DLN: 93493239010360 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization COMMUNITY AFFORDABLE HOUSING EQUITY D Employer identification number B Check if applicable □ Address change CORPORATION 56-1805915 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 7700 FALLS OF NEUSE ROAD NO 200 ☐ Amended return ☐ Application pending (919) 420-0063 City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC $\,\,$ 27615 G Gross receipts \$ 12,172,068 Name and address of principal officer H(a) Is this a group return for DANA BOOLE ☐Yes **☑**No subordinates? 7700 FALLS OF NEUSE ROAD NO 200 H(b) Are all subordinates RALEIGH, NC 27615 ☐ Yes ☐No ıncluded? 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CAHEC COM L Year of formation 1992 M State of legal domicile NC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE AFFORDABLE HOUSING AND COMMUNITIES FOR THE BENEFIT OF LOW/MODERATE-INCOME POPULATION Activities & Governance 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) . 10 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 210,125 219,650 Ravenua 10,479,791 11,791,513 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 136,063 155,022 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,825,979 12,166,185 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 50,975 50,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,009,053 6,734,811 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,717,277 5,141,444 10,777,305 11,926,255 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 48,674 239.930 Net Assets or Fund Balances Beginning of Current Year End of Year 29,784,870 28,706,444 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,442,942 2,205,417 22 Net assets or fund balances Subtract line 21 from line 20 . 27,263,502 27,579,453 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 2020-08-13 Signature of officer Sign Here DANA BOOLE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-08-13 P00290535 Paid self-employed Firm's name DIXON HUGHES GOODMAN LLP Firm's EIN ► 56-0747981 Preparer Use Only Firm's address ▶ 1829 EASTCHESTER DRIVE Phone no (336) 889-5156 HIGH POINT, NC 27265 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2	019)					Page 2
Pa	rt III	Statement	of Program Servic	e Accomplis	hments		
		Check If Sched	lule O contains a respo	onse or note to a	any line in this Part III		🗆
1	Briefly	describe the or	ganızatıon's mıssıon				
PRO\	/ISIONS		AL LOW-INCOME HOU			AFFORDABLE MULTI-FAMILY RENTA N 42 OF IRC), AND MAKE AVAILAE	
2	Dıd th	e organization i	undertake any significa	ınt program ser	vices during the year w	hich were not listed on	
			990-EZ?				☐ Yes 🗹 No
3		•			changes in how it condi	icts any program	
_		-		-	enanges in non ic cond.	accs, any program	☐ Yes 🗹 No
			se changes on Schedul				
4	Descri Sectio	be the organiza n 501(c)(3) and	tion's program service	accomplishmer	to report the amount of	largest program services, as mea: of grants and allocations to others,	sured by expenses the total
4a	(Code See Ad	ditional Data) (Expenses \$	10,198,935	including grants of \$) (Revenue \$	11,698,764)
4b	(Code See Ad	dıtıonal Data) (Expenses \$	749,854	including grants of \$	50,000) (Revenue \$)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d			es (Describe in Schedu	•	.) (Davisarius di	
	<u> </u>	nses \$		uding grants of	•) (Revenue \$)
4e	Total	program serv	ice expenses 🕨	10,948,7	89		

or X as applicable

No

No

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

4 5

7

9

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20h

21

Yes

Form **990** (2019)

Yes

Yes

Yes

6

No No Nο No

8 10

No Nο Yes Yes No

Nο

Nο

Nο

Nο

Nο

No

Nο

No

Nο

Nο

No

- 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 . . . 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
- 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 💙 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦

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

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

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

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

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

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

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

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

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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

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

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

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

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

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

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

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

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

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

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

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

01111	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Da	tV Statements Regarding Other IRS Filings and Tax Compliance			

1c

Yes Form **990** (2019)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

	990 (2019)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		No
E -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
-	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

Form 9	990 (2019)							Page (
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	lule O	See ins	structio	าร		•	lines ✓
Sec	tion A. Governing Body and Management							
							Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			1	.0		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent	1b				9		
	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?				ny other	2		No
3	Did the organization delegate control over management duties customarily performed by	y or ur	der the	direct	supervisi	on		١.,.

Nο of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Nο Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Nο Did the organization have members or stockholders? 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

,	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

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 State the name, address, and telephone number of the person who possesses the organization's books and records ►ERIN GRIFFIN VP FINANCE OPERATIO 7700 FALLS OF NEUSE ROAD SUITE 200 RALEIGH, NC 27615 (919) 420-0063

Form 990 (2	2019)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						, ,		
of compensa	of the organization's current off ation Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas p	paid				
	of the organization's current key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t								e
	ions for the order in which to list	•									
☐ Check t	this box if neither the organization		d orgar	nizatio			ensate	d ar	ny current officer, di	rector, or trustee	_
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, ι n of or/t	t che unles ficer rust	· and a ee)	on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	al Data Table	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Addition	al Data Table										_
					_						
											_

CAROLINAS IT

1600 HILLSBOROUGH STREET RALEIGH, NC 27605

compensation from the organization ▶ 8

Page 8

		,,		. , .	,				' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 				,			
	(A) Name and title	(B) Average hours per week (list any hours	than o	ne b	ox, u n of	t che inle: ficer	eck moss person and a contract and a contract a contract an	son	Repo compe froi orgar	portable Repo pensation compo om the from anization organ		(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		(1099- ISC)		(W-2/1099- MISC)		relat organiza	ed	
			i ii	าแรกษ			ensated									
See	ee Additional Data Table															
													+			
													+			
													+			
	Sub-Total	 art VII, Section	 A .		•		>									
d <u>1</u> 	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the		to thos		ed a	bove	e) who	rece		711,876 re than :	\$10		0		332,736	
	or reportable companisation from the	organization r												Yes	No	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k			oyee,	or hi	ghest cor • •	npensat	ed e	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual											the • • •	4	Yes		
5	Did any person listed on line 1a receiv services rendered to the organization									tion or ii	ndıv •	ıdual for	5	res	No	
Se	ction B. Independent Contract	ors													110	
1	Complete this table for your five high- from the organization Report comper												npen	sation		
		(A) and business addre	955								escri	(B) ption of services		Comper	nsation	
100 L	S & STOCKBRIDGE PC IGHT STREET									LEGAL					750,000	
	MORE, MD 21202 K ROCK LLP									LEGAL					177,846	
PO BOX 30057 OMAHA, NE 681031157 DHG CORPORATE FINANCE LLC CONSULTING												170.000				
4350	CONGRESS STREET SUITE 900									CONSULI	11 1 G				170,000	
CHARLOTTE, NC 28209 WOMBLE BOND DICKINSON (US) LLP LEGAL											161,347					
CHAR	BOX 601879 HARLOTTE, NC 282601879										U TI	NC.		156 660		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

