

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization
CAHEC CAPITAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7700 FALLS OF NEUSE ROAD NO 200

City or town, state or province, country, and ZIP or foreign postal code
RALEIGH, NC 27615

F Name and address of principal officer:
DANA BOOLE
7700 FALLS OF NEUSE ROAD NO 200
RALEIGH, NC 27615

D Employer identification number
47-1982875

E Telephone number
(919) 420-0063

G Gross receipts \$ 731,519

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

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

J Website: ▶ WWW.CAHEC.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2014 **M** State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE COMMUNITY DEVELOPMENT THAT FOSTERS SUSTAINABLE LOW-INCOME HOUSEHOLDS TO FOSTER HEALTHY, EMPOWERED AND SUSTAINABLE HOUSING OPPORTUNITIES FOR LOW- AND MODERATE-INCOME INDIVIDUALS AND FAMILIES. IN FURTHERANCE OF ITS MISSION, THE CORPORATION WILL PARTNER WITH ORGANIZATIONS AND BUSINESSES THAT FOCUS THEIR EFFORTS ON MEETING THE NEEDS OF LOW- AND MODERATE-INCOME INDIVIDUALS AND FAMILIES. EMPHASIS WILL BE PLACED ON ACCESS TO CAPITAL TO FINANCE A VARIETY OF ACTIVITIES INTENDED TO FURTHER THE CORPORATION'S MISSION, INCLUDING FLEXIBLE FINANCING PROGRAMS THAT ASSIST INDIVIDUALS AND FAMILIES WITH OBTAINING AFFORDABLE HOUSING.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	674,000	500,000
9 Program service revenue (Part VIII, line 2g)	472,064	231,519
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,146,064	731,519
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,207	32,415
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	216,974	96,138
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	313,181	128,553
19 Revenue less expenses. Subtract line 18 from line 12	832,883	602,966

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	14,202,574	4,035,326
21 Total liabilities (Part X, line 26)	12,432,351	1,662,137
22 Net assets or fund balances. Subtract line 21 from line 20	1,770,223	2,373,189

Part II Signature Block

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

Sign Here

Signature of officer
Date 2021-08-17

DANA BOOLE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-08-17	Check <input type="checkbox"/> if self-employed	PTIN P00290535
Firm's name ▶ DIXON HUGHES GOODMAN LLP			Firm's EIN ▶ 56-0747981	
Firm's address ▶ 1829 EASTCHESTER DRIVE HIGH POINT, NC 27265			Phone no. (336) 889-5156	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE COMMUNITY DEVELOPMENT BY PROVIDING FINANCING AND TECHNICAL ASSISTANCE TO LIHTC DEVELOPERS TO FOSTER HEALTHY, EMPOWERED AND SUSTAINABLE HOUSING OPPORTUNITIES FOR LOW- AND MODERATE-INCOME INDIVIDUALS AND FAMILIES. IN FURTHERANCE OF ITS MISSION, THE CORPORATION WILL PARTNER WITH ORGANIZATIONS AND BUSINESSES THAT FOCUS THEIR EFFORTS ON MEETING THE NEEDS OF LOW- AND MODERATE-INCOME INDIVIDUALS AND FAMILIES. EMPHASIS WILL BE PLACED ON ACCESS TO CAPITAL TO FINANCE A VARIETY OF ACTIVITIES INTENDED TO FURTHER THE CORPORATION'S MISSION, INCLUDING FLEXIBLE FINANCING PROGRAMS THAT ASSIST INDIVIDUALS AND FAMILIES WITH OBTAINING AFFORDABLE HOUSING.

