

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending
- I Tax-exempt status:
 - 501(c)(3)
 - 501(c) () (Insert no)
 - 4947(a)(1) or
 - 527
- J Website: **N/A**
- K Form of organization:
 - Corporation
 - Trust
 - Association
 - Other

C Name of organization
RESOURCE HOUSING GROUP INC
F/K/A RHA/HOUSING INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1819 PEACHTREE ROAD NE NO 520

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30309

F Name and address of principal officer
JOHN WEST
1819 PEACHTREE RD NE 520
ATLANTA, GA 30309

D Employer identification number
58-2131548

E Telephone number
(404) 968-2656

G Gross receipts \$ 4,083,037

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

L Year of formation 1994

M State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities DEVELOP, OWN AND OPERATE LOW INCOME HOUSING, EITHER DIRECTLY OR THROUGH PARTNERSHIPS			
	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)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	372,948	
7b	Net unrelated business taxable income from Form 990-T, line 34	238,798		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 100,000	Current Year: 650,000
	9	Program service revenue (Part VIII, line 2g)	3,448,840	1,286,456
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,626	2,146,581
	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)	3,746,466	4,083,037
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,468	0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,279,599	2,506,096
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,308,067	2,506,096	
19	Revenue less expenses Subtract line 18 from line 12	1,438,399	1,576,941	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 17,742,758	End of Year: 22,448,043
	21	Total liabilities (Part X, line 26)	11,194,415	14,322,759
	22	Net assets or fund balances Subtract line 21 from line 20	6,548,343	8,125,284

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2018-11-15

JOHN WEST CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LINDA T ROWLAND CPA
Preparer's signature: LINDA T ROWLAND CPA
Date: 2018-11-15
Check if self-employed
PTIN: P01422345

Firm's name: COHNREZNICK LLP
Firm's EIN: 22-1478099

Firm's address: 3560 LENOX ROAD NE SUITE 2800
Phone no: (404) 847-9447
ATLANTA, GA 30326

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

DEVELOP, OWN AND OPERATE HOUSING FOR LOW INCOME PERSONS, EITHER DIRECTLY OR THROUGH PARTNERSHIPS

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 \$ 2,506,096 including grants of \$) (Revenue \$ 2,975,329)
See Additional Data

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

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

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

4e Total program service expenses ▶ 2,506,096

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

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>		No
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>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
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>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>	Yes	
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>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (GA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (JOHN WEST 1819 PEACHTREE ROAD NE SUITE 520 ATLANTA, GA 30309 (404) 364-2903).

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

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

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

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

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYANT G COATS CEO/DIRECTOR	24 70 15 30	X		X				0	1,113,711	44,069
(2) JAMES D LOFTIN JR DIRECTOR	0 50 1 00	X						0	33,615	0
(3) CHARLES NORTHCUTT SECRETARY/DIRECTOR	0 50 1 50	X		X				0	36,458	0
(4) HOWARD OAKES DIRECTOR	0 50 0 60	X						0	35,797	0
(5) WILLIAM P WALKER CHAIRMAN/DIRECTOR	2 20 7 80	X						0	114,925	0
(6) JOHN T CARSSOW DIRECTOR	0 50 2 50	X						0	69,575	0
(7) ALISON DRUMMOND DIRECTOR	0 50 1 50	X						0	37,919	0
(8) JOHN WEST EVP/CFO/DIRECTOR	24 20 15 80	X		X				0	845,542	44,069
(9) KENNETH BAGGETT DIRECTOR	0 00 1 10	X						0	0	0
(10) CHASE NORTHCUTT PRESIDENT	31 80 8 20			X				0	1,449,600	78,987
(11) HEATHER-DAWN ASHLEY VICE PRESIDENT	33 00 7 00			X				0	176,616	21,033
(12) SAMIT PATEL VICE PRESIDENT	35 00 5 00			X				0	152,292	21,437

