

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RHA HEALTH SERVICES, INC.		D Employer identification number 58-1863838		
	Doing business as		E Telephone number 404-364-2939		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 82,930,036.	
	1819 PEACHTREE RD NE		450		
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30309		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer NICK SULAIMAN 17 CHURCH STREET, ASHEVILLE, NC 28801		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶			
J Website: ▶ N/A					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1989		
M State of legal domicile: NC					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE FACILITIES AND SERVICES FOR DEVELOPMENTALLY DISABLED, MENTALLY ILL, AND ADDICTED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	2	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	3733	
	6 Total number of volunteers (estimate if necessary)	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	12,907,062.
	9 Program service revenue (Part VIII, line 2g)	89,790,257.	70,022,974.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,665.	<5,382,175.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,792,922.	77,547,861.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	5,689,845.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,544,299.	38,841,123.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,238,197.	31,220,994.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,782,496.	75,751,962.
	19 Revenue less expenses. Subtract line 18 from line 12	<989,574.>	1,795,899.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17,175,286.
21 Total liabilities (Part X, line 26)		18,942,457.	17,399,270.
22 Net assets or fund balances. Subtract line 21 from line 20		<1,767,171.>	28,728.

Part II Signature Block **OGDEN, UT**

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

Sign Here	Signature of officer <i>Nick Sulaiman</i>	Date 5/18/2017			
	NICK SULAIMAN, CFO Type or print name and title				
Paid Preparer	Print/Type preparer's name LINDA T. ROWLAND, CPA	Preparer's signature <i>L Rowland</i>	Date 5-18-17	Check <input type="checkbox"/> if self-employed	PTIN P01422345
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099	Firm's address 3560 LENOX ROAD NE, SUITE 2800 ATLANTA, GA 30326		
Use Only	Phone no. 404-847-9447				

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

SCANNED JUN 13 2017

955 7

Part III: Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

1. PROVIDE SERVICES AND OR FACILITIES TO DEVELOPMENTALLY DISABLED OR MENTALLY ILL PERSONS IN NORTH CAROLINA ,TENNESSEE AND GEORGIA

2. DEVELOP AND OPERATE LOW INCOME HOUSING FACILITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 61,298,568. including grants of \$ 5,689,845.) (Revenue \$ 82,930,036.)

THE ORGANIZATION PROVIDES HEALTHCARE SERVICES AND RESIDENTIAL FACILITIES TO DEVELOPMENTALLY DISABLED AND MENTALLY ILL PERSONS AT NUMEROUS LOCATIONS IN THE STATE OF NORTH CAROLINA, AND, PRIOR TO NOVEMBER 1, 2015, TENNESSEE AND GEORGIA.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 61,298,568.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 413		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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. 3733		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1b	Enter the number of voting members included in line 1a, above, who are independent.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a	The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<input type="checkbox"/>	<input type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **GA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **NICK SULAIMAN - 404-364-2939**
17 CHURCH STREET, ASHEVILLE, NC 28801