156,669

IT CONSULTING

Part		Statement	of E	Pavanua						Page 9
rail	V				a recnoi	nse or note to any	line in this Part VIII			П
		check if Select	auic	O CONTAINS	и гезро	inse of flote to ally	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1	a Federated campa	aigns	· .	1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.		1b					
Gra mo		c Fundraising even	its .		1c					
fš. P		d Related organiza	tions	5	1d					
ila Ila		e Government grants	(con	tributions)	1e					
ns, Sin		f All other contribution and similar amounts	ns, g	ııfts, grants,						
utic		above			1f	219,650				
e is		g Noncash contribution lines 1a - 1f \$	ns in	cluded in	1g					
Contand		h Total. Add lines	1 = - 1	f	19					
<u> </u>	┦	ii Totali Add iiiles				Business Code	219,650			
	٦.	a ACQUISITION FEES					5,658,476	5,658,476		
<u> 2</u>	2	a Acquisition (EES				900099		·		
H-M	ı	ASSET MANAGEMENT	FEE	S		531390	1,992,952	1,992,952		
æ	١.	COMPLIANCE MONITO	ORIN	G FFF			1,753,439	1,753,439		
Š		5				900099				
3	١	ADMINISTRATIVE FE	ES			900099	1,142,535	1,142,535		
Program Service Revenue	_	OO&E FEES				22777	585,000	585,000		
Togı	•	<u>.</u>				900099				
<u>a</u>	1	f All other program	serv	ice revenue			659,111	659,111		
		J Total. Add lines 2			l	11,791,513				
	3	Investment income	(ınc	luding divid	lends, ır		140.50	_		140.504
		sımılar amounts)				•	110,53	1		110,531
		Income from invest Royalties		it of tax-exe	=	nd proceeds	-			
		Royaldes	r.	(ı) Re		(II) Personal	1	+		
				(1)		(,				
		a Gross rents	6a							
	b	Less rental expenses	6b							
	С	Rental income	_							
		or (loss) d Net rental income	6c	(loss)		· · · •	4			
		- Het remai mesme	, O. ,	(ı) Secu		(II) Other				
	7	a Gross amount	l_	,		,				
		from sales of assets other	7a		50,374					
		than inventory Less cost or								
	b	other basis and sales expenses	7b		0	5,88	3			
		·								
	l	Gain or (loss)	7 c		50,374	· · · · · · · · · · · · · · · · · · ·	⊣	11 11 11 11		
	l	d Net gain or (loss) a Gross income from fu				• • • •	44,49	1 44,493	<u>.</u>	
ne	"	(not including \$		of						
- Fe		contributions reported See Part IV , line 18			8a					
Other Revenue		b Less direct expen	ses		8b					
her		c Net income or (los			sing eve	ents •	_			
	Уa	Gross income from See Part IV, line 19	gam •	ing activities	9a					
		b Less direct expen	ses		9b					
		c Net income or (los	s) fr	om gaming	activitie	es >				
	10	aGross sales of inve	anto	ry less						
	10	returns and allowa	ince	5	10a					
		b Less cost of good	s so	ld	10b					
		c Net income or (los	s) fr	om sales of	invento	ory ►				
	_	Miscellaneo	us R	evenue		Business Code				
	•	1a								
		L								
		b								
		<u> </u>					-	1		
		С								
		d All other revenue		_			-	+		_
		e Total. Add lines 1			. L	•	1			
		2 Total revenue. S								
		J.u. i evenue: 3	11	.5., 4000115	· ·	• • • •	12,166,18	5 11,836,004	1	0 110,531 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A)
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> L</u>
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
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	50,000	50,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,044,612	2,740,151	304,461	
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	2,344,410	2,109,969	234,441	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	399,290	359,361	39,929	
9 Other employee benefits	588,781	529,903	58,878	
10 Payroll taxes	357,718	321,946	35,772	
11 Fees for services (non-employees)				
a Management				
b Legal	1,089,243	1,086,147	3,096	
c Accounting	21,877	20,954	923	
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)	778,094	700,285	77,809	
12 Advertising and promotion	72,922	65,630	7,292	
13 Office expenses	735,550	661,995	73,555	
14 Information technology				
15 Royalties				
16 Occupancy	291,878	262,690	29,188	
17 Travel	283,166	259,512	23,654	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	260,479	260,479		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	154,891	139,402	15,489	
23 Insurance	133,070	132,227	843	
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 SPONSORSHIPS AND DONATI	439,375	439,375		
b FUND CONSULTING	414,780	414,780		
c FUND SITE VISITS & INSP	284,209	284,209		
d RECRUITING FEES	66,527	59,874	6,653	
e All other expenses	115,383	49,900	65,483	

11,926,255

10,948,789

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

977,466

0

Form **990** (2019)

Form 990 (2019)

2

3

Assets

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 11,843,006

6,818,957

4.490.916

314,218

1,293,969

5.023.804

29,784,870

640,703

1,564,714

2.205.417

27,579,453

27,579,453

29,784,870

Form 990 (2019)

(B)

End of year

Beginning of year

2,602,242

1,308,273

13,318,589

4.834.294

4.099.669

248,004

1,399,547

4.806.341

28,706,444

389,613

1,053,329

1.442.942

27,263,502

27,263,502

28,706,444

2

3

4

5

6

7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

Page **11**

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

Cash-non-interest-bearing Savings and temporary cash investments .

Pledges and grants receivable, net . . . Accounts receivable, net

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

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net

Inventories for sale or use .

10a 10b

Prepaid expenses and deferred charges . . . basis Complete Part VI of Schedule D Investments—publicly traded securities .

b Less accumulated depreciation

Investments—other securities See Part IV, line 11 .

10a Land, buildings, and equipment cost or other 11 12

Investments—program-related See Part IV, line 11 . Intangible assets .

13 14 15 Other assets See Part IV, line 11 . . .

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

16 17 Accounts payable and accrued expenses .

18 Grants payable .

Deferred revenue . . Tax-exempt bond liabilities . .

Escrow or custodial account liability Complete Part IV of Schedule D

or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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

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

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

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

Retained earnings, endowment, accumulated income, or other funds

3a

3b

No

Form 990 (2019)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 56-1805915

Name: COMMUNITY AFFORDABLE HOUSING EQUITY

CORPORATION

Form 990 (2019)

Form 990, Part III, Line 4a: CAHEC RAISES AND INVESTS EQUITY CAPITAL IN QUALIFIED LOW-INCOME HOUSING TAX CREDIT AND OTHER TAX CREDIT PRODUCTS IN 2019, CAHEC RAISED EQUITY CAPITAL OF \$169,889,712 AND INVESTED IN 1,955 HOUSING UNITS CAHEC ALSO PROVIDES CAPITAL THROUGH A SERIES OF COMMUNITY INVESTMENTS WHICH

EMPOWERS RESIDENTS, PROMOTES THE DEVELOPMENT OF AFFORDABLE RENTAL AND OWNERSHIP HOUSING, AND FOSTERS SUSTAINABILITY WITHIN THE COMMUNITIES THAT IT SERVES

Form 990, Part III, Line 4b: IN 2019. CAHEC'S COMMUNITY INVESTMENTS TOTALED \$749,854 TO RESIDENTS, COMMUNITIES, DEVELOPMENTS, AND ORGANIZATIONS THESE INITIATIVES, ADMINISTERED AND FUNDED BY CAHEC, ARE (I) FOR THE BENEFIT OF THE RESIDENTS WHO RESIDE IN THE DEVELOPMENTS THAT CAHEC INVESTS, AND (II) DESIGNED TO EMPOWER RESIDENTS BY ENCOURAGING THEM TO SET AND ACHIEVE GOALS, STRENGTHEN JOB SKILLS, AND TAKE CARE OF THEIR COMMUNITY ADDITIONALLY.

CAHEC PROVIDED OVER 1,049 HOURS OF COMMUNITY SERVICE TO LOCAL ORGANIZATIONS WHICH SUPPORT CAHEC'S MISSION

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

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

i e e e e e e e e e e e e e e e e e e e	1 6	1			.,	,	. ,	(11) 2 (1000	(14) 2/4 000	1
	for related organizations below dotted line)	Individual trustee or director	Hastitutional Trustee	Officer	1 	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANDREW BOWDEN CHAIRMAN OF THE BOARD	1 00	×						0	0	0
ANDREW FOSTER VICE CHAIRMAN	1 00	x						0	0	0
CAROL JACKSON BOARD MEMBER	1 00	x						0	0	0
KEMPER BAKER BOARD MEMBER	1 00	×						0	0	0
TERRY BIBLEHEIMER	1 00	x						0	0	0

1 00

1 00

1 00

1 00

1 00

Х

Х

Х

Х

Х

0

0

0

......

......

...............

BOARD MEMBER

TUCKER BARTLETT

BOARD MEMBER

VICE CHAIRMAN

JAMES CHANDLER

LEIGH ANN SMITH

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

NATE BARBER

KEITH NISBET

and Independent Contractors

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

Χ

Х

Х

Х

Х

(W-2/1099-

187,798

177,049

150,993

128,501

130,733

(W- 2/1099-

organization and

32,127

30,204

24,005

24,305

22,195

20,660

21,169

0

for related

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

and Independent Contractors

GEORGE BAKER

MARCUS GIPNER

BRIAN OXFORD

AMY MALLORY

ACQUISITIONS MANAGER

MANAGER FUND DEVELOPMENT

MANAGER ACQUISITIONS & NEW

......