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	650,000				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		650,000				
Program Service Revenue			Business Code				
	2a DEVELOPER FEE INCOME		531190	848,592	848,592		
	b OVERSIGHT FEE INCOME		541610	267,575		267,575	
	c MISCELLANEOUS INCOME		531390	170,289	170,289		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,286,456					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,146,581		105,373	2,041,208
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			4,083,037	1,018,881	372,948	2,041,208	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 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.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees)				
a Management.				
b Legal.	41,772	41,772		
c Accounting.	38,772	38,772		
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	66,235	66,235		
12 Advertising and promotion.				
13 Office expenses.	10,643	10,643		
14 Information technology.				
15 Royalties.				
16 Occupancy.	44,105	44,105		
17 Travel.	79,313	79,313		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	2,581	2,581		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	83,762	83,762		
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 OVERHEAD EXPENSE	991,295	991,295		
b TAXES/OTHER	805,289	805,289		
c CORPORATE DEVELOPMENT E	136,805	136,805		
d BANK SERVICE CHARGES	71,583	71,583		
e All other expenses	133,941	133,941		
25 Total functional expenses. Add lines 1 through 24e.	2,506,096	2,506,096	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,944,179	1	5,463,786
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	6,408,005	7	8,999,128
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		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	578,312	13	1,052,947
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,812,262	15	6,932,182
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,742,758	16	22,448,043	
Liabilities	17 Accounts payable and accrued expenses	63,990	17	937,736
	18 Grants payable		18	
	19 Deferred revenue	8,358,069	19	8,358,069
	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	262,500	24	87,500
	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	2,509,856	25	4,939,454
	26 Total liabilities. Add lines 17 through 25	11,194,415	26	14,322,759
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	6,548,343	27	8,125,284
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	6,548,343	33	8,125,284
	34 Total liabilities and net assets/fund balances	17,742,758	34	22,448,043

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	4,083,037
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,506,096
3	Revenue less expenses Subtract line 2 from line 1	3	1,576,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,548,343
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	8,125,284

Part XII Financial Statements and Reporting

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

		Yes	No
<p>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</p>			
<p>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</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b		No
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c		
<p>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?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 58-2131548

Name: RESOURCE HOUSING GROUP INC
F/K/A RHA/HOUSING INC

Form 990 (2017)

Form 990, Part III, Line 4a:

DEVELOP, OWN AND OPERATE HOUSING FOR LOW INCOME PERSONS, EITHER DIRECTLY OR THROUGH PARTNERSHIPS

SCHEDULE A
(Form 990 or
990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RESOURCE HOUSING GROUP INC
F/K/A RHA/HOUSING INC

Employer identification number

58-2131548

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

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

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

f Enter the number of supported organizations _____

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	493,943	411,809	6,181,136	11,777,245	650,000	19,514,133
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	1,203,087	1,332,602	1,264,405	2,334,274	1,018,881	7,153,249
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,697,030	1,744,411	7,445,541	14,111,519	1,668,881	26,667,382
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.)						26,667,382

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	1,697,030	1,744,411	7,445,541	14,111,519	1,668,881	26,667,382
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111,053	85,086	136,146	133,706	105,373	571,364
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		65,676	111,950	296,466	267,575	741,667
c Add lines 10a and 10b	111,053	150,762	248,096	430,172	372,948	1,313,031
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.)	1,808,083	1,895,173	7,693,637	14,541,691	2,041,829	27,980,413

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 2017 (line 8, column (f) divided by line 13, column (f))	15	95.310%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	96.600%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	4.690%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	3.400%

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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 .		
	9a		
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 .		
	9b		
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 .		
	9c		
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 line 10b below.		
	10a		
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.)		
	10b		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

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EIN: 58-2131548

Name: RESOURCE HOUSING GROUP INC
F/K/A RHA/HOUSING INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► 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
2017
Open to Public Inspection

Name of the organization
RESOURCE HOUSING GROUP INC
F/K/A RHA/HOUSING INC

Employer identification number
58-2131548

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.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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 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	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 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

9 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.