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYANT G. COATS EVP/DIRECTOR (FORMER)	3.00 37.00	X		X				0.	852,732.	42,848.
(2) GORDON J SIMMONS COO/DIRECTOR	13.00 27.00	X		X				0.	640,776.	18,000.
(3) CHARLES NORTHCUTT III SECRETARY/DIRECTOR (FORMER)	0.50 4.50	X		X				0.	25,362.	15,933.
(4) WILLIAM H OAKES DIRECTOR (FORMER)	0.10 1.00	X						0.	27,934.	25,348.
(5) JAMES D LOFTIN, JR DIRECTOR (FORMER)	0.10 1.00	X						0.	27,705.	25,348.
(6) WILLIAM P WALKER CHAIRMAN/DIRECTOR (FORMER)	1.00 9.00	X						0.	100,880.	15,933.
(7) JOHN T CARSSOW DIRECTOR (FORMER)	0.50 4.50	X						0.	28,750.	25,348.
(8) ALISON DRUMMOND DIRECTOR (FORMER)	0.10 1.00	X						0.	26,250.	25,348.
(9) KELLY Q. SHEEHY DIRECTOR	0.20 0.00	X						0.	0.	0.
(10) SCOTT BROWN DIRECTOR	0.20 0.00	X						0.	0.	0.
(11) JOHN R WEST CFO/EVP (FORMER)	9.00 31.00			X				0.	639,614.	42,848.
(12) JEANNE DUNCAN VP	10.00 30.00			X				0.	402,910.	17,500.
(13) JOHN WHITE VP	20.00 20.00			X				0.	232,696.	17,500.
(14) CHASE NORTHCUTT VP (FORMER)	0.00 40.00			X				0.	348,600.	42,848.
(15) NICKLAUS N. SULAIMAN VP	25.00 15.00			X				0.	370,332.	42,348.
(16) HEATHER-DAWN ASHLEY VP (FORMER)	0.00 40.00			X				0.	167,708.	16,242.
(17) JENNIFER LONG LINEBERGER COO-DD SERVICES	20.00 20.00			X				0.	279,540.	17,500.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SANDY FEUTZ VP	20.00 20.00			X				0.	136,357.	9,000.
(19) STEVE CUMBEE VP	20.00 20.00			X				0.	172,973.	9,000.
(20) JILL LINEBERGER VP	20.00 20.00			X				0.	133,989.	9,000.
(21) CYNTHIA MYERS VP	20.00 20.00			X				0.	145,021.	9,000.
(22) JAN HERRING VP	20.00 20.00			X				0.	146,882.	9,000.
(23) MARGARET GARTLGRUBER VP	20.00 20.00			X				0.	173,338.	9,000.
(24) KATHY SMITH COO BEHAVIORAL HEALTH	20.00 20.00			X				0.	232,417.	17,500.
(25) DENISE TURNER VP OF HUMAN RELATIONS	20.00 20.00			X				0.	155,460.	9,000.
(26) ROBIN CORRELL VP NURSING SERVICES	20.00 20.00			X				0.	140,511.	9,000.
1b Sub-total								0.	5,608,737.	480,392.
c Total from continuation sheets to Part VII, Section A								0.	218,381.	11,650.
d Total (add lines 1b and 1c)								0.	5,827,118.	492,042.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICHAEL E MURRAY, DO-PHD, PA 98 KIMBERLY AVE, ASHEVILLE, NC 28804	PHYSICIAN SERVICES	255,204.
DANIELLE ADEGOROYE DBA LIFE BROOK, PLLC. 2803 SPLITBROOKE DR, HIGH POINT, NC 27265	PHYSICIAN SERVICES	194,896.
MARICA BIJELAC 1705 RIVER KNOLL CT, GREENSBORO, NC 27409	PHYSICIAN SERVICES	189,699.
THE PISGAH INSTITUTE 158 ZILLICOA STREET, ASHEVILLE, NC 28801	PHYSICIAN SERVICES	188,620.
JASON JONES 201 N ELM ST, GREENSBORO, NC 27401		187,040.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JIM PANTON VP	20.00 20.00			X				0.	218,381.	11,650.
Total to Part VII, Section A, line 1c									218,381.	11,650.

Part VIII Statement of Revenue

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

X

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations	12,907,062.				
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		12,907,062.			
Program Service Revenue	2 a	PATIENT SERVICES	Business Code 623990	70,022,974.	70,022,974.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		70,022,974.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses		5,382,175.			
c	Gain or (loss)		<5,382,175.>				
d	Net gain or (loss)		<5,382,175.>	<5,382,175.>			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			77,547,861.	64,640,799.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,689,845.	5,689,845.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,810,887.	35,810,887.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,030,236.	3,030,236.		
11 Fees for services (non-employees)				
a Management	6,980,346.		6,980,346.	
b Legal				
c Accounting				
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,419.	1,419.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,849.	85,849.		
23 Insurance	444,978.	444,978.		
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 PROGRAM SERVICES	7,701,235.	7,701,235.		
b GENERAL & ADMIN.	7,473,048.		7,473,048.	
c HEALTH SERVICES	4,318,326.	4,318,326.		
d RENTAL REAL PROPERTY	1,753,197.	1,753,197.		
e All other expenses	2,462,596.	2,462,596.		
25 Total functional expenses. Add lines 1 through 24e	75,751,962.	61,298,568.	14,453,394.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,853,787.	1	250.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,362,005.	4	2,726,674.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	332,839.	9	93,294.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 0.		
	b Less accumulated depreciation	10b	1,894,544.	10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,732,111.	15	14,607,780.
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,175,286.	16	17,427,998.	
Liabilities	17 Accounts payable and accrued expenses	5,231,437.	17	2,806,133.
	18 Grants payable		18	
	19 Deferred revenue	1,862,681.	19	130,393.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,848,339.	25	14,462,744.
	26 Total liabilities. Add lines 17 through 25	18,942,457.	26	17,399,270.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	<1,767,171.>	27	28,728.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	<1,767,171.>	33	28,728.	
34 Total liabilities and net assets/fund balances	17,175,286.	34	17,427,998.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	77,547,861.
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,751,962.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,795,899.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<1,767,171.>
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,728.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization **RHA HEALTH SERVICES, INC.** Employer identification number **58-1863838**