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

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

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

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

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

4a (Code:) (Expenses \$ 128,553 including grants of \$) (Revenue \$ 731,519)
See Additional Data

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

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

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

4e Total program service expenses ▶ 128,553

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 16 main rows (2a-16) and sub-rows (a, b, c, d, e, f, g, h). Columns include question text, a '2a' column with a '0' entry, and 'Yes/No' columns. Rows cover topics like employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (6), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT LANDIS SR VICE PRESIDENT	1.00 40.00	X		X				0	250,867	27,156
(2) TANYA WOLFRAM DIRECTOR	1.00	X						0	0	0
(3) JOEL BROCKMANN DIRECTOR	1.00	X						0	0	0
(4) DAWN DEHART DIRECTOR	1.00	X						0	0	0
(5) PAUL KENNEDY DIRECTOR	1.00	X						0	0	0
(6) JOSH EARN DIRECTOR	1.00	X						0	0	0
(7) ERIN GRIFFIN SECRETARY/TREASURER	1.00 40.00			X				0	240,737	17,221
(8) DANA BOOLE PRESIDENT	1.00 40.00			X				0	519,687	32,484

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

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	1,011,291	76,861

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	6,045	6,045		
10 Payroll taxes	1,821	1,821		
11 Fees for services (non-employees):				
a Management				
b Legal	5,689	5,689		
c Accounting	10,600	10,600		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,641	9,641		
12 Advertising and promotion	1,976	1,976		
13 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	778,814	1	1,552,698
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	110,195	4	65,981
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	12,880,422	7	1,978,194
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	0	9	9,167
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 410,000		
	b Less: accumulated depreciation	10b 410,000	10c	410,000
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 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 equal line 33)	14,202,574	16	4,035,326	
Liabilities	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	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	12,379,183	23	1,657,710
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	12,432,351	26	1,662,137
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	1,770,223	31	2,373,189
32 Total net assets or fund balances	1,770,223	32	2,373,189	
33 Total liabilities and net assets/fund balances	14,202,574	33	4,035,326	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	731,519
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,553
3	Revenue less expenses. Subtract line 2 from line 1	3	602,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,770,223
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,373,189

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 47-1982875

Name: CAHEC CAPITAL INC

Form 990 (2020)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CAHEC CAPITAL INC

Employer identification number
47-1982875

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(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 shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .		928,475	190,000	674,000	500,000	2,292,475
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	46,000	352,831	102,650	54,893	46,544	602,918
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 to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	46,000	1,281,306	292,650	728,893	546,544	2,895,393
7a Amounts included on lines 1, 2, and 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 \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						2,895,393

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(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.						
c 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, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	166,706	1,281,306	447,246	1,146,064	731,519	3,772,841

14 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, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	76.740 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	77.230 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	23.260 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	22.770 %

19a 33 1/3% 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
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 the role played by the organization in this regard.</i>		

Part V 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	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	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
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 (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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	
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-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

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

Name of the organization CAHEC CAPITAL INC Employer identification number 47-1982875

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year. Rows 5-6 for donor and grantee notification questions.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation types (public use, natural habitat, open space, historic area, historic structure) and a table for conservation statistics (2a-2d). Includes questions 3-9 regarding modifications, states, policies, and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2a-2b regarding reporting requirements for art and assets.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		410,000		410,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				410,000

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 47-1982875

Name: CAHEC CAPITAL INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	CAHEC CAPITAL, INC. IS EXEMPT FROM FEDERAL TAXATION UNDER SECTIONS 501(C)(3) OF THE INTERNAL 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 PENALTIES 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 OF DECEMBER 31, 2020.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CAHEC CAPITAL INC

Employer identification number
47-1982875

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANA BOOLE PRESIDENT	(i)	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	
	(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	
	(ii)	----- 193,737	----- 47,000	----- 0	----- 2,700	----- 14,521	----- 257,958	----- 0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	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 O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization
CAHEC CAPITAL INC

Employer identification number

47-1982875

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PROVIDED IN DRAFT FORM TO THE PRESIDENT AND SECRETARY/TREASURER FOR REVIEW AND APPROVAL PRIOR TO BEING FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S BOARD ANNUALLY REVIEWS ITS CONFLICT OF INTEREST POLICY.