1a 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

b 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 ► \$ _____

2 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 ► \$ _____

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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 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 10(c)) . . . ▶				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. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	5,867,552
(2) DEVELOPER FEES	1,064,630
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	6,932,182

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	
DUE TO AFFILIATES	4,939,454
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,939,454

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RESOURCE HOUSING GROUP INC
F/K/A RHA/HOUSING INC

Employer identification number
58-2131548

Part I Questions Regarding Compensation

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

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RESOURCE HOUSING GROUP INC
F/K/A RHA/HOUSING INC

Employer identification number

58-2131548

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CHARLES NORTHCUTT IS THE FATHER OF CHASE NORTHCUTT THE ORGANIZATION IS RELATED TO ALL ORGANIZATIONS INCLUDED IN GROUP EXEMPTION #8555 BECAUSE THOSE ORGANIZATIONS HAVE THE SAME BOARD OF DIRECTORS AS THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT 990 IS EMAILED TO ALL DIRECTORS WITH A NOTE THAT IT WILL BE FILED ON A SPECIFIC 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 OFFICERS THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT, CHAIRMAN, OFFICERS, AND DIRECTORS BEGINS WITH AN INDEPENDENT COMPENSATION CONSULTANT THE COMPENSATION CONSULTANT PREPARES A REPORT OF THE MARKET RATE OF COMPENSATION FOR EACH OF THE EXECUTIVE POSITIONS THE REPORT IS THEN GIVEN TO THE COMPENSATION COMMITTEE WHICH, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
RESOURCE HOUSING GROUP INC
F/K/A RHA/HOUSING INC

Employer identification number

58-2131548

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

See Additional Data Table

(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.

See Additional Data Table

(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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 58-2131548
Name: RESOURCE HOUSING GROUP INC
 F/K/A RHA/HOUSING INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
RHG HOUSING DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2510848	RE DEVELOPMNT	GA	0	578,312	RHG INC
CANDLER FORREST DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486277	RE DEVELOPMNT	GA	14,821	507,336	RHG INC
COLUMBIA CREEK DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2523077	RE DEVELOPMNT	GA	0	0	RHG INC
WASHINGTON ESTATES GP II LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0312849	RE MANAGEMENT	GA	0	0	WA EST MGMT
PELHAM VILLAGE DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-2386704	RE DEVELOPMNT	SC	0	0	RHG INC
RHG ASSET MANAGER LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0311711	RE MANAGEMENT	GA	0	0	RHG INC
CAROLINA OAKS VILLAGE DEV 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 90-0727667	RE DEVELOPMNT	SC	0	557,294	RHG INC
RHG INVESTMENTS LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 35-2554448	INVESTMENT HOLDING CO	GA	0	5,500,000	RHG INC