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

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

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					12907062.	12907062.
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	63399174.	69549614.	84297791.	89792922.	70022974.	377062475
3 Gross receipts from activities that are not an unrelated trade or business under section 513			<2,025.>	2,665.		640.
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	63399174.	69549614.	84295766.	89795587.	82930036.	389970177
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						389970177

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	63399174.	69549614.	84295766.	89795587.	82930036.	389970177
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	63399174.	69549614.	84295766.	89795587.	82930036.	389970177

14 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, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
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 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the 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 organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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.		

Section 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3 Parent of Supported Organizations. Answer (a) and (b) below			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI			
b 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.			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. 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)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015		
a			
b			
c			
d	From 2013		
e	From 2014		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2015 from Section D, line 7 \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
7	Excess distributions carryover to 2016. Add lines 3j and 4c.		
8	Breakdown of line 7		
a			
b			
c	Excess from 2013		
d	Excess from 2014		
e	Excess from 2015		

Schedule A (Form 990 or 990-EZ) 2015

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)

Lined area for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **RHA HEALTH SERVICES, INC.** Employer identification number **58-1863838**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.		3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.		750,000.
e Grassroots ceiling amount (150% of line 2d, column(e))					1,125,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Part IV Supplemental Information *(continued)*

Schedule C

Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
RHA MANAGEMENT SERVICES, INC.

Employer ID Number
58-2366152

Affiliated Group Member Address
1819 PEACHTREE ROAD NE, SUITE 450
ATLANTA, GA 30309

Electing Member
NO

Limits on Lobbying Expenditures:

	0.	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	0.	d												
Total exempt purpose expenditures (add lines 1c and 1d).	0.	e												
Lobbying nontaxable amount.														
Enter the amount from the following table														
<table border="1"> <thead> <tr> <th style="text-align: center;">If the amount on line e is</th> <th style="text-align: center;">The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	0.	f
If the amount on line e is	The lobbying nontaxable amount is													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	0.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Part IV Supplemental Information *(continued)*

Schedule C

Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
RHA HEALTH SERVICES, INC.

Employer ID Number
58-1863838

Affiliated Group Member Address
1918 PEACHTREE ROAD NE, SUITE 450
ATLANTA, GA 30309

Electing Member
NO

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	0.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	0.	e												
Lobbying nontaxable amount														
Enter the amount from the following table														
<table border="1"> <thead> <tr> <th>If the amount on line e is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	0.	f
If the amount on line e is	The lobbying nontaxable amount is													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	0.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection.

Name of the organization

RHA HEALTH SERVICES, INC.

Employer identification number

58-1863838

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
532051
11-02-15

Schedule D (Form 990) 2015

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SALES TAX RECEIVABLE	42,819.
(2) DUE FROM AFFILIATES	14,495,997.
(3) DEPOSITS	68,964.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,607,780.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	14,462,744.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,462,744.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information.

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

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2015



▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

RHA HEALTH SERVICES, INC.

Employer identification number
58-1863838

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part II Grants and Other Assistance to 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHG MANAGEMENT SERVICES INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	58-2366152	501(C)(3)	4,711,953.	0.			FORGIVENESS OF DEBT
RESOURCE HOUSING GROUP INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	58-2131548	501(C)(3)	692,005.	0.			FORGIVENESS OF DEBT
RESOURCE HEALTHCARE OF AMERICA INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	58-2016603	501(C)(3)	285,869.	0.			FORGIVENESS OF DEBT

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

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

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

Schedule I (Form 990) (2015)

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

RHA HEALTH SERVICES, INC.