MANAGER FUND ANALYSIS

ACQUISITIONS MANAGER

KATHERINE HAMMER

	organizations below dotted line)	ndradual trustee or director	Institutional Trustee	Xfio⊕	ey employee	lighest compensated implovee	ormer	MISC)	MISC)	related organizations
DANA BOOLE PRESIDENT AND CEO	40 00			х				460,730	0	32,645
ROBERT LANDIS SR VICE PRESIDENT	40 00			x				227,792	0	25,314
ERIN GRIFFIN	40 00			х				213,616	0	15,955

SR VICE PRESIDENT			, ,		22,,,,,	J	
ERIN GRIFFIN	40 00		x		213,616	0	
VICE PRESIDENT					213,010	•	
WILLIAM MAYO	40 00		v		213,914		
VICE PRESIDENT					213,914	0	

			I X		ı	213,616	1 (11	
VICE PRESIDENT			``					ı
WILLIAM MAYO	40 00		_			213,914	0	
VICE PRESIDENT						213,914	Ŭ	
SONYA PREAR	40 00		_			175,191	0	
VICE PRESIDENT			^			1/5,191	l o	

40 00

40 00

40 00

40 00

40 00

................

......

................

VICE PRESIDENT			^		213,010	0	
WILLIAM MAYO	40 00		Х		213.914	0	
VICE PRESIDENT			^		213,511	3	,
SONYA PREAR	40 00		Х		175.191	C	

and Independent Contractors (A) Name and Title

NANCY PEARCE

RISK MANAGER

GEORGE RAPP

METTE PEDERSON

STEVEN YEARY

BRITNI EDWARDS-GRIMES

ACQUISITIONS MANAGER REBECCA DAWES

MANAGER, ASSET MANAGEMENT

MANAGER, ASSET MANAGEMENT

BUSINESS SYSTEMS ANALYST

CONSTRUCTION MANAGER

			•	
•				

	any hours for related organizations below dotted line)
	40 0
	•••••
	40 0
	•••••
	40 0

1	40 0
	40 0

40 00

(B)

Average

hours per

week (list

			n an	office ustee)	
Individual trustee	Institutional Trustee	Officer	key employee	Highest compensated employee	
				Х	
				х	
				х	
				х	
				х	
				x	

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

(C)

Position (do not check more

than one box, unless

office istee)) -
Highest compensated employee	STORY.
Х	
Х	
Х	
х	
х	
х	

Former	compensation from the organization (W- 2/1099- MISC)
	119,79
	112,2
	106,77
	104,82
	101,3
	100,6:

(D)

Reportable

119,791

112,256

106,727

104,822

101.352

100,611

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

20,773

13,669

14,339

11,901

12.959

10,516

efil	e GR	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493239010360			
SCI	HED	ULE A		Public	Charity Statu	s and Pul	olic Supp		OMB No 1545-0047			
•	m 99	0 or	Con		•	ty Status and Public Support ion is a section 501(c)(3) organization or a section						
990I	EZ)				4947(a)(1) nonexe ▶ Attach to Form				2019			
•		the Treasury	>	Go to <u>www.irs</u>	.gov/Form990 for i		ormation.	Open to Public Inspection				
Nam	e of th	nie Service he organiza AFFORDABLE H		TY				Employer identific				
	ORATIO							56-1805915				
	rt I				us (All organization e it is (For lines 1 thro			see instructions.				
1	n garnz		•		ssociation of churches	•		(A)(i)				
		·		,				(A)(I).				
2					1)(A)(ii). (Attach Sch	,						
3	Ш	·		•	vice organization desc			•				
4		A medical r name, city,		ınızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operate (iv). (Compl		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7				rmally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nit or from the genera	al public described in			
8		A communi	ty trust desc	rıbed ın sectior	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10	✓	from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su				
11	П				d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	l organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>				
a		organizatio	n(s) the pow		rated, supervised, or cappoint or elect a majo							
b		manageme	nt of the sup	porting organiz	ervised or controlled in the sar							
С		Type III f	unctionally		and C. supporting organizatio ions) You must com				ted with, its			
d		Type III n functionally	on-function	nally integrate The organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	Ization operated fy a distribution i	in connection wi requirement and	th its supported orgar	` '			
e		Check this	box if the org	ganızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally			
f	Enter			ion-runctionally d organizations	integrated supporting	organization						
g				_	upported organization(s)		_				
) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1 - 10 above (see instructions)) (iv) Is the organization in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)							
						Yes	No					
Tota		manle Darde	tian A-t N	line and the T		C-+ N- 11305		Sahadula A /F O	00 == 000 57\ 2012			
		work Reduc or 990-F7	tion Act No	tice, see the Ii	nstructions for	Cat No 11285	or :	ocnedule A (Form 9	90 or 990-EZ) 2019			

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
Р	art II Support Schedule for (Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	d below, please	complete Part I	II.)	
	Section A. Public Support		1	ı			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grant ") Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from				+		
0	line 4						
S	ection B. Total Support		_		_		
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4						
8	Gross income from interest,						
Ī	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources 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							
12	10 Gross receipts from related activities, e	tc (see instruction	ns)			12	
	First five years. If the Form 990 is fo			ard fourth or fifth	a tay year as a se		anization
		=			-		
_	check this box and stop here Gection C. Computation of Public				<u> </u>		<u> </u>
	Public support percentage for 2019 (lin			column (f))		14	
	Public support percentage for 2018 Sch			23.31111 (17)		15	
	33 1/3% support test—2019. If the			on line 13, and lin	ne 14 is 33 1/3% c		hox
100	and stop here. The organization quali				10 11 10 00 1/0 /0 0	i more, eneck ems	▶ □
b					and line 15 is 33 :	1/3% or more, chec	
_	box and stop here. The organization	-				,	▶ □
17a	10%-facts-and-circumstances test				ne 13, 16a, or 16b	, and line 14	- —
	ıs 10% or more, and ıf the organizatıoı	n meets the "facts	-and-circumstance	es" test, check thi	s box and stop he	e re. Explain	
	in Part VI how the organization meets	the "facts-and-cir	cumstances" test	The organization	qualifies as a pub	icly supported	
	organization	. 2010 ****		e alexado a 1	13 16 16'	4.7-	▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization			-		- ,	▶ □
18	m · · · · · · · · · · · · · · · · · · ·	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this bo	x and see	
	instructions						ightharpoons
					Calcadio	la A /Form 000 a	= 000 E7\ 3010

Part III

0

56,325,907

56,325,907

524,337

524,337

56,850,244

99 080 %

99 020 %

0 920 %

0 980 %

▶ | |

(f) Total

_ 3	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		162,550	183,800	190,500	210,125	219,650	966,62
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	9,290,893	11,223,270	12,490,597	10,512,635	11,841,887	55,359,28
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	9,453,443	11,407,070	12,681,097	10,722,760	12,061,537	56,325,90
7a	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						

(b) 2016

11,407,070

100,971

100,971

11,508,041

19a 331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

the organization fails to qualify under the tests listed below, please complete Part II.)

	from line 6)
8	Public support. (Subtract line 7c
С	Add lines 7a and 7b
	amount on line 13 for the year

9

C

11

12

14

15

16

17

18

20

1975

11, and 12 \

10a

Section B. Total Support Calendar year

Amounts from line 6

Add lines 10a and 10b

Net income from unrelated

business activities not included in line 10b, whether or not the business is regularly carried on

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

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2018 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2018 Schedule A, Part III, line 17

(or fiscal year beginning in) ▶

Gross income from interest, dividends, payments received on

securities loans, rents, royalties

and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

(a) 2015

9,453,443

110.147

110,147

9,563,590

Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))

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

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

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

(d) 2018

10,722,760

105,622

105,622

10,828,382

(c) 2017

12,681,097

97,066

97,066

12,778,163

- - (e) 2019
 - 12,061,537 110,531 110,531

12,172,068

Schedule A (Form 990 or 990-EZ) 2019

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

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

			Yes	No
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? 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			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the				
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>		
	organization's organizing document?		1		

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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

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

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

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

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

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

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

than (1) its supported organizations. (11) 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

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

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

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

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

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

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

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :			
Pai	t IV Supporting Organizations (continued)						
_			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-					
•	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2					
	organization						
S	ection C. Type II Supporting Organizations		1				
	., 11 2 2		Yes	No			
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of						
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
S	ection D. All Type III Supporting Organizations						
			Yes	No			
•	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
	D	2					
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3					
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations						
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)					
	The organization satisfied the Activities Test Complete line 2 below	,					
	The organization is the parent of each of its supported organizations. Complete line 3 below						
	_		_L \				
(instru	ctions)				
	Activities Test Answer (a) and (b) below.		Yes	No			
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted						
	substantially all of its activities	2a					
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h					
}	Parent of Supported Organizations Answer (a) and (b) below.	2b					
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
ŀ	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h					

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

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	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI)					
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 1-1/2% 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 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				

3	Subtract line 2 from line 1d		
4	Cash deemed held for exempt use Enter 1-1/2% 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 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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to wh details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			

details in Part VI) See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019

q Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. d Excess from 2018. e Excess from 2019.

a From 2014. **b** From 2015. **c** From 2016. e From 2018. f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

\$

Additional Data

Software ID:

Software Version:

EIN: 56-1805915

Name: COMMUNITY AFFORDABLE HOUSING EQUITY

CORPORATION

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)

instructions)

Facts And Circumstances Test

SCHEDULE D

DLN: 93493239010360

OMB No 1545-0047

Supplemental Financial Statements

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

► Attach to Form 990.