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2392012	CARE TO DISAB	GA	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-1848245	SUPPORT ORG	GA	501(C)(3)	12B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 06-1680816	SUPPORT ORG	NC	501(C)(3)	12A	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-1804051	DISABLED CARE	NC	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2131548	RE RENTAL	GA	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-1863838	CARE TO DISAB	NC	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2270723	SUPPORT ORG	TN	501(C)(3)	12B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2516555	RE RENTAL	GA	501(C)(3)	PF	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2366152	MANAGEMENT	GA	501(C)(3)	12B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2472789	RE RENTAL	GA	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 59-1347774	SUPPORT ORG	NC	501(C)(3)	11B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 56-1360087	SUPPORT ORG	NC	501(C)(3)	12B	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AGILE CONSTRUCTION COMPANY LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-3689383	RE CONSTRUCTION	GA	N/A									
AUGUSTA HILLS APT I LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2530575	RE RENTAL	GA	PEAKS OF W ATL	RELATED				No			No	
AVENT FERRY DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 80-0644057	RE DEVELOPMENT	NC	RHG INC	RELATED				No		Yes		51 000 %
BELLS FERRY DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2617779	RE DEVELOPMENT	GA	RHG INC	RELATED				No		Yes		84 000 %
BELLS FERRY MANAGEMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 68-0497257	RE MANAGEMENT	GA	RHG INC	RELATED		9		No		Yes		84 000 %
BLAKELY COMMONS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8786507	RE RENTAL	GA	BLAKELY COMMONS MANAGEMENT INC	RELATED				No			No	
CANDLER FORREST APARTMENTS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2576823	RE RENTAL	GA	CANDLER PARTNERS LP	RELATED				No			No	
CANDLER PARTNERS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4533993	RE MANAGEMENT	GA	CANDLER FOR MANAGEMENT	RELATED				No			No	
CAROLINA OAKS GP LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-4923580	RE DEVELOPMENT	SC	CAROLINA OAKS MANAGEMENT	RELATED				No			No	99 000 %
CAROLINA OAKS VILLAGE LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-4915818	RE RENTAL	SC	CAROLINA OAKS GP LLC	RELATED				No			No	
CONSTITUTION AVENUE APARTMENTS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-0960401	RE RENTAL	GA	CONSTITUTION AVENUE MANAGEMENT	RELATED				No			No	
CONSTITUTION AVENUE DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-0960345	RE DEVELOPMENT	GA	RHG INC	RELATED		51		No		Yes		51 000 %
FIVE FORKS MEMORY CARE LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-5129390	RE DEVELOPMENT	GA	MCCA - PSL FIVE FORKS LLC	RELATED				No			No	45 900 %
GABLE OAKS DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-4798230	RE DEVELOPMENT	SC	RHG INC	RELATED				No		Yes		51 000 %
GATES PARK CROSSING HFOP APTS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2576768	RE RENTAL	GA	GATES HFOP MANAGEMENT	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
GATES PARK CROSSING HFS APTS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2631908	RE RENTAL	GA	GATES HFOP MANAGEMENT	RELATED				No			No	
GREENSBORO MILL DEVELOPMENT LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 61-1730373	RE DEVELOPMENT	GA	RHG INC	RELATED	95,843			No		Yes		51 000 %
GREENSBORO MILL GP LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-5765855	RE DEVELOPMENT	GA	GREENSBORO MILL MANAGEMENT INC	RELATED				No			No	50 000 %
GREENSBORO MILL LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 36-4777568	RE DEVELOPMENT	GA	GREENSBORO MILL GP LLC	RELATED				No			No	
HERITAGE GREEN APARTMENTS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-0868029	RE RENTAL	GA	HERITAGE GREEN MANAGEMENT	RELATED				No			No	
HIGHLAND OF GOLDSBORO LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-2942069	RE RENTAL	NC	RHG INC	RELATED	-10	312		No		Yes		51 000 %
HIGHLANDS OF GOLDSBORO DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-2941858	RE DEVELOPMENT	NC	GOLDS RHA MANAGEMENT	RELATED				No			No	51 000 %
KENDRICK'S POND LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-5325827	RE DEVELOPMENT	AL	N/A	RELATED				No			No	50 000 %
KENDRICK'S WAY APARTMENTS LTD 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-2918389	RE RENTAL	AL	KEN'S WAY MANAGEMENT	RELATED				No			No	
KNOXVILLE PEAKS APTS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 62-1837782	RE RENTAL	TN	PEAKS KNOXVILLE	RELATED				No			No	
LOUDON INVESTORS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 74-3254281	RE RENTAL	TN	LOUDON MANAGEMENT INC	RELATED				No			No	
MAGNOLIA TERRACE APARTMENTS II LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4743371	RE RENTAL	GA	MAG TERRACE MANAGEMENT	RELATED				No			No	
MCCA-PHOENIX PARTNERS LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4392849	RE DEVELOPMENT	GA	MEMORY CARE CENTERS	RELATED				No			No	25 500 %
MCCA-PSL FIVE FORKS LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-5113469	RE DEVELOPMENT	GA	MEMORY CARE CENTERS	RELATED				No			No	45 900 %
MCCA-PSL WATKINS CENTRE LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4828593	RE DEVELOPMENT	GA	MEMORY CARE CENTERS	RELATED				No			No	45 900 %