Employer identification number

58-1863838

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRYANT G. COATS EVP/DIRECTOR (FORMER)	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 554,672.	194,900.	103,160.	18,000.	24,848.	895,580.	0.	
(2) GORDON J SIMMONS COO/DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	
(ii) 388,834.	149,400.	102,542.	18,000.	24,848.	658,776.	0.	
(3) JOHN R WEST CFO/EVP (FORMER)	(i) 0.	0.	0.	0.	0.	0.	
(ii) 396,915.	138,810.	103,889.	18,000.	24,848.	682,462.	0.	
(4) JEANNE DUNCAN VP	(i) 0.	0.	0.	0.	0.	0.	
(ii) 271,910.	131,000.	0.	17,500.	0.	420,410.	0.	
(5) JOHN WHITE VP	(i) 0.	0.	0.	0.	0.	0.	
(ii) 149,696.	83,000.	0.	17,500.	0.	250,196.	0.	
(6) CHASE NORTHCUTT VP (FORMER)	(i) 0.	0.	0.	0.	0.	0.	
(ii) 218,600.	130,000.	0.	17,500.	25,348.	391,448.	0.	
(7) NICKLAUS N. SULAIMAN VP	(i) 0.	0.	0.	0.	0.	0.	
(ii) 165,665.	204,667.	0.	17,500.	24,848.	412,680.	0.	
(8) HEATHER-DAWN ASHLEY VP (FORMER)	(i) 0.	0.	0.	0.	0.	0.	
(ii) 142,708.	25,000.	0.	9,000.	7,242.	183,950.	0.	
(9) JENNIFER LONG LINEBERGER COO-DD SERVICES	(i) 0.	0.	0.	0.	0.	0.	
(ii) 165,540.	114,000.	0.	17,500.	0.	297,040.	0.	
(10) STEVE CUMBEE VP	(i) 0.	0.	0.	0.	0.	0.	
(ii) 112,473.	60,500.	0.	9,000.	0.	181,973.	0.	
(11) CYNTHIA MYERS VP	(i) 0.	0.	0.	0.	0.	0.	
(ii) 145,021.	0.	0.	9,000.	0.	154,021.	0.	
(12) JAN HERRING VP	(i) 0.	0.	0.	0.	0.	0.	
(ii) 146,882.	0.	0.	9,000.	0.	155,882.	0.	
(13) MARGARET GARTLGRUBER VP	(i) 0.	0.	0.	0.	0.	0.	
(ii) 135,338.	38,000.	0.	9,000.	0.	182,338.	0.	
(14) KATHY SMITH COO BEHAVIORAL HEALTH	(i) 0.	0.	0.	0.	0.	0.	
(ii) 148,417.	84,000.	0.	17,500.	0.	249,917.	0.	
(15) DENISE TURNER VP OF HUMAN RELATIONS	(i) 0.	0.	0.	0.	0.	0.	
(ii) 105,460.	50,000.	0.	9,000.	0.	164,460.	0.	
(16) JIM PANTON VP	(i) 0.	0.	0.	0.	0.	0.	
(ii) 157,881.	60,500.	0.	11,650.	0.	230,031.	0.	

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

IN 2016 GORDON SIMMONS WAS PAID SEVERANCE BY AN AFFILIATE OF THE ORGANIZATION IN THE AMOUNT OF \$229,276.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

RHA HEALTH SERVICES, INC.

Employer identification number

58-1863838

FORM 990, PART VI, SECTION A, LINE 2:

CHARLES NORTH CUTT IS THE FATHER OF CHASE NORTH CUTT.