(Form 990)

•	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	1990 for instruction	s and the latest infor	mation.	Inspection
	me of the organ				Employer id	entification number
	MMUNITY AFFORDAB RPORATION	LE HOUSING EQUITY			56-1805915	
Pa		zations Maintaining Donor Advi			r Accounts.	
	Comple	te if the organization answered "Ye			41.5	
1	Total number at	and of year	(a) Donor	advised funds	(b) Fund	ds and other accounts
2	Total number at	of contributions to (during year)				
3		of grants from (during year)				
4	Aggregate value	, , ,				
5		ation inform all donors and donor adviso	re in writing that the	assets held in donor ad	viced funds are	the
5		roperty, subject to the organization's ex			viseu iuilus are	Yes No
6	Did the organiza	ation inform all grantees, donors, and do	onor advisors in writir	ng that grant funds can	be used only fo	
	charitable purpo	ses and not for the benefit of the donor				
	private benefit?					☐ Yes ☐ No
Pai		vation Easements.	c" on Form 990 B	art IV Jugo 7		
1		te if the organization answered "Ye onservation easements held by the organ		•		
•		, -	· ·		historically imp	portant land area
		on of land for public use (e g , recreation	ior education)	Preservation of an		
		of natural habitat	l	☐ Preservation of a c	ertified historic	structure
		on of open space				
2		2a through 2d if the organization held a e last day of the tax year	qualified conservatio	n contribution in the for		ation at the End of the Year
а		conservation easements		I	2a	at the Lift of the Teal
b	Total acreage re	stricted by conservation easements			2b	
c	_	ervation easements on a certified histori	c structure included i	n (a)	2c	
d		ervation easements included in (c) acqui		` '	2d	
		n the National Register		l		
3		ervation easements modified, transferre	d, released, extingui	shed, or terminated by	the organization	n during the
	tax year ►					
4	Number of state	es where property subject to conservation	n easement is locate	d ▶		
5		zation have a written policy regarding that of the conservation easements it holds		g, inspection, handling o	of violations,	
						∐ Yes ☐ No
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of viol	ations, and enforcing co	nservation eas	ements during the year
	Amount of ovno	nses incurred in monitoring, inspecting,	handling of welstion	s and enforcing concer	ration oacomon	to during the year
7	► \$	nses incurred in monitoring, inspecting,	manding of violation	s, and emorchly conserv	vacion easemen	its during the year
8		 ervation easement reported on line 2(d)	above satisfy the re-	guirements of section 1	70(h)(4)(B)(ı)	
	and section 170		above satisfy the re-	quirements of section 1.	, ((1)(1)(1)(1)	☐ Yes ☐ No
9	In Part XIII, des	scribe how the organization reports cons	ervation easements i	n its revenue and exper	nse statement,	
	balance sheet, a	and include, if applicable, the text of the	footnote to the orga	nızatıon's fınancıal state	ments that des	cribes
Par		's accounting for conservation easemen zations Maintaining Collections		Treasures or Oth	er Similar A	ssets
		te if the organization answered "Ye			er ommar A	330131
1a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, edi	ucation, or research in f		
b	If the organizati	on elected, as permitted under SFAS 11 res, or other similar assets held for publics relating to these items	.6 (ASC 958), to repo	ort in its revenue statem		
((i) Revenue includ	led on Form 990, Part VIII, line 1			▶ \$	
(i	ii)Assets ıncluded	ın Form 990, Part X				
2	If the organizati	on received or held works of art, historicates required to be reported under SFAS				
а	_	ed on Form 990, Part VIII, line 1			▶ \$	
Ь		in Form 990, Part X			· —	
		ection Act Notice, see the Instruction	ns for Form 990.	Cat No.	52283D Sch	edule D (Form 990) 2019

d Equipment .

Par	t III	Organizations Ma	aintaining Col	ections o	of Art, His	tori	cal T	reasu	ires, o	r Other	Similar A	ssets (continued (')
3		ng the organızatıon's acq ns (check all that apply)	uisition, accessior	, and other	records, ch	neck a	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of it	s collectio	n
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5		ing the year, did the orga ets to be sold to raise fur									ıılar	□ Y ₆	es 🗆	No
Pa	rt IV	Escrow and Cust	odial Arrange	ments.										
		Complete if the ord X, line 21.	ganization answ	ered "Yes	" on Form	990	, Part	IV, lı	ne 9, o	r reporte	ed an amo	unt on	Form 990	O, Part
1a		he organization an agent uded on Form 990, Part)		n or other	ıntermediar	y for	contri	bution	s or oth	er assets	not	☐ Y €	es 🗌	No
ь	If "	Yes," explain the arrange	ement in Part XIII	and comple	ete the follo	wina	table					Amount		
c		inning balance				9				1c				
d	_	litions during the year								1d				
е		cributions during the year	-							1e				
f		ling balance	•							1f				
2-		the organization include	an amount on Eo	rm 000 Da	rt V Juna 21	for	accrou		stadial -	scount lis	shilitsi 2			No
2a												_	es 🗀	NO
	rt V	Yes," explain the arrange Endowment Fund		Check here	e ir the expi	anati	on nas	been	provide	d in Part 2	XIII	<u>. ப</u>		
-6	ITU V	Complete if the org		ered "Yes	" on Form	990	. Part	IV. lı	ne 10.					
			5	(a) Currer			rıor yea			ears back	(d) Three ye	ears back	(e) Four y	ears back
1 a	Begir	nning of year balance .												
b	Cont	ributions												
c	Net i	nvestment earnings, gair	ns, and losses											
d	Gran	ts or scholarships												
е		r expenditures for facilitie programs	es											
f	Admı	nistrative expenses .												
g	End o	of year balance												
2	Pro	vide the estimated percei	ntage of the curre	nt year end	l balance (li	ne 1g	g, colu	mn (a))) held a	s	•		•	
а	Boa	rd designated or quasi-e	ndowment 🕨											
ь	Per	manent endowment ►												
С	Ten	nporarily restricted endov	wment ►											
	The	percentages on lines 2a	, 2b, and 2c shoul	d equal 100	0%									
3а		there endowment funds anization by	not in the posses	sion of the	organızatıor	n that	are h	eld an	d admın	istered fo	r the		Yes	s No
	(i)	unrelated organizations										3	a(i)	
		related organizations .										3.	a(ii)	
b		Yes" on 3a(11), are the rel						[?] .				. L	3b	
4		cribe in Part XIII the inte			n's endown	nent f	unds							
Pa	rt VI	, ,			ll on Farre	000	D- :t	T\ / - 1-	no 11-	Coc [OOO D	out V I∷	no 10	
	Des	Complete if the ordeription of property	ganization answ (a) Cost or oth		" on Form (b) Cost or						m 990, Pa depreciation		ne 10. (d) Book va	alue
	DE2(Inputor or property	(investme		(2) 2031 01	54,101	34313 (t		(5) //(6)	aidea e			(a) 200K V	
1~	اعمط											-		
	Land											1		
	Build	ings					4 5	13 430			577 645			935 785
r														