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 STUDIES (AS PREPARED BY ITS COMPENSATION CONSULTANT AND INDUSTRY SPECIFIC REPORTS). THE ORGANIZATION'S TALENT MANAGEMENT CONSULTANT HAS OVER 25 YEARS EXPERIENCE IN (I) COLLECTING, ANALYZING, AND DEVELOPING EQUITABLE PAY STRUCTURES AND (II) ASSISTING IN SELECTING AND IMPLEMENTING APPROPRIATE PAY STRUCTURES FOR EMPLOYEES. THE CONSULTANT AND CAHEC TALENT MANAGEMENT COMMITTEE PERFORM ANNUAL REVIEWS TO THE PLUS POLICY, RANGES AND SALARIES. THEY ALSO REVIEW ALL PROMOTIONS AND FUTURE NEW HIRES OF OFFICERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IT DOES NOT HAVE A SEPARATE CONFLICT OF INTEREST POLICY FROM ITS PARENT COMPANY, COMMUNITY AFFORDABLE HOUSING EQUITY CORPORATION (CAHEC). CAHEC'S CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CAHEC CAPITAL INC

Employer identification number
47-1982875

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CAHEC FUND GP LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1280192	FURTHERS THE CHARITABLE PURPOSES OF CAHEC	NC			CAHEC
(2) HIGHLAND PARK MILL SCP LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-1899644	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC			CAHEC
(3) CAHEC MM LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-3573835	FURTHERS THE CHARITABLE PURPOSES OF CAHEC	NC			CAHEC PROPERTIES
(4) CAHEC PRESERVATION LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-3588923	FURTHERS THE CHARITABLE PURPOSES OF CAHEC	NC			CAHEC PROPERTIES
(5) CAHEC DEVELOPMENT LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-3612533	FURTHERS THE CHARITABLE PURPOSES OF CAHEC	NC			CAHEC PROPERTIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY AFFORDABLE HOUSING EQUITY CORPORATION 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-1805915	PROMOTE AFFORDABLE HOUSING AND COMMUNITIES	NC	501(C)(3)	LINE 11			No
(2) CAHEC BUILDING CORPORATION 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2261250	OWN BUILDING	NC	501(C)(2)		CAHEC		No
(3) CAHEC PROPERTIES CORPORATION 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2217808	ASSIST TROUBLED CAHEC SPONSORED EQUITY FUNDS	NC	501(C)(3)	LINE 11	CAHEC		No
(4) CAHEC FOUNDATION 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-0842173	FURTHERS THE CHARITABLE PURPOSES OF CAHEC	NC	501(C)(3)	LINE 11	CAHEC		No
(5) CAHEC MANAGEMENT INC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-3628117	SERVES AS PROPERTY MANAGER OF ALL CMI MANAGED PROPERTIES	NC	501(C)(3)	LINE 11	CAHEC		No

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CAHEC HOLDINGS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-1895068	FURTHER CHARITABLE PURPOSES OF CAHEC	NC	N/A	C					No
(2) CAHEC ENERGY LLC 7701 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-5317367	TO PROMOTE SELF-SUFFICIENCY FROM RENEWABLE ENERGIES	NC	N/A	C					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY AFFORDABLE HOUSING EQUITY CORP	O	30,594	COST
(2) COMMUNITY AFFORDABLE HOUSING EQUITY CORP	P	23,909	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-1982875
Name: CAHEC CAPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AFFORDABLE HOUSING EQUITY FUND I LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-4028020	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
AFFORDABLE HOUSING EQUITY FUND II LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0895905	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
AFFORDABLE HOUSING EQUITY FUND III LIMITED 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 82-2129334	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
ANN EDMOND GARDEN APARTMENTS LTD 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1837212	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
AUTUMN LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1850066	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
BARTON VILLAGE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1959767	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
BLOOMINGDALE PROPERTIES LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1819372	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
BOWMAN VILLAGE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1888496	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
BRIGHTWOOD LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2064192	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
BROOKS RUN APARTMENTS LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2042911	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
BROOKSHOLLOW APARTMENTS LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2001271	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
BUENA VISTA PROPERTIES LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1819370	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
CAHEC NEW MARKETS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-2631700	PROMOTES SELF-SUFFICIENCY OF LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE I LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2008554	PROMOTES SELF-SUFFICIENCY FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE II LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2010314	PROMOTES SELF-SUFFICIENCY FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	