FORM 990, PART VI, SECTION A, LINE 4:

SEE ATTACHED AMENDMENTS

FORM 990, PART VI, SECTION B, LINE 11:

THE DRAFT 990 IS E-MAILED TO ALL DIRECTORS WITH A NOTE THAT IT WILL BE
FILED ON A SPECIFIED DATE, SUBJECT TO ANY COMMENTS WHICH MAY BE MADE BY THE
DIRECTORS. DIRECTORS ARE INSTRUCTED TO RAISE ANY ISSUES THEY ARE CONCERNED
ABOUT IN THE 990 WITH THE ORGANIZATION'S COUNSEL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH THE DIRECTORS ANNUALLY.
THE DIRECTORS ARE EACH ASKED TO FILL OUT FORMS WHICH ASK IF A CONFLICT
EXISTS OR NOT AND TO IDENTIFY ANY POTENTIAL CONFLICTS WHICH EXIST. IF
THERE ARE ANY POTENTIAL ISSUES THAT ARISE, THEY ARE BROUGHT TO THE
ATTENTION OF THE WHOLE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOLLOWING DESCRIBES THE COMPENSATION POLICY FOLLOWED BY THE
ORGANIZATION AND ITS SEVERAL EXEMPT RELATED ENTITIES WHICH CONTRIBUTE TO
THE COMPENSATION OF THE ORGANIZATION'S DIRECTORS AND EXECUTIVE OFFICERS.
THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT, CHAIRMAN,
EXECUTIVE OFFICERS, AND DIRECTORS BEGINS WITH AN INDEPENDENT COMPENSATION
CONSULTANT. THE COMPENSATION CONSULTANT PREPARES A REPORT OF THE MARKET

Name of the organization RHA HEALTH SERVICES, INC.	Employer identification number 58-1863838
---	--

RATE OF COMPENSATION FOR EACH OF THE EXECUTIVE POSITIONS. THE REPORT IS THEN GIVEN TO THE COMPENSATION COMMITTEE WHO, TOGETHER WITH THE SENIOR MANAGEMENT, EVALUATES THE PERFORMANCE OF THE EXECUTIVES AND THE ORGANIZATION. AFTER THIS, THE COMPENSATION COMMITTEE FORMULATES RECOMMENDATIONS TO THE BOARD OF DIRECTORS AS TO WHAT SHOULD BE THE APPROPRIATE LEVELS OF COMPENSATION. THE BOARD OF DIRECTORS THEN VOTES TO PASS A RESOLUTION ESTABLISHING THE LEVEL OF COMPENSATION. DIRECTORS WHOSE COMPENSATION IS BEING VOTED ON, OR WHOSE RELATIVES' COMPENSATION IS BEING VOTED ON, ARE EXCUSED FROM THE DELIBERATIONS AND DO NOT VOTE ON THEIR OWN OR THEIR RELATIVES' COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF RHA HEALTH SERVICES, INC. AS OF 06/30/2015 WAS RESIDENTIAL HEALTHCARE AFFILIATES, INC. THIS RELATIONSHIP AND ALL RELATIONSHIPS NOTED ON SCHEDULE R, TERMINATED ON 10/30/2015.

FORM 990, PART VIII, LINE 7B

ASSETS WERE SOLD TO FORMATION CAPITAL LLC FROM RHA HEALTH SERVICES INC WITH NO CASH CONSIDERATION PAID FOR THE SALE. THE ASSETS WERE TRANSFERRED TO FORMATION CAPITAL LLC, AS PART OF A WORKOUT AGREEMENT THAT INCLUDED RHA HEALTH SERVICES, INC. 58-1863838 AND OTHER RHG RELATED ENTITIES THAT WOULD ALLOW SEVERAL RELATED PARTY DEBT BALANCES

Name of the organization

RHA HEALTH SERVICES, INC.

Employer identification number

58-1863838

PAYABLE TO FORMATION CAPITAL TO BE FORGIVEN.

Multiple horizontal lines for additional entries.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

RHA HEALTH SERVICES, INC.