1,088,812

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

358,184

1,293,969

730,628

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F		ne 11t		
	(a) Description of security or category (including name of security)	(b) Book value			d of valuation -year market value
	ıl derivatives	486,453			С
(3) Other (A) DEBT SE		4,537,351			F
(B)	CONTIES	4,537,531			<u>'</u>
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	5,023,804			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part IV, lı	ne 110	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) ————					
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' on Formula (Complete in the Organization answered)	orm 990, Part IV, lır	• ne 11d	. See Form 990, Pa	rt X, line 15
(1)	(a) Description	n			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.				•
1,	Complete if the organization answered 'Yes' on Formal (a) Description of li		ne 11e	or 11f.See Form	990, Part X, line 25. (b) Book value
	income taxes	idome,			(B) Book value
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	in (h) must equal form 000. Part V. cel (P) line 35.)				1 501 511
	on (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text o	of the footnote to the or	ganızat	ion's financial state	
organization	's liability for uncertain tax positions under FIN 48 (ASC 7	740) Check here if the	text of	the footnote has be	een provided in Part XIII 🗹

Schedule D (Form 990) 2019

Page 4

1	Total revenue, gains, and other s	1	-						
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses) on i	nvestments	2a						
b	Donated services and use of facili	ities	2b]				
С	Recoveries of prior year grants		2c]				
d	Other (Describe in Part XIII) .		2d		1				
е	Add lines 2a through 2d				2e				
3	Subtract line ${f 2e}$ from line ${f 1}$.				3				
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1							
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII) $\ .$		4b						
С	Add lines 4a and 4b				4c				
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5				
Par	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 au	dited financial statements			1				
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25							
а	Donated services and use of facili	ities	2a						
b	Prior year adjustments		2b						
c	Other losses		2c						
d	Other (Describe in Part XIII) $\ .$		2d						
е	Add lines 2a through 2d				2e				
3	Subtract line ${f 2e}$ from line ${f 1}$.				3				
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:							
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a]				
b	Other (Describe in Part XIII) .		4b]				
С	Add lines 4a and 4b				4c				
5		4c. (This must equal Form 990, Part I, line 18) .		5				
	t XIII Supplemental Info								
		art II, lines 3, 5, and 9, Part III, lines 1a and ϵ s 2d and 4b Also complete this part to provide			V, line	4, Part X, line 2, Part			
Return Reference Explanation									
See A	Additional Data Table								
						·			

Page 5		Schedule D (Form 990) 2019			
	ormation (continued)	Supplemental Info	Part XIII		
	Explanation	Return Reference			
	<u> </u>				

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 56-1805915

Name: COMMUNITY AFFORDABLE HOUSING EQUITY

CORPORATION

Supplemental Information

Return Reference

Explanation

CAHEC, CAHEC BUILDING CORPORATION, CAHEC CAPITAL, INC, CAHEC PROPERTIES CORPORATION, AND CAHEC FOUNDATION ARE EXEMPT FROM FEDERAL TAXATION UNDER SECTIONS 501(C)(3) AND 501(C)(2) O F THE INTERNAL REVENUE CODE, THEREFORE, NO INCOME TAXES ARE REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR THESE ENTITIES CAHEC HOLDINGS, LLC, CAHEC NEW MARKETS, LLC, AND CAHEC ENERGY, LLC ARE SINGLE-MEMBER LIMITED LIABILITY COMPANIES THAT HAVE ELECTED TO BE TA XED AS CORPORATIONS AS OF DECEMBER 31, 2019, THE ORGANIZATION HAD NO ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE ENTITIES HAVE NOT BEEN INFORMED BY ANY T AX AUTHORITIES FOR ANY JURISDICTION THAT ANY OF ITS OPEN TAX YEARS ARE UNDER EXAMINATION A S OF DECEMBER 31, 2019

DLN: 93493239010360 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number COMMUNITY AFFORDABLE HOUSING EQUITY 56-1805915 CORPORATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

Page **2**

Schedule I (Form 990) 2019

(3) (4) (5)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2019

Part III

(6) (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference

PART I, LINE 2 ALL GRANTEES ARE REQUIRED TO SUBMIT (1) A FINAL REPORT WITH PHOTOS, WITHIN TWO YEARS OF COMPLETION, DESCRIBING HOW THE GRANT FUNDING WAS

Additional Data

GOLDSBORO-WAYNE INC.

131 E WALNUT STREET

MADISON COUNTY

GOLDSBORO, NC 27530 HABITAT FOR HUMANITY OF

400 PRATT AVENUE NW

HUNTSVILLE, AL 35801

Software ID: Software Version:

63-0951637

EIN: 56-1805915

Name: COMMUNITY AFFORDABLE HOUSING EQUITY

CORPORATION

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

or government		п аррпсавіс	grant	assistance	other)	'''
HABITAT FOR HUMANITY OF	56-2273434	501(C)(3)	25,000			

501(C)(3)

grant cach

(h) Purpose of grant

or assistance

OPEN DOORS

OPEN DOORS

GRANT

GRANT

HOMEOWNERSHIP

HOMEOWNERSHIP

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of if applicable (book EMV appraisal organization non-cash assistance

(a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 15.000 HABITAT FOR HUMANITY 52-1848933 IOPEN DOORS SUSQUEHANA INC HOMEOWNERSHIP

GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

205 SOUTH HAYS STREET

BEL AIR, MD 21014

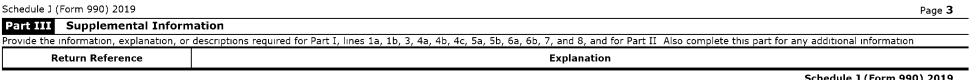
efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9323	9010	360
Schedule J		Compensation Information						0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)
_			▶ Attach	to Form 990.			o Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/i</u>	<u>-огтээо</u> тог	instructions and the latest inform			ectio	
	me of the organiza	ation LE HOUSING EQUITY		[1	mployer identificati	on nu	ımber	
	RPORATION	LE HOUSING EQUITY			56-1805915			
Pa	rt I Questi	ons Regarding Compensatio	n					
					Г		Yes	No
1a				the following to or for a person listed y relevant information regarding these				
		or charter travel		Housing allowance or residence for p				
	_	companions	片	Payments for business use of person				
		nification and gross-up payments	H	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauffe	eur, cner)			
b				follow a written policy regarding paym ve? If "No," complete Part III to explai		1b		
2				or allowing expenses incurred by all	. 1. 7	2	Yes	
	directors, truste	es, officers, including the CEO/Exec	tutive Directo	r, regarding the items checked on Line	e Ia'			
3				d to establish the compensation of the	2			
		EO/Executive Director Check all the d organization to establish compen		not check any boxes for methods CEO/Executive Director, but explain in	Part III			
	✓ Compens			Western annulas manulas annuas t				
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensati	on committee			
		•	D 11/77 C	,				
4	related organiza		, Part VII, Se	ction A, line 1a, with respect to the fili	ng organization or a			
а	Receive a sever	ance payment or change-of-control	pavment?			4a		No
b		r receive payment from, a supplem		ified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equity-	based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and pr	ovide the app	licable amounts for each item in Part	III			
	Only E01(a)(2), 501(c)(4), and 501(c)(29) or	annizations	must complete lines E-0				
5		ed on Form 990, Part VII, Section A	_					
		ontingent on the revenues of	,	g ,,				
а	The organization	۱۶				5a		No
b	Any related orga				_	5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	, line 1a, did	the organization pay or accrue any				
а	The organization	1?			-	6a		No
b	Any related orga				-	6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes," (the organization provide any nonfixed rt III		7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe							
	ın Part III					8		No
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow t	he rebuttable	presumption procedure described in R	egulations section	9		
For I	Danerwork Bedu	iction Act Notice, see the Instru	ctions for Fo	rm 990 Cat No. 50	053T Schedule 1	Form	990)	2019

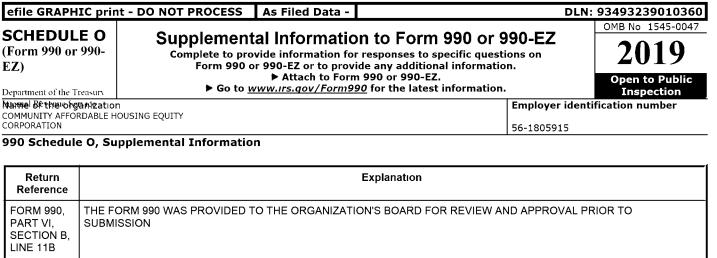
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