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

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							Yes	No		Yes	No	
CAHEC SUB-CDE XVII LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 30-0825609	PROMOTES SELF-SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE XVIII LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 38-3929419	PROMOTES SELF-SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE XX LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2409260	PROMOTES SELF-SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE XXI LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2442706	PROMOTES SELF-SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE XXII LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2453473	PROMOTES SELF-SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE XXIII LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2469936	PROMOTES SELF-SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE XXIV LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2486300	PROMOTES SELF-SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CAHEC SUB-CDE XXV LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2497799	PROMOTES SELF-SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A					No			No	
CANTERFIELD MANOR OF DENMARK A LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-0944600	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
CAROLINA EQUITY FUND V LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2144515	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
CARRIAGE HILL APARTMENTS 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-1096385	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
CHESTNUT LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1751362	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
CLEARVIEW APARTMENTS LTD 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1845374	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND IX-MS LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 55-0800712	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND IX-NC LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 55-0800719	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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							Yes	No		Yes	No	
COMMUNITY EQUITY FUND VI-A LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205120	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND VI-B LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205125	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND VI-C LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205126	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND VI-D LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205119	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND VI-E LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205109	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND VII-A LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2231166	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND VII-D LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2231178	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND VII-E LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2231184	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND VIII-A LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2275655	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND X EMERGING INVESTOR LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 55-0847945	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND X LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 14-1878745	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XI LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-1019570	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-4239509	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XIII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-0291455	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XIV LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2405784	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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							Yes	No		Yes	No	
COMMUNITY EQUITY FUND XIX LIMITED PARTNERSHIP 7701 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 38-3922020	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XV LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-4747487	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XVI LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-3916281	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XVII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-3862444	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XVIII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 90-0903926	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XX LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 47-2384129	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XXI LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 61-1774937	INVEST IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XXII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 81-4677192	INVEST IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XXIII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 82-3704162	INVEST IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XXIV LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 83-2811555	INVEST IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY EQUITY FUND XXV LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-3935883	INVEST IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
COMMUNITY HISTORIC CREDIT FUND VII LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-1283621	INVESTS IN HISTORIC ENTITITES	NC	N/A					No			No	
CRAWFORD ASSOCIATES LIMITED - FORREST HILLS 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1759511	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
CREEKWOOD APARTMENTS A LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-0789889	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
EDISTO APARTMENTS A LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-0730445	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
FAIROAKS LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2062383	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
FRE COMMUNITY EQUITY FUND I LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 83-1086265	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
GEORGIA PRESERVATION FUND I LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 32-0413405	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
GLENNVILLE PROPERTIES LTDCOUNTRY ESTATES APTS 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1656187	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
GPM SCP LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-3971832	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
GREENTREE VILLAGE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1865764	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
GREENVILLE PROPERTIES LP - OAK HILL 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1759594	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
GREENWOOD VILLAGE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1969413	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
HIAWASSEE APARTMENTS LTD 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1837214	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
HIGHLAND PARK MILL LLC 406 EAST FOURTH STREET WINSTONSALEM, NC 27101 56-2273272	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
HILLTOP APARTMENTS LTD - GA 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-1024443	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
JESUP LIMITED PARTNERSHIP - FOX RUN APTS 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1864213	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
LINCOLN APARTMENTS LTD 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1446847	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
MARSHALL LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1943721	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
MARSHALL VILLAGE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1881367	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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							Yes	No		Yes	No	
MCKINLEY-WALKER LTD 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1807948	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
MEADOWBROOK PROPERTIES II LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1819366	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
MEADOWCREEK COMMONS LLC 113 SOUTH WILMINGTON STREET RALEIGH, NC 27420 27-0861151	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
MOUNTAIN LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1572297	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW APPLE LANE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3784263	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW APPLE VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4229420	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW ASHLEY PARK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 51-0608743	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW ASHTON VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4235304	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW AUTUMNWOOD VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2602575	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW AUTUMNWOOD VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4235465	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW AZALEA VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3784351	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW BAMBERG VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5788628	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW BELLE VILLE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679395	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW BERKELEY PLACE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676160	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW BLACKVILLE GARDENS APARTMENTS A LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2298762	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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							Yes	No		Yes	No	
NEW BON AIRE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-0170374	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW BRECKENRIDGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2602710	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW BRIARWOOD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-3730816	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW BRIARWOOD VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3784263	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW BROOKS HILL APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4439484	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW BROOKS LANE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4450976	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW BROOKS POINT APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4451007	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW BROOKSFIELD APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4176367	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW BROOKSIDE MANOR APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676165	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW BROOKSTONE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4451023	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW BUENA VISTA APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2677988	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW CAMBRIDGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5851550	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW CARSON VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4176399	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW CASTLEWOOD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5881806	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW CEDAR RIDGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-4557948	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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							Yes	No		Yes	No	