Employer identification number
58-1863838

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RHG/AFFORDABLE HOUSING II, INC - 58-2392012 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GEORGIA	501(C)(3)	LINE 9	N/A		X
RESIDENTIAL HEALTHCARE AFFILIATES, INC - 06-1680816, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	HEALTH CARE	NORTH CAROLINA	501(C)(3)	11A	N/A		X
RHG/NORTH CAROLINA MR, INC - 58-1804051 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	CARE PROVIDER	NORTH CAROLINA	501(C)(3)	LINE 9	N/A		X
RESOURCE HOUSING GROUP, INC. - 58-2131548 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GEORGIA	501(C)(3)	LINE 9	N/A		X

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

Schedule R (Form 990) 2015

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MILITARY HOUSING OF AMERICA, INC - 58-2516555, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	INACTIVE	GEORGIA	501(C)(3)	PF	N/A		X
RHG MANAGEMENT SERVICES, INC - 58-2366152 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	MANAGEMENT	GEORGIA	501(C)(3)	11B	N/A		X
RHG AFFORDABLE HOUSING III, INC - 58-2440916 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GEORGIA	501(C)(3)	LINE 9	N/A		X
STUDENT HOUSING OF AMERICA, INC - 58-2472789 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GEORGIA	501(C)(3)	LINE 9	N/A		X
RHG HOUSING FOUNDATION, INC. - 59-1347774 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	SUPPORTING ORG.	NORTH CAROLINA	501(C)(3)	11B	N/A		X
FAMILY ALTERNATIVES, INC - 56-1360087 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	SUPPORTING ORG.	NORTH CAROLINA	501(C)(3)	11B	N/A		X
RHG SHARED RISK FUNDING, INC - 58-2270723 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	SUPPORTING ORG.	TENNESSEE	501(C)(3)	11B	N/A		X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BELLS FERRY DEVELOPMENT, LLC - 58-2617779, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A		0.	0.		X	N/A		X	
BELLS FERRY MANAGEMENT, LLC - 68-0497257, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A		0.	0.		X	N/A		X	
THE PEAKS AT MLK DRIVE MANAGEMENT, LLC - 04-3721167, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A		0.	0.		X	N/A		X	
MLK DRIVE DEVELOPMENT, LLC - 58-2531453, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A		0.	0.		X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
RHA/HOLDINGS, INC - 58-1758566 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	MANAGEMENT	GA	N/A	C CORP	0.	0.			X
EXTENDED FAMILY ENTERPRISES, INC - 71-0564535, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	HEALTH CARE	AR	N/A	C CORP	0.	0.			X
COLUMBIA CREEK MANAGEMENT, INC - 58-2510843 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
HERITAGE GREEN MANAGEMENT, INC - 58-2528120 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
THE PEAKS OF KNOXVILLE, INC - 58-2531450 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
	RE MANAGEMENT	TN	N/A	C CORP	0.	0.			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
AUGUSTA HILLS DEVELOPMENT I, LLC - 58-2528116, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
AUGUSTA HILLS APT I, LP - 58-2530575, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X
KNOXVILLE PEAKS ARTS LP - 62-1837782, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	TN	N/A	N/A	0.	0.		X	N/A		X
PEAKS AT BELLS FERRY, LP - 74-3006817, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X
MLK DRIVE APARTMENTS, LP - 47-0868032, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X
HERITAGE GREEN APARTMENTS LP - 47-0868029, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X
HOLLY RIDGE APARTMENTS, LP - 76-0706619, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X
CONSTITUTION AVENUE APARTMENTS, LP - 20-0960401, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	INACTIVE	GA	N/A	N/A	0.	0.		X	N/A		X
PINEWOOD PARK PARTNERS LP - 20-1075933, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X
	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GATES PARK CROSSING HFOP APTS, LP - 20-2576768, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
GATES PARK CROSSING HFS APTS, LP - 20-2631908, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
CANDLER FORREST APARTMENTS, LP - 20-2576823, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
CANDLER PARTNERS, LP - 20-4533993, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
PECAN APARTMENTS II, LP - 20-4786923, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	N/A	0.	0.		X	N/A		X	
PECAN GROVE, LP - 54-2070408 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
MAGNOLIA TERRACE APARTMENTS II, LP - 20-4743371, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
MECHANICSVILLE APARTMENTS PHASE 4 LP - 20-5640760, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
BLAKELY COMMONS, LP - 20-8783507, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WASHINGTON ESTATES, LP - 20-8797503, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
LONDON INVESTORS, LP - 74-3254281, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	TN	N/A	N/A	0.	0.		X	N/A		X	
TIPTON ESTATES, LP - 61-1563935, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
CONSTITUTION AVENUE DEVELOPMENT, LP - 20-0960345, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X	
WAYNESBORO ESTATES, LP - 20-8783262, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
WAYNESBORO ESTATES GP, LLC - 20-8783370, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	N/A	0.	0.		X	N/A		X	
THE WOODS AT AVENT FERRY, LLC - 90-0611241, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	NC	N/A	N/A	0.	0.		X	N/A		X	
WAYNESBORO ESTATES DEVELOPMENT, LLC - 20-8783320, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA WASHINGTON ESTATES II, LP - 36-4673439, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	NC	N/A	N/A	0.	0.		X	N/A		X	