(A) Name and Title	J	(B) Breakdown	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
, ,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
. DANA BOOLE RESIDENT AND CEO	(i)	389,998	61,432	9,300	11,390	21,255	493,375	0
	(ii)		0	0	0	0	0	0
ROBERT LANDIS R VICE PRESIDENT	(i)	202,292	25,500	0	10,670	14,644	253,106	0
	(ii)		0	0	0	0	0	0
B ERIN GRIFFIN /ICE PRESIDENT	(i)	188,116	25,500	0	2,700	13,255	229,571	0
	(ii)		0	0	0	0	0	0
4 WILLIAM MAYO /ICE PRESIDENT	(i)	187,914	26,000	0	10,872	21,255	246,041	0
	(ii)	0	0	0	0	0	0	0
SONYA PREAR VICE PRESIDENT	(i)	160,191	15,000	0	8,949	21,255	205,395	0
	(ii)		0	0	0	0	0	0
5 GEORGE BAKER ACQUISITIONS MANAGER	(i)	169,798	18,000	0	9,361	14,644	211,803	0
-	(ii)		0	0	0	0	0	0
7 MARCUS GIPNER MANAGER FUND	(i)	151,549	25,500	0	3,050	21,255	201,354	0
DEVELOPMENT	(ii)	0	0	0	0	0	0	0
B BRIAN OXFORD MANAGER ACQUISITIONS &	(i)	132,993	18,000	0	7,940	14,255	173,188	0
NIENA/	(ii)	0	0	0	0	0	0	0
9 KATHERINE HAMMER ACQUISITIONS MANAGER	(i)		18,000	0	6,914	14,255	151,902	0
	(ii)	0	0	0	0	0	0	0
		1						
	$\vdash \vdash$			 		 		
		<u>L</u> '	<u> </u>	<u> </u>			<u> </u>	<u> </u>
		<u> </u>		<u> </u>			 	
	\longrightarrow		 	1		 	<u> </u>	1
		<u>L</u> '	<u> </u>	<u> </u>			<u> </u>	<u> </u>
		<u></u> '		<u> </u>			 	
	\vdash		 	-				1
		<u>L</u> '	<u> </u>	<u> </u>			<u> </u>	<u> </u>
		<u> </u>	'	!	1			





Return Explanation
Reference

LINE 12C

FORM 990, PART VI, SECTION B.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S TALENT MANAGEMENT COMMITTEE REGULARLY REVIEWS ITS HUMAN RESOURCE POLICI ES 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 STRUCT URES AND (II) ASSISTING IN SELECTING AND IMPLEMENTING APPROPRIATE PAY STRUCTURES FOR EMPLO YEES 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

Explanation Return Reference

LINE 19

FORM 990. THE ORGANIZATION HAS ITS GOVERNING DOCUMENTS AND FORM 990 AVAILABLE FOR REVIEW AT ITS OFFI PART VI. CE LOCATED AT 7700 FALLS OF NEUSE ROAD, RALEIGH, NC 27615

SECTION C.

Return Explanation
Reference

LINE 2C

FORM 990, PART XII,

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

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

DLN: 93493239010360

Open to Public Inspection

7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2261250 (2)CAHEC PROPERTIES CORPORATION 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2217808 (3)CAHEC FOUNDATION 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-0842173 (4)CAHEC CAPITAL INC 7700 FALLS OF NEUSE ROAD STE 200				Employer identi	ification number		
				56-1805915			
Part I Identification of Disregarded Entities. Complete	e if the organization answe	red "Yes" on Form	990, Part IV, line	33.			
	(b) Primary activity	(c) Legal domicile (st or foreign countr		(e) End-of-year assets	(f) Direct controllin entity	ıg	
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	FURTHERS THE CHARITA PURPOSES OF CAHEC	ABLE NC			CAHEC		-
(2) HIGHLAND PARK MILL SCP LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	INVESTS IN LOW INCOM RESIDENTIAL HOUSING	IE NC			CAHEC		
							_
							_
related tax-exempt organizations during the tax year		nization answered	"Yes" on Form 990), Part IV, line 34 b	ecause it had one o		g)
	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling	Section (13) co	n 512(b
(1)CAHEC BUILDING CORPORATION 7700 FALLS OF NEUSE ROAD STE 200	HOLDS TITLE TO PROPERTY	NC	501(C)(2)		CAHEC	Tes	No
(2)CAHEC PROPERTIES CORPORATION	ASSISTS FINANCIAL CAHEC SPONSORED EQUITY FUNDS	NC	501(C)(3)	LINE 10	CAHEC		No
	FURTHERS THE CHARITABLE PURPOSES OF CAHEC	NC	501(C)(3)	LINE 11	CAHEC		No
7700 FALLS OF NEUSE ROAD STE 200	PROVIDES COMMUNITY DEVELOPMENT FINANCING FOR AFFORDABLE HOUSING	NC	501(C)(3)	LINE 11	CAHEC		No
RALEIGH, NC 27615 47-1982875	PROJECTS					+	
	+				+		
For Panerwork Reduction Act Notice, see the Instructions for For		Cat No. 50135		1	Schedule R (Form	990) 26	010

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)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

(k)

See Additional Data Table														
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	Predom Income(re unrela excluded tax un sections	ninant related, ated, d from nder s 512-	(f) Share o total incor	of Share of me end-of-year assets	(h Dispropr allocat	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	eral or P aging o ener?	(k) Percentage ownership
			'	<u> </u>					Yes	No		Yes	No	
					<u> </u>								\Box	
			<u> </u>		<u> </u>								\Box	
Part IV Identification of Related Organization because it had one or more related o	ations Taxable as a C rganizations treated as	orporation a corporation	or Trus	st. Complete ust during th	e if the o	organız Bar.	ation ar	nswered "Yes	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	dom (state o	(c) egal micile or foreign intry)	Direct c	(d) controlling intity	Type of (C corp, or tru	S corp,	(f) Share of total Income	Share	(g) of end-o year issets	of- Percer ownel	ntage	CI	(i) section 512 (b)(13) controlled entity?
(1)CAHEC HOLDINGS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-1895068	FURTHERS CHARITABLE PURPOSES OF CAHEC	N-	NC	CAHEC		С		-62,803		5,383,8	23 100 00)0 %		No
(2)CAHEC ENERGY LLC 7701 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 46-5317367	PROMOTES SELF- SUFFCIENCY FROM RENEWABLE ENERGIES	N ₁	NC	CAHEC		С		106,498		219,0	19 100 00)0 %		No
(3)CAHEC NEW MARKETS LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-2631700	PROMOTES SELF- SUFFCIENCY OF LOW INCOME COMMUNITIES	N	NC	CAHEC		С		1,118,065		3,228,0	85 100 00)0 %		No

(1) CAHEC BUILDING CORPORATION

(2)CAHEC NEW MARKETS

(3)CAHEC CAPITAL INC

(4)CAHEC ENERGY

Purchase of assets from related organization(s).

Exchange of assets with related organization(s) . . .

Lease of facilities, equipment, or other assets to related organization(s) . .

Reimbursement paid to related organization(s) for expenses

Reimbursement paid by related organization(s) for expenses . . .