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							Yes	No		Yes	No	
MCRAE-HELENA DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4166578	RE DEVELOPMENT	GA	RHG INC	RELATED				No			No	51 000 %
MCRAE-HELENA ESTATES GP LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 81-2110733	RE DEVELOPMENT	GA	MCRAE HELENA MANAGEMENT INC	RELATED				No			No	51 000 %
MCRAE-HELENA ESTATES LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4143102	RE RENTAL	GA	MCRAE HELENA ESTATES GP LLC	RELATED				No			No	
MECHANICSVILLE APARTMENTS PHASE 4 LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4640760	RE RENTAL	GA	MECHANICSVILLE MANAGEMENT INC	RELATED				No			No	
MEMORY CARE CENTERS OF AMERICA 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-1133130	RE DEVELOPMENT	GA	RHG INC	RELATED	-1,156,161	10,995,276		No		Yes		51 000 %
MLK DRIVE APARTMENTS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-0868032	RE RENTAL	GA	THE PEAKS AT MLK DRIVE MANAGEMENT LLC	RELATED				No			No	
MLK DRIVE DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2531453	RE MANAGEMENT	GA	RHG INC	RELATED				No		Yes		90 000 %
NEWPORT NEWS SENIORS DEVELOPMENT 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-5108044	RE DEVELOPMENT	VA	RHG INC	RELATED				No		Yes		51 000 %
NEWPORT NEWS SENIORS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-5075218	RE RENTAL	VA	NEWPORTS NEWS MANAGEMENT	RELATED	-49	711		No			No	
PEAKS AT BELLS FERRY LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 74-3006817	RE RENTAL	GA	BELLS FERRY MANAGEMENT	RELATED				No			No	
PEAKS OF BATON ROUGE GP LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 61-1856761		GA	RHG GP MANAGEMENT INC	RELATED				No			No	51 000 %
PEAKS OF BATON ROUGE LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 82-2967408	RE RENTAL	GA	PEAKS OF BATON ROUGE GP LLC	RELATED				No			No	
PEAKS OF CORNELIA DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 81-2868763	RE DEVELOPMENT	GA	RHG INC	RELATED				No		Yes		51 000 %
PEAKS OF CORNELIA GP LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 37-1828763	RE MANAGEMENT	GA	RHG CORNELIA MANAGEMENT INC	RELATED				No			No	51 000 %
PEAKS OF CORNELIA LH LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 82-2630983	GROUND LESSOR	GA	RHG CORNELIA MANAGEMENT INC	RELATED				No		Yes		51 000 %

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							Yes	No		Yes	No	
PEAKS OF CORNELIA LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 81-2296893	RE RENTAL	GA	PEAKS OF CORNELIA GP MANAGEMENT INC	RELATED				No			No	
PEAKS OF TAZEWELL DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 38-3927558	RE DEVELOPMENT	TN	RHG INC	RELATED	9,405			No			No	50 000 %
PECAN APARTMENTS II LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4786923	RE RENTAL	GA	PECAN GROVE MANAGEMENT II	RELATED				No			No	
PECAN GROVE LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 54-2070408	RE RENTAL	GA	PECAN GROVE MANAGEMENT I	RELATED				No			No	
PELHAM VILLAGE LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 80-0728754	RE RENTAL	SC	PELHAM VILLAGE MANAGEMENT	RELATED				No			No	
PERKINS ROAD MEMORY CARE LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-2984227	RE DEVELOPMENT	LA	RHG INC	RELATED				No		Yes		25 500 %
PINEWOOD PARK PARTNERS LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-1075933	RE RENTAL	GA	PINEWOOD PARK MANAGEMENT	RELATED				No			No	
RHG-HAMMOND ASSET MANAGER LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0311794	RE MANAGEMENT	GA	RHG INC	RELATED				No		Yes		70 000 %
RICHMOND OVERLOOK DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 35-2401984	RE DEVELOPMENT	VA	RHG INC	RELATED				No		Yes		51 000 %
RICHMOND OVERLOOK GP LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0333205	RE MANAGEMENT	VA	RICHMOND OVERLOOK MANAGEMENT INC	RELATED				No			No	90 000 %
RICHMOND OVERLOOK LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-3831834	RE RENTAL	VA	RICHMOND OVERLOOK GP LLC	RELATED				No			No	
THE PEAKS AT MLK DRIVE MANAGEMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 04-3721167	RE DEVELOPMENT	GA	RHG INC	RELATED				No		Yes		100 000 %
THE PEAKS AT WEST ATLANTA 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 74-3010099	RE RENTAL	GA	RHG INC	RELATED	-15	60,000		No		Yes		49 500 %
THE PEAKS OF TAZEWELL LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 61-1733433	RE DEVELOPMENT	TN	PEAKS OF TAZWELL MANAGEMENT	RELATED				No			No	
THE PHOENIX AT FIVE FORKS LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-5177267	RE RENTAL	GA	MCCA - PSL FIVE FORKS LLC	RELATED				No			No	45 900 %