RE DEVELOPMENT		GA	N/A	N/A	0.	0.		X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
RHG-HAMMOND ASSET MANAGER, LLC - 32-0311794, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	N/A	0.	0.		X	N/A		X
AGILE CONSTRUCTION COMPANY, LLC - 45-3689383, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE CONSTRUCTION	GA	N/A	N/A	0.	0.		X	N/A		X
HIGHLAND OF GOLDSBORO, LLC - 45-2942069, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	NC	N/A	N/A	0.	0.		X	N/A		X
HIGHLAND OF GOLDSBORO DEVELOPMENT, LLC - 45-2941858, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA PELHAM VILLAGE, LP - 80-0728754, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	NC	N/A	N/A	0.	0.		X	N/A		X
KENDRICK'S WAY APARTMENTS, LTD - 45-2918389, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	SC	N/A	N/A	0.	0.		X	N/A		X
KENDRICK'S POND, LLC - 45-5325827, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	AL	N/A	N/A	0.	0.		X	N/A		X
AVENT FERRY DEVELOPMENT, LLC - 80-0644057, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	AL	N/A	N/A	0.	0.		X	N/A		X
RICHMOND OVERLOOK, LP - 32-3831834, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	NC	N/A	N/A	0.	0.		X	N/A		X
RE RENTAL	RE RENTAL	VA	N/A	N/A	0.	0.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
RICHMOND OVERLOOK GP, LLC - 32-0333205, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	VA	N/A	N/A	0.	0.		X	N/A		X
RICHMOND OVERLOOK DEVELOPMENT, LLC - 35-2701984, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	VA	N/A	N/A	0.	0.		X	N/A		X
THE PEAKS AT WEST ATLANTA - 74-3010099, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X
THE PEAKS OF TAZEWELL, LP - 61-1733433, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	TN	N/A	N/A	0.	0.		X	N/A		X
GREENSBORO MILL GP, LLC - 46-5765855, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
GREENSBORO MILL, LP - 61-1730373, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
CAROLINA OAKS GP, LLC - 46-4923580, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
CAROLINA OAKS VILLAGE, LP - 46-4915818, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	SC	N/A	N/A	0.	0.		X	N/A		X
NEWPORT NEWS SENIORS, LP - 46-5075218, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	SC	N/A	N/A	0.	0.		X	N/A		X
RE RENTAL	RE RENTAL	VA	N/A	N/A	0.	0.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
NEWPORT NEWS SENIORS DEVELOPMENT, LLC - 46-5108044, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	VA	N/A	N/A	0.	0.		X	N/A		X
MCRAB-HELENA ESTATES, LP - 47-4143102, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X
MCRAB-HELENA DEVELOPMENT, LLC - 47-4166578, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
MCRAB-HELENA ESTATES GP, LLC - 81-2110733, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
MEMORY CARE CENTERS OF AMERICA, LLC - 47-1133130, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
MCCA-PHOENIX PARTNERS, LLC - 47-4392849, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
MCCA-PSL WATKINS CENTRE, LLC - 47-4828593, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
MCCA-PSL PI - 47-5113469 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
PERKINS ROAD MEMORY CARE, LLC - 47-2984227, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X
	RE DEVELOPMENT	LA	N/A	N/A	0.	0.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WATKINS CENTRE MEMORY CARE, LLC - 47-4603177, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X	
FIVE FORKS MEMORY CARE, LLC - 47-5129390, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X	
THE PHOENIX AT JAMESTOWN, LLC - 47-4398799, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
THE PHOENIX AT WATKINS CENTRE, LLC - 47-4767735, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
THE PHOENIX AT FIVE FORKS, LLC - 47-5177267, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	N/A	N/A	0.	0.		X	N/A		X	
GREENSBORO MILL, LP - 36-4777568, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	N/A	N/A	0.	0.		X	N/A		X	
PEAKS OF FAZEWELL DEVELOPMENT, LLC - 38-3927558, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	TN	N/A	N/A	0.	0.		X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
RHA CONSULTING & MANAGEMENT SERVICES INC - 58-2574995, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	NC	N/A	C CORP	0.	0.			X
CONSTITUTION AVENUE MANAGEMENT, INC - 20-0959971, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
PINEWOOD PARK MANAGEMENT, INC - 47-0873390 1819 PEACHTREE RD, NE STE 520									
ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
PECAN GROVE MANAGEMENT I, INC - 20-0959914 1819 PEACHTREE RD, NE STE 520									
ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
CANDLER FORREST MANAGEMENT, INC - 20-2486336 1819 PEACHTREE RD, NE STE 520									
ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
GATES PARK CROSSING HFOP MANAGEMENT, INC - 20-2486575, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
GATES PARK CROSSING HFS MANAGEMENT, INC - 20-2486438, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
MECHANICVILLE MANAGEMENT, INC - 20-4625370 1819 PEACHTREE RD, NE STE 520									
ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
BLAKELY COMMONS MANAGEMENT, INC - 20-8783424 1819 PEACHTREE RD, NE STE 520									
ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
MAGNOLIA TERRACE MANAGEMENT II, INC - 20-4743306, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
WASHINGTON ESTATES MANAGEMENT INC - 20-8797461, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
TIFTON ESTATES MANAGEMENT, INC - 37-1566483 1819 PEACHTREE RD, NE STE 520									
ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X

