Country)		tax under sections 512-514)			V- 1	B.I.		V -	<u>.</u>	
NEW OAKS APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A	,			Yes	No No		Yes	No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5851700												
NEW OAKVALE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679407												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 82-4150315												
NEW PALMETTO LANE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2709673												
NEW PARK AVENUE I APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5881833												
NEW PARK AVENUE II APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5881887												
NEW PECAN VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-4533626												
NEW PICKENS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
STE 200 RALEIGH, NC 27615 26-2603653												
NEW PINE VILLAGE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-4560826												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1510741												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679403												
NEW POPLAR CREEK APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676178												
	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
PO BOX 23589 COLUMBIA, SC 29224 45-3786678												
NEW RIDGE CREST APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603690												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229893												

Form 990, Schedule R, Part	III - Identification		ed Organizati	ons Taxable a	s a Partners	hip			1	1		1
(2)	(6)	(c) Legal	(d)	<b>(e)</b> Predominant	(f)	(g)	<b>(h</b> Dispropr	) tionate	(;)	(j Gen		(k)
(a) Name, address, and EIN of	<b>(b)</b> Primary activity	Domicile (State	Direct Controlling	income(related,	Share of total	Share of end- of-year assets	allocat		Code V-UBI amount in	Mana	r aging	Percentage ownership
related organization		or Foreign	Entity	unrelated, excluded from		,			Box 20 of Schedule K-1 (Form 1065)	Part	ner?	ownership
		Country)		tax under sections								
				512-514)			Yes	No		Yes		
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
26-2603731	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING	INC	IN/A					No			ING	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
46-1583537 NEW ROSEWOOD VILLAGE	OWNS LOW INCOME	GA	N/A					No			No	
APARTMENTS LLC	RESIDENTIAL HOUSING		·									
PO BOX 23589 COLUMBIA, SC 29224												
45-3786682	OWNS LOW INCOME	NG.	N1/A									
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
20-5788610 NEW SANTA ANA APARTMENTS	OWNS LOW INCOME	GA	N/A					No			No	
	RESIDENTIAL HOUSING	\	,									
PO BOX 23589 COLUMBIA, SC 29224												
45-3786688 NEW SAW MILL APARTMENTS LLC	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING	""	N/ A					140			"	
200												
RALEIGH, NC 27615 26-3099443												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
46-1856596	OWNE LOW INCOME	C A	NI/A					N			N	
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
PO BOX 23589												
COLUMBIA, SC 29224 45-4560870												
NEW SHARON LANE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	·											
200 RALEIGH, NC 27615												
46-1588484	OWNE LOW INCOME	NC.	NI/A					N-			NI-	
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
20-5881915 NEW STEEPLECHASE	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING											
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 26-2679391												
NEW STONEGATE APARTMENTS	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING											
7700 FALLS OF NEUSE ROAD STE												
RALEIGH, NC 27615 46-1599209												
NEW SUMMER LANE APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
20-5899897 NEW SUMMERFIELD APARTMENTS	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING	140	17/ C					140			"	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615												
	OWNS LOW INCOME		N/A					No			No	
	RESIDENTIAL HOUSING											
PO BOX 23589 COLUMBIA, SC 29224												
45-3857732												

Form 990, Schedule R, Part	III - Identification		ted Organizati	ions Taxable a	s a Partners	hip	I		1	(i	:	
(a)	(b)	(c) Legal Domicile	(d) Direct	(e) Predominant	<b>(f)</b> Share of total	(g) Share of end-	(h Dispropr	tionate		Gen	eral r	(k)
Name, address, and EIN of related organization	Primary activity	(State or	Controlling Entity	income(related, unrelated,	income	of-year assets	allocat		Code V-UBI amount in Box 20 of Schedule K-1	Mana Part	ging	Percentage ownership
		Foreign Country)	,	excluded from tax under sections					(Form 1065)			
				512-514)			Yes	No		Yes	No	
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615 45-3739095												
NEW TIMBER RIDGE	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
	OWNS LOW INCOME	NC	N/A					No			No	
APARTMENTS LLC  7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615												
26-2602439 NEW TOWN & COUNTRY	OWNS LOW INCOME	NC	N/A					No			No	
	RESIDENTIAL HOUSING											
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
26-2671131	OWNS LOW INCOME	NC	N/A					No			No	
APARTMENTS LLC	RESIDENTIAL HOUSING	,,,,	.,,,					140			""	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 20-5760138												
NEW WEDGEWOOD APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 20-5788614												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615 45-3739098												
NEW WESTVIEW APARTMENTS	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
PO BOX 23589	KESIDENTIAE HOOSING											
COLUMBIA, SC 29224 45-4560908												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 26-2603780												
NEW WILDWOOD APARTMENTS	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615 26-2679382												
NEW WILLOW CREEK	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE												
200 RALEIGH, NC 27615												
26-2678503 NEW WILLOW RUN APARTMENTS		NC	N/A					No			No	
LLC 7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615												
	OWNS LOW INCOME	GA	N/A					No			No	
	RESIDENTIAL HOUSING											
PO BOX 23589 COLUMBIA, SC 29224 27-3211586												
NEW WILLOWPEG VILLAGE	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
PO BOX 23589												
COLUMBIA, SC 29224 27-3211595												
	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 47-2825635												