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

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							Yes	No		Yes	No	
THE PHOENIX AT JAMESTOWN LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4398799	RE RENTAL	GA	MCCA - PHOENIX PARTNERS LLC	RELATED				No			No	25 500 %
THE PHOENIX AT WATKINS CENTRE 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4767735	RE RENTAL	GA	MCCA- PSL WATKINS CENTRE LLC	RELATED				No			No	45 900 %
THE WOODS AT AVENT FERRY LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 90-0611241	RE RENTAL	NC	AVENT FERRY MANAGEMENT	RELATED				No			No	
TIFTON ESTATES LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 61-1563935	RE RENTAL	GA	TIFTON ESTATES MANAGEMENT	RELATED				No			No	
WASHINGTON ESTATES II LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 36-4673439	RE RENTAL	GA	WASHINGTON ESTATES MANAGEMENT II	RELATED				No			No	
WASHINGTON ESTATES LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8797503	RE RENTAL	GA	WASHINGTON ESTATES MANAGEMENT	RELATED				No			No	
WATKINS CENTRE MEMORY CARE LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4803177	RE DEVELOPMENT	GA	MEMORY CARE CENTERS	RELATED				No			No	45 900 %
WAYNESBORO ESTATES LP 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8783370	RE RENTAL	GA	WAYNESBORO ESTATES GP LLC	RELATED	-12	516		No			No	
WAYNESBORO ESTATES DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8783320	RE DEVELOPMENT	GA	RHG INC	RELATED	9,687			No			No	51 000 %
WAYNESBORO ESTATES GP LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8783370	RE MANAGEMENT	GA	WAYNESBORO ESTATES MANAGEMENT	RELATED				No			No	51 000 %

Form 990, Schedule R, Part IV - 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
AVENT FERRY MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 61-1616921	RE MANAGEMENT	NC	RHG INC	C			100 000 %		No
BLAKELY COMMONS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8783424	RE MANAGEMENT	GA	RHG INC	C	53,280	-94,027	100 000 %		No
CAMERON MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-1325283	RE MANAGEMENT	MS	RHG INC	C			100 000 %		No
CAROLINA OAKS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-4936709	RE MANAGEMENT	SC	RHG INC	C			100 000 %		No
COLUMBIA CREEK MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2510843	RE MANAGEMENT	GA	RHG INC	C			100 000 %		No
CONSTRUCTION AVENUE MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-0959971	RE MANAGEMENT	GA	RHG INC	C	-28	989,998	100 000 %		No
GATES PARK CROSSING HFOP MANAGEMENT 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486575	RE RENTAL	GA	RHG INC	C	-80	-326,675	100 000 %		No
GATES PARK CROSSING HFS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486438	RE MANAGEMENT	GA	RHG INC	C	-69	-470,167	100 000 %		No
GENESIS GARDENS GP INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 35-2365860	RE MANAGEMENT	GA	RHG INC	C			100 000 %		No
GOLDSBORO RHG MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 38-3840846	RE MANAGEMENT	NC	RHG INC	C			100 000 %		No
GREENSBORO MILL MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 90-0474192	RE MANAGEMENT	GA	RHG INC	C			100 000 %		No
HERITAGE GREEN MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2528120	RE MANAGEMENT	GA	RHG INC	C	-24	-494	100 000 %		No
HERITAGE HILLS GP INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 80-0348280	RE MANAGEMENT	GA	RHG INC	C			100 000 %		No
KENDRICK'S WAY MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 36-4705144	RE MANAGEMENT	AL	RHG INC	C			100 000 %		No
LOUDON MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0239607	RE MANAGEMENT	TN	RHG INC	C			100 000 %		No