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

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								Yes	No
HERITAGE HILLS GP, INC - 80-0348280 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
GENESIS GARDENS GP, INC - 35-2365860 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
PECAN GROVE MANAGEMENT II, INC - 20-4786861 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
LOUDON MANAGEMENT, INC - 32-0239607 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	TN	N/A	C CORP	0.	0.			X
WAYNESBORO ESTATES MANAGEMENT, INC - 20-8782210, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
AVENT FERRY MANAGEMENT, INC - 61-1616925 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	NC	N/A	C CORP	0.	0.			X
WASHINGTON ESTATES MANAGEMENT II, INC - 32-0312847, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
KENDRICK'S WAY MANAGEMENT, INC - 36-4705144 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	AL	N/A	C CORP	0.	0.			X
GOLDSBORO RHA MANAGEMENT, INC - 38-3840846 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	NC	N/A	C CORP	0.	0.			X
PELHAM VILLAGE MANAGEMENT INC - 45-2386518 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	SC	N/A	C CORP	0.	0.			X
RICHMOND OVERLOOK MANAGEMENT, INC - 20-4634383, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	VA	N/A	C CORP	0.	0.			X
VALOR GROVE MANAGEMENT, INC. - 46-2248397 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	AL	N/A	C CORP	0.	0.			X

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

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								Yes	No
THE PEAKS OF FAZEWELL MANAGEMENT, INC. - 35-2493941, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	TN	N/A	C CORP	0.	0.			X
CAMERON MANAGEMENT, INC - 47-1325283 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	MS	N/A	C CORP	0.	0.			X
GREENSBORO MILL MANAGEMENT, INC. - 90-0474192, 1819 PEACHTREE RD, NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X
CAROLINA OAKS MANAGEMENT, INC. - 46-4936709 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	SC	N/A	C CORP	0.	0.			X
NEWPORT NEWS MANAGEMENT, INC. - 46-5069628 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	VA	N/A	C CORP	0.	0.			X
MCRAB-HELENA MANAGEMENT, INC. - 47-4154492 1819 PEACHTREE RD, NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	N/A	C CORP	0.	0.			X

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) RHG/NORTH CAROLINA MR INC	C	12,475,786. CASH			X
(2) RHG SHARED RISK FUNDING, INC	C	431,276. CASH		X	
(3) RHG MANAGEMENT SERVICES, INC.	B	4,711,953. CASH		X	
(4) RESOURCE HOUSING GROUP INC	B	692,005. CASH		X	
(5) RESOURCE HEALTHCARE OF AMERICA INC	B	285,869. CASH		X	
(6)					X