NEW CHERRY KNOLL APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229864	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW CHERRY LANE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3784422	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW CHERRYWOOD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229870	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW CHESTER TOWNHOUSES A LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-2676112	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW CHESTER TOWNHOUSES PHASE II A LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-1239731	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW COLONY SQUARE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2670538	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW COTTONWOOD APARTMENTS OF SC LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1503613	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW COUNTRY LANE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5788601	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW COUNTRY RIDGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-3730894	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW COUNTRYSIDE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5851581	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW CREEKSIDE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2669586	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW DEERWOOD VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4176435	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW DEVENWOOD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 81-1136135	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW DOYLE VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4451050	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW DUVAL APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2709122	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NEW EDISON VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4533439	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW FAIRFAX APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2709614	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW FAIRMeadow APARTMENTS LLC (NEW 2018) 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 82-4121156	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW FAIRRIDGE LANE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5881934	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW FAIRRIDGE VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5788631	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW FALLS PARK APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 27-2404684	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW FOREST GLEN VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4176500	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW FOREST VIEW APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603496	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW FOUR OAKS VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229878	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW GIBSON VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3784488	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW GLENFIELD APARTMENTS PHASE I LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-0164536	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW GLENFIELD APARTMENTS PHASE II LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-0164607	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW HAMILTON VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4533522	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW HARVIN MANOR APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676172	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW HAZELWOOD MANOR APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1520588	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NEW HERITAGE SQUARE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5760279	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW HIDDEN VALLEY APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679398	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW HIGHLAND VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 27-2404563	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW HILLMONT VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229882	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW HOLLY SPRINGS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2671368	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW HOLLY TREE MANOR APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 81-5006969	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW HOLLY VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4507444	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW HOUSTON VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4229026	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW HUNTINGTON SQUARE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603562	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW JERINE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679401	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW LANDINGS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-3737987	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW LAUREL VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4229145	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW LAURELWOOD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1526398	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW LOGAN LANE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-3738023	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW MAGNOLIA VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5788607	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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							Yes	No		Yes	No	
NEW MANNING LANE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1533702	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW MANNINGTON PLACE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1863655	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW MAPLE LANE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3785316	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW MARION MANOR APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1585521	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW MCCORMICK MANOR APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 81-4997070	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW MEADOW PARK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-3739078	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW MEADOWBROOK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2788514	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW MEADOWBROOK VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3786674	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW MELROSE LANE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2205091	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW MIDWAY MANOR APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679388	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW NORTH OAKS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603603	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW NORTHWEST APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5851657	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW OAK CREST APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2678515	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW OAK VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3857676	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW OAKLAND VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229888	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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							Yes	No		Yes	No	
NEW OAKS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5851700	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW OAKVALE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679407	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW OAKWOOD MANOR APARTMENTS LLC (NEW 2018) 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 82-4150315	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW PALMETTO LANE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2709673	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW PARK AVENUE I APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5881833	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW PARK AVENUE II APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5881887	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW PECAN VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4533626	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW PICKENS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603653	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW PINE VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4560826	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW PINERIDGE APARTMENTS OF SC LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1510741	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW PLANTATION APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679403	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW POPLAR CREEK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676178	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW QUAIL RUN APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3786678	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW RIDGE CREST APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603690	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW RIDGE OAK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229893	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
NEW RIDGEVIEW APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603731	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW RIVERWINDS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1583537	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW ROSEWOOD VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3786682	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW RYAN PARK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5788610	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW SANTA ANA APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3786688	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW SAW MILL APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-3099443	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW SCARLETT OAKS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1856596	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW SHADY GROVE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4560870	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW SHARON LANE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1588484	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW SHERWOOD FOREST APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5881915	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW STEEPLECHASE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679391	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW STONEGATE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1599209	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW SUMMER LANE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5899897	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW SUMMERFIELD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5851686	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW TALBOT VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3857732	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	