(b)

Transaction type (a-s)

Q

(c)

Amount involved

108,000

271,236

129,904

21,790

COST

COST

COST

COST

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

No

No

No

No No

No

No

No

No No

Yes

1h

11

1m

1n

1q |

1r

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

1k Yes

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				
f b Gift, grant, or capital contribution to related organization(s)				1 b		No				
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No				

ь	Gift, grant, or capital contribution to related organization(s)	1b	No
С	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
е	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)	1 g	No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	I	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ng -?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	•									Schedul	e R (Forn	n 99	0) 2019

Schedule R (Fo	rm 990) 2019	Page 1	ge 5
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R (see instructions)	
Retu	rn Reference	Explanation	

Software ID: **Software Version:**

EIN: 56-1805915

Name: COMMUNITY AFFORDABLE HOUSING EQUITY CORPORATION

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections	(f) Share of total Income	(g) Share of end-of- year assets	(† Dispropi allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Part	eral r agıng	(k) Percentage ownership
				512-514)			Yes	No		Yes	No	
AFFORDABLE HOUSING EQUITY FUND I LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	-137	62,812		No		Yes		0 010 %
7700 FALLS OF NEUSE ROAD STE 200												
RALEIGH, NC 27615 45-4028020												
AFFORDABLE HOUSING EQUITY		NC	CAHEC FUND	RELATED	-299	137,634		No		Yes		0 010 %
FUND II LIMITED PARTNERSHIP	HOUSING		GP LLC									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 80-0895905												
AFFORDABLE HOUSING EQUITY FUND III LIMITED	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC FUND GP LLC	RELATED	-109	14,070,209		No		Yes		0 010 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 82-2129334	HOUSING											
CAHEC SUB-CDE I LLC	PROMOTES SELF- SUFFICIENCE FOR LOW	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2008554	INCOME COMMUNITIES											
CAHEC SUB-CDE II LLC	PROMOTES SELF- SUFFICIENCE FOR LOW	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2010314	INCOME COMMUNITIES											
	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	SUFFICIENCE FOR LOW INCOME COMMUNITIES											
27-2010403	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200	SUFFICIENCE FOR LOW INCOME COMMUNITIES	IVC	IN/ A									
RALEIGH, NC 27615 27-2036390												
CAHEC SUB-CDE IX LLC	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	SUFFICIENCE FOR LOW INCOME COMMUNITIES											
80-0923939 CAHEC SUB-CDE V LLC	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	SUFFICIENCE FOR LOW INCOME COMMUNITIES											
27-2038998												
CAHEC SUB-CDE VI LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 30-0782848	PROMOTES SELF- SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A									
CAHEC SUB-CDE VII LLC	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 30-0782854	SUFFICIENCE FOR LOW INCOME COMMUNITIES											
CAHEC SUB-CDE VIII LLC	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	SUFFICIENCE FOR LOW INCOME COMMUNITIES											
38-3906344 CAHEC SUB-CDE X LLC	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	SUFFICIENCE FOR LOW INCOME COMMUNITIES											
CAHEC SUB-CDE XI LLC	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	SUFFICIENCE FOR LOW INCOME COMMUNITIES											
80-0923939	DDOMOTEC CS: 5	NC	NI/A									
CAHEC SUB-CDE XII LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	PROMOTES SELF- SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A									
38-3928779												

Form 990, Schedule R, Par	t III - Identificatio	1	ated Organiz	ations Taxable	e as a Partner	ship	1	1	/:	、 」	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations? Yes No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gene or Mana Partr	eral r ging ner?	(k) Percentage ownership
CAROLINA EQUITY FUND V LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	5,059	40,003	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2144515	HOUSING										
COMMUNITY EQUITY FUND IX- MS LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	8,177		No No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 55-0800712 COMMUNITY EQUITY FUND IX- NC LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	66,295	26,283	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 55-0800719	HOUSING										
COMMUNITY EQUITY FUND VI-A LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	18,473	-165,410	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205120											
COMMUNITY EQUITY FUND VI-B LIMITED PARTNERSHIP	INCOME RESIDENTIAL	NC	CAHEC	RELATED	8,990	2,029	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205125	HOUSING										
COMMUNITY EQUITY FUND VI-C LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	653	-10,846	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205126	HOUSING										
COMMUNITY EQUITY FUND VI-D LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	2,568	2,031	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205119	HOUSING										
COMMUNITY EQUITY FUND VI-E LIMITED PARTNERSHIP	INCOME RESIDENTIAL	NC	CAHEC	RELATED	-1,000	5,353	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2205109	HOUSING										
COMMUNITY EQUITY FUND VII-A LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	35,470	9,178	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2231166	HOUSING										
COMMUNITY EQUITY FUND VII-D LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	6,980	1,370	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2231178	HOUSING										
COMMUNITY EQUITY FUND VII-E LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	5,851	1,273	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2231184	HOUSING										
COMMUNITY EQUITY FUND VIII-A LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	38,209	-25,558	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 56-2275655	HOUSING										
COMMUNITY EQUITY FUND X EMERGING INVESTOR LLC	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	-7	5,673	No		Yes		0 010 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 55-0847945	HOUSING										
COMMUNITY EQUITY FUND X	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	-17,312	24,381	No		Yes		1 000 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 14-1878745	HOUSING										
COMMUNITY EQUITY FUND XI LIMITED PARTNERSHIP	INVESTS IN LOW INCOME RESIDENTIAL	NC	CAHEC	RELATED	-2,375	126,494	No		Yes		0 100 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 20-1019570	HOUSING										

Form 990, Schedule R, Par	t III - Identificatio	1	ated Organiza	ations Taxable	e as a Partner	-ship		1	l (2)	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations? Yes No	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j) Genera or Managu Partner	Percentage ownership
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	-180	62,662	No		Yes	0 010 %
COMMUNITY EQUITY FUND XIII	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	-375	226,579	No		Yes	0 010 %
STE 200 RALEIGH, NC 27615 26-0291455 COMMUNITY EQUITY FUND XIV	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	САНЕС	RELATED	-321	116,949	No		Yes	0 010 %
RALEIGH, NC 27615 26-2405784	INVESTS IN LOW	NC	CAHEC FUND	RELATED	-548	3,530,480	No		Yes	0 010 %
LIMITED PARTNERSHIP	INCOME RESIDENTIAL HOUSING		GP LLC							
COMMUNITY EQUITY FUND XV	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	-816	255,159	No		Yes	0 010 %
COMMUNITY EQUITY FUND XVI	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	-461	230,258	No		Yes	0 010 %
RALEIGH, NC 27615 27-3916281 COMMUNITY EQUITY FUND XVII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	-325	152,009	No		Yes	0 010 %
STE 200 RALEIGH, NC 27615 45-3862444										
COMMUNITY EQUITY FUND XVIII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 90-0903926	INVESTS IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-292	137,073	No		Yes	0 010 %
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-820	1,390,582	No		Yes	0 010 %
COMMUNITY EQUITY FUND XXI LIMITED PARTNERSHIP	INVEST IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-823	17,677,958	No		Yes	0 010 %
LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	INVEST IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC FUND GP LLC	RELATED	-1,048	22,048,123	No		Yes	0 010 %
81-4677192 COMMUNITY EQUITY FUND XXIII LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 82-3704162	INVEST IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-690	47,800,662	No		Yes	0 010 %
COMMUNITY HISTORIC CREDIT	INVESTS IN HISTORIC ENTITITES	NC	CAHEC	RELATED	-197	3,351	No		Yes	0 010 %
FRE COMMUNITY EQUITY FUND	INVESTS IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-2	34,632,969	No		Yes	0 010 %
GEORGIA PRESERVATION FUND	INVESTS IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-131	54,623	No		Yes	0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (g) Disproprtionate (k) Predominant (b) Domicile Direct Share of total Share of endor allocations? Code V-UBI amount in Name, address, and EIN of income(related, Percentage Primary activity Managing Controlling (State ıncome of-year assets ownership Box 20 of Schedule K-1 related organization unrelated. Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes No Yes No GPM SCP LLC INVESTS IN LOW NC CAHEC RELATED 0.010 % No Yes INCOME RESIDENTIAL 7700 FALLS OF NEUSE ROAD STE HOUSING 200 RALEIGH, NC 27615 20-3971832 HIGHLAND PARK MILL LLC OWNS LOW INCOME GΑ N/A RESIDENTIAL HOUSING 406 EAST FOURTH STREET WINSTONSALEM, NC 27101 56-2273272 MEADOWCREEK COMMONS LLC OWNS LOW INCOME N/A RESIDENTIAL HOUSING 113 SOUTH WILMINGTON STREET RALEIGH, NC 27420 27-0861151 NEW APPLE LANE APARTMENTS OWNS LOW INCOME N/A GΑ RESIDENTIAL HOUSING LLC PO BOX 23589 COLUMBIA, SC 29224 45-3784263 NEW APPLE VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4229420 NEW ASHTON VILLAGE OWNS LOW INCOME N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4235304 NEW AUTUMNWOOD VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4235465 NEW AZALEA VILLAGE OWNS LOW INCOME N/A GΑ RESIDENTIAL HOUSING APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3784351 NEW BRIARWOOD VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3784263 NEW BROOKS HILL APARTMENTS OWNS LOW INCOME GΑ N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4439484 NEW BROOKS LANE APARTMENTS OWNS LOW INCOME N/A GΑ RESIDENTIAL HOUSING LLC PO BOX 23589 COLUMBIA, SC 29224 45-4450976 **NEW BROOKS POINT** OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4451007 NEW BROOKSFIELD APARTMENTS OWNS LOW INCOME N/A LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4176367 OWNS LOW INCOME NEW BROOKSTONE APARTMENTS GΑ N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4451023 NEW CARSON VILLAGE OWNS LOW INCOME N/A GΑ APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4176399