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								Yes	No
MAGNOLIA TERRACE MANAGEMENT II INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4743306	RE MANAGEMENT	GA	RHG INC	C	29,033		100 000 %		No
MCRAE-HELENA MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4154492	RE MANAGEMENT	GA	N/A	C					No
MECHANICSVILLE MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4625370	RE MANAGEMENT	GA	RHG INC	C		116,459	100 000 %		No
NEWPORT NEWS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-5069628	RE MANAGEMENT	VA	RHG INC	C			100 000 %		No
PALISADES BUSINESS HOLDINGS INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 90-0474184	RE INVESTMENT	GA	RHG INC	C			100 000 %		No
PECAN GROVE MANAGEMENT I INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-0959914	RE MANAGEMENT	GA	RHG INC	C	-9	-132	100 000 %		No
PECAN GROVE MANAGEMENT II INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4786861	RE MANAGEMENT	GA	RHG INC	C		-62,952	100 000 %		No
PELHAM VILLAGE MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-2386518	RE MANAGEMENT	SC	RHG INC	C			100 000 %		No
PINEWOOD PARK MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-0873390	RE MANAGEMENT	GA	RHG INC	C	-25	15,706	100 000 %		No
RHG CORNELIA MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 81-2845289	RE MANAGEMENT	GA	RHG INC	C			100 000 %		No
RHG GP MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 82-5249654	RE MANAGEMENT	GA	RHG INC	C			100 000 %		No
RHGHOLDINGS INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-1758566	HOLDING COMPANY	GA	RHG INC	C			100 000 %		No
RICHMOND OVERLOOK MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4634383	RE MANAGEMENT	VA	RHG INC	C	-25	252,718	100 000 %		No
THE PEAKS OF KNOXVILLE INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2531450	RE MANAGEMENT	TN	RHG INC	C			100 000 %		No
THE PEAKS OF TAZEWELL MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 35-2493941	RE MANAGEMENT	TN	RHG INC	C			100 000 %		No

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									Yes	No
TIFTON ESTATES MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 37-1566483	RE MANAGEMENT	GA	RHG INC	C			100 000 %			No
VALOR GROVE MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-2248397	RE MANAGEMENT	AL	RHG INC	C	7,457	-61	100 000 %			No
WASHINGTON ESTATES MANAGEMENT II INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0312847	RE MANAGEMENT	GA	RHG INC	C			100 000 %			No
WASHINGTON ESTATES MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8797461	RE MANAGEMENT	GA	RHG INC	C			100 000 %			No
WAYNESBORO ESTATES MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8783210	RE MANAGEMENT	GA	RHG INC	C			100 000 %			No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
RHA AFFORDABLE HOUSING II INC	C	150,000	CASH
RHG HOUSING FOUNDATION INC	C	500,000	CASH
BLAKELY COMMONS LP	L	160,499	CASH
PELHAM VILLAGE LP	L	50,337	CASH
PEAKS OF CORNELIA LP	L	134,640	CASH
CAROLINA OAKS VILLAGE LP	L	120,370	CASH
GREENSBORO MILL LP	L	93,963	CASH
MCRAE-HELENA ESTATES LP	L	115,819	CASH
NEWPORT NEWS SENIORS LP	D	500,000	LOAN GUARANTEE
FIVE FORKS MEMORY CARE LLC	D	10,600,000	LOAN GUARANTEE
WATKINS CENTRE MEMORY CARE LLC	D	11,700,000	LOAN GUARANTEE
PERKINS ROAD MEMORY CARE LLC	D	11,700,000	LOAN GUARANTEE
MARY LEILA LOFTS	D	6,750,000	LOAN GUARANTEE
PEAKS OF CORNELIA LP	D	4,900,000	LOAN GUARANTEE
PEAKS OF CORNELIA LP	D	1,500,000	LOAN GUARANTEE
PEAKS OF CORNELIA LP	D	11,286,867	LOAN GUARANTEE