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							Yes	No		Yes	No	
NEW THREE OAKS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-3739095	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW TIMBER RIDGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-1609326	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW TIMMONS VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2602439	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW TOWN & COUNTRY APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2671131	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WALNUT VILLAGE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5760138	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WEDGEWOOD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-5788614	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WESTCHASE APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 45-3739098	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WESTVIEW APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4560908	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW WESTWOOD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2603780	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WILDWOOD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679382	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WILLOW CREEK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2678503	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WILLOW RUN APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2677984	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WILLOWPEG LANE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 27-3211586	OWNS LOW INCOME RESIDENTIAL HOUSING	GA	N/A					No			No	
NEW WILLOWPEG VILLAGE APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 27-3211595	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WINFIELD APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 47-2825635	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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							Yes	No		Yes	No	
NEW WOODCREEK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2676184	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WOODHILL APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0229902	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WOODLAND PARK APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679379	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WOODLAWN MANOR APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2679376	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WOODRUFF ARMS APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2721633	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW WOODSTREAM APARTMENTS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-2677997	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NEW YORK TOWNHOUSES LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-0170448	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
NORTH CAROLINA EQUITY FUND IV LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2711306	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
OAK LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1673347	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
ORCHARD CREEK LLC PO BOX 160 AYNOR, SC 29511 26-4598453	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
PEACH LANE LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1555793	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
PEACH VILLAGE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1759818	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
PECAN GROVE APARTMENTS LP (GA) 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-0880672	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
PINE MOUNTAIN TRACE LIMITED PARTNERSHIP PO BOX 26030 GREENSBORO, NC 28353 94-3487074	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
POWELL SPRING 7706 SIX FORKS ROAD STE 202 RALEIGH, NC 27404 27-0705092	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
RICHMOND OVERLOOK LP 1819 PEACHTREE ROAD NE SUITE 450 ATLANTA, NC 27615 38-3831834	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
SCOTTISH GLEN II APARTMENTS LLC PO BOX 1437 LAURINBURG, NC 28802 27-0847240	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
SEAGROVE VILLAGE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1950093	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
SHELBY MMR LIMITED PARTNERSHIP PO BOX 4503 GREENSBORO, NC 27513 27-0876330	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
SOUTH CAROLINA PRESERVATION FUND I LP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27601 20-8422585	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
SOUTH CAROLINA PRESERVATION FUND III LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27601 82-2059116	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
SOUTHEAST ENERGY INVESTMENT FUND I LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2385947	INVEST IN SOLAR ELECTROICITY PROPERTY	NY	N/A					No			No	
SPARTANBURG ELDERLY HOUSING LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27101 57-1065722	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
ST CEF I LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 61-1710218	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
STATHAM DEVELOPMENT COMPANY LTD 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1526493	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
TURNER LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1883153	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WEST END MANOR OF UNION LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 57-0944598	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WEST VIRGINIA CEF I LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 26-3685187	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WEST VIRGINIA II LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0892608	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WEST VIRGINIA III LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 81-4112467	INVEST IN LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WESTMORE APARTMENTS LLC PO BOX 2278 ASHEVILLE, NC 27615 27-0824923	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WESTMORE APARTMENTS LLC PO BOX 2278 ASHEVILLE, NC 27615 27-0824923	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WEXFORD POINTE APARTMENTS LLC 106 MUIR WOODS DRIVE CARY, NC 27513 27-0777031	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WHITEWATER VILLAGE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1946802	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WILLOW LANE LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1722199	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WINDER DEVELOPMENT COMPANY LTD 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1524707	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WWJ-NC MEMBER II LLC PO BOX 23589 COLUMBIA, SC 29224 81-4639653	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	
WWJ-SC MEMBER I LLC PO BOX 23589 COLUMBIA, SC 29224 81-2471838	OWNS LOW INCOME RESIDENTIAL HOUSING	SC	N/A					No			No	
YOUNG HARRIS APARTMENTS LTD 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 58-1532486	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A					No			No	