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (g) Predominant Disproprtionate (i) (b) Direct Share of endor Domicile Share of total Name, address, and EIN of ncome(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling ıncome of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes No Yes No NEW CHERRY LANE APARTMENTS OWNS LOW INCOME GΑ N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3784422 NEW DEERWOOD VILLAGE OWNS LOW INCOME GΑ N/A RESIDENTIAL HOUSING APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4176435 NEW DOYLE VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4451050 NEW EDISON VILLAGE OWNS LOW INCOME N/A GΑ RESIDENTIAL HOUSING APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-4533439 OWNS LOW INCOME NEW FALLS PARK APARTMENTS GΑ N/A RESIDENTIAL HOUSING LLC PO BOX 23589 COLUMBIA, SC 29224 27-2404684 NEW FOREST GLEN VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4176500 NEW GIBSON VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3784488 NEW HAMILTON VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4533522 OWNS LOW INCOME NEW HIGHLAND VILLAGE GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 27-2404563 NEW HOLLY VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4507444 NEW HOUSTON VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4229026 NEW LAUREL VILLAGE OWNS LOW INCOME N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4229145 NEW MAPLE LANE APARTMENTS OWNS LOW INCOME N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3785316 NEW MEADOWBROOK VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3786674 OWNS LOW INCOME NEW OAK VILLAGE APARTMENTS N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3857676

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Legal General (d) (g) Disproprtionate (k) Predominant (i) (b) (a) Domicile Direct Share of total Share of endor allocations? Percentage Name, address, and EIN of income(related, Code V-UBI amount in Primary activity Managing (State Controlling ıncome of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes No Yes No NEW PECAN VILLAGE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4533626 NEW PINE VILLAGE APARTMENTS OWNS LOW INCOME GΑ N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4560826 NEW QUAIL RUN APARTMENTS OWNS LOW INCOME GΑ N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3786678 NEW ROSEWOOD VILLAGE OWNS LOW INCOME N/A GΑ APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3786682 OWNS LOW INCOME NEW SANTA ANA APARTMENTS GΑ N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-3786688 NEW SHADY GROVE OWNS LOW INCOME GΑ N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4560870 OWNS LOW INCOME NEW TALBOT VILLAGE GΑ N/A RESIDENTIAL HOUSING APARTMENTS LLC PO BOX 23589 COLUMBIA, SC 29224 45-3857732 NEW WESTVIEW APARTMENTS OWNS LOW INCOME GΑ N/A RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 45-4560908 NEW WILLOWPEG LANE OWNS LOW INCOME N/A GΑ APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 27-3211586 NEW WILLOWPEG VILLAGE OWNS LOW INCOME NC N/A APARTMENTS LLC RESIDENTIAL HOUSING PO BOX 23589 COLUMBIA, SC 29224 27-3211595 NORTH CAROLINA EQUITY FUND INVESTS IN LOW RELATED -130 0 010 % NC CAHEC No Yes INCOME RESIDENTIAL IV LIMITED PARTNERSHIP HOUSING 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 27-2711306 OWNS LOW INCOME ORCHARD CREEK LLC NC N/A RESIDENTIAL HOUSING PO BOX 160 AYNOR, SC 29511 26-4598453 PINE MOUNTAIN TRACE LIMITED OWNS LOW INCOME NC N/A PARTNERSHIP RESIDENTIAL HOUSING PO BOX 26030 GREENSBORO, NC 28353 94-3487074 POWELL SPRING OWNS LOW INCOME NC N/A RESIDENTIAL HOUSING 7706 SIX FORKS ROAD STE 202 RALEIGH, NC 27404 27-0705092 RICHMOND OVERLOOK LP OWNS LOW INCOME NC N/A RESIDENTIAL HOUSING 1819 PEACHTREE ROAD NE SUITE 450 ATLANTA, NC 27615

38-3831834

Form 990, Schedule R, Part	t III - Identification		ated Organiza	itions Taxable	as a Partner	ship	ı				1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen c Mana	j) ieral or aging ner?	(k) Percentage ownership
SCOTTISH GLEN II APARTMENTS LLC	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A				les	140		163	No	
PO BOX 1437 LAURINBURG, NC 28802 27-0847240												
SHELBY MMR LIMITED PARTNERSHIP PO BOX 4503	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A									
GREENSBORO, NC 27513 27-0876330												
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	-92	36,830		No		Yes		0 010 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27601 20-8422585	110031143											
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-58	1,741,461		No		Yes		0 010 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27601 82-2059116 SPARTANBURG ELDERLY HOUSING LIMITED PARTNERSHIP	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27101 57-1065722												
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-22	4,037		No		Yes		0 010 %
WEST VIRGINIA CEF I LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD STE 200	INVESTS IN LOW INCOME RESIDENTIAL HOUSING	NC	CAHEC	RELATED	-81	59,857		No		Yes		0 010 %
RALEIGH, NC 27615 26-3685187	INVESTS IN LOW	NG	CALLEC FLIND	DELATED	-86	112.647		N.		,,		0.010.0/
	INVESTS IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-86	113,647		No		Yes		0 010 %
	INVEST IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED	-179	2,200,156		No		Yes		0 010 %
81-4112467 WESTMORE APARTMENTS LLC PO BOX 2278 ASHEVILLE, NC 27615	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A									
27-0824923 WEXFORD POINTE APARTMENTS LLC 106 MUIR WOODS DRIVE	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A									
CARY, NC 27513 27-0777031												
WEST VIRGINIA III LIMITED PARTNERSHIP 7700 FALLS OF NEUSE ROAD	INVEST IN LOW INCOME RESIDENTIAL HOUSING		CAHEC FUND GP LLC	RELATED				No		Yes		0 010 %
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 81-4112467												
	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A									
WEXFORD POINTE APARTMENTS LLC 106 MUIR WOODS DRIVE CARY, NC 27513	OWNS LOW INCOME RESIDENTIAL HOUSING	NC	N/A									
27-0777031 WWJ-NC MEMBER II LLC	OWNS LOW INCOME	NC	N/A									
PO BOX 23589 COLUMBIA, SC 29224 81-4639653	RESIDENTIAL HOUSING											

Form 990, Schedule R, Pai	t III - Identification	1 1	ated Organiza	ations Taxable	as a Partne	rship			1	۱ ،		1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations? Yes No		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
CAHEC SUB-CDE XIII LLC	PROMOTES SELF-	NC	N/A									
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 37-1754494	SUFFICIENCE FOR LOW INCOME COMMUNITIES											
7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 37-1754637	PROMOTES SELF- SUFFICIENCE FOR LOW INCOME COMMUNITIES		N/A									
CAHEC SUB-CDE XV LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 37-1754780	PROMOTES SELF- SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A									
CAHEC SUB-CDE XVI LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 36-4783600	PROMOTES SELF- SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A									
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									
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									
CAHEC SUB-CDE XIX LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615 84-2425582	PROMOTES SELF- SUFFICIENCE FOR LOW INCOME COMMUNITIES	NC	N/A									
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									
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									
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									
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									
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									
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									
SOUTHEAST ENERGY INVESTMENT FUND I LLC 7700 FALLS OF NEUSE ROAD STE 200 RALEIGH, NC 27615	INVEST IN SOLAR ELECTROICITY PROPERTY	NY	N/A									
84-2385947 COMMUNITY EQUITY FUND	INVEST IN LOW	NC	CAHEC	RELATED	-406	105,420,481	-	No			No	0 010 %
	INVEST IN LOW INCOME RESIDENTIAL HOUSING	NC	CATILO	NELO I ED	-400	103,720,701		INU			INO	0.010 %