Form 990, Schedule R, Part	III - Identification		ed Organizati	ions Taxable a	s a Partners	hip 	I		I	/:	: \	I
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under	<b>(f)</b> Share of total income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r aging	(k) Percentage ownership
NEW WOODCREEK APARTMENTS	OWNS LOW INCOME RESIDENTIAL HOUSING		N/A	sections 512-514)			Yes	<b>No</b>		Yes	<b>No</b>	
7700 FALLS OF NEUSE ROAD STE 200	RESIDENTIAL HOUSING											
RALEIGH, NC 27615 26-2676184												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229902												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679379												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679376												
NEW WOODRUFF ARMS	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2721633												
NEW WOODSTREAM	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
26-2677997 NEW YORK TOWNHOUSES LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-0170448	RESIDENTIAL HOUSING											
NORTH CAROLINA EQUITY FUND	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
200 RALEIGH, NC 27615 27-2711306												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1673347												
ORCHARD CREEK LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
PO BOX 160 AYNOR, SC 29511 26-4598453												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1555793												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
	OWNS LOW INCOME	NC	N/A					No			No	
(GA) 7700 FALLS OF NEUSE ROAD STE	RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615 57-0880672												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
PO BOX 26030 GREENSBORO, NC 28353 94-3487074												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7706 SIX FORKS ROAD STE 202 RALEIGH, NC 27404 27-0705092												

Form 990, Schedule R, Part	III - Identification o		ed Organizati	ons Taxable a	s a Partners	hip	1		ı	1		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or	<b>(d)</b> Direct Controlling Entity	(e) Predominant income(related, unrelated,	(f) Share of total income	(g) Share of end- of-year assets	<b>(h</b> Dispropr allocat	tionate	Code V-UBI amount in Box 20 of Schedule K-1	<b>(j</b> Gen o Mana Parti	eral r aging	<b>(k)</b> Percentage ownership
		Foreign Country)	Litery	excluded from tax under sections 512-514)			Yes	No	(Form 1065)	Yes		
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A				res	No		res	No	
1819 PEACHTREE ROAD NE SUITE 450 ATLANTA, NC 27615 38-3831834												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	_
PO BOX 1437 LAURINBURG, NC 28802	RESIDENTIAL HOUSING											
27-0847240 SEAGROVE VILLAGE LIMITED PARTNERSHIP	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1950093												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
PO BOX 4503 GREENSBORO, NC 27513 27-0876330												
SOUTH CAROLINA PRESERVATION FUND I LP	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27601 20-8422585												
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27601 82-2059116												
SOUTHEAST ENERGY INVESTMENT FUND I LLC	INVEST IN SOLAR ELECTROICITY PROPERTY	NY	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2385947												
SPARTANBURG ELDERLY HOUSING LIMITED PARTNERSHIP	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27101 57-1065722												
	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 61-1710218												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
58-1526493 TURNER LANE LIMITED PARTNERSHIP	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
58-1883153 WEST END MANOR OF UNION LIMITED PARTNERSHIP	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
57-0944598 WEST VIRGINIA CEF I LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200	HOUSING											
RALEIGH, NC 27615 26-3685187												
WEST VIRGINIA II LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615												
80-0892608 WEST VIRGINIA III LIMITED	INVEST IN LOW	NC	N/A					No			No	
7700 FALLS OF NEUSE ROAD STE	INCOME RESIDENTIAL HOUSING											
200 RALEIGH, NC 27615 81-4112467												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) General Legal (d) (f) (g) Disproprtionate (a) (b) Predominant Domicile Direct Share of total Share of endallocations? Name, address, and EIN of Primary activity income(related, Code V-UBI amount in Managing of-year assets (State Controlling income unrelated, Box 20 of Schedule K-1 Partner? Entity or excluded from (Form 1065) Foreign

Country)

NC

NC

NC

NC

NC

NC

NC

SC

NC

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

OWNS LOW INCOME

RESIDENTIAL HOUSING

tax under

sections 512-514)

Yes

No

No

Νo

No

No

No

Nο

No

Νo

No

(j)

Yes No

Νo

Nο

No

No

No

No

Νo

No

No

(k)

Percentage

ownership

related organization
WESTMORE APARTMENTS LLC

WESTMORE APARTMENTS LLC

WEXFORD POINTE APARTMENTS

WHITEWATER VILLAGE LIMITED

7700 FALLS OF NEUSE ROAD STE

7700 FALLS OF NEUSE ROAD STE

7700 FALLS OF NEUSE ROAD STE

106 MUIR WOODS DRIVE CARY, NC 27513 27-0777031

PO BOX 2278 ASHEVILLE, NC 27615

27-0824923

PO BOX 2278 ASHEVILLE, NC 27615

27-0824923

**PARTNERSHIP** 

**PARTNERSHIP** 

COMPANY LTD

PO BOX 23589 COLUMBIA, SC 29224 81-4639653

PO BOX 23589 COLUMBIA, SC 29224 81-2471838

200

RALEIGH, NC 27615 58-1946802

RALEIGH, NC 27615 58-1722199

RALEIGH, NC 27615 58-1524707

WWJ-NC MEMBER II LLC

WWJ-SC MEMBER I LLC

RALEIGH, NC 27615 58-1532486

YOUNG HARRIS APARTMENTS

7700 FALLS OF NEUSE ROAD STE

WINDER DEVELOPMENT

WILLOW LANE LIMITED

LLC

200

200