

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

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

D Employer identification number
58-2131548

E Telephone number
(404) 968-2656

G Gross receipts \$ 11,694,627

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1994

M State of legal domicile GA

Part I Summary

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 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 2018 (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	365,858
7b	Net unrelated business taxable income from Form 990-T, line 34	323,981

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	650,000	2,370,000
9	Program service revenue (Part VIII, line 2g)	1,286,456	1,110,378
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,146,581	8,214,249
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)	4,083,037	11,694,627
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	500,000
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)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,506,096	2,986,982
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,506,096	3,486,982
19	Revenue less expenses Subtract line 18 from line 12	1,576,941	8,207,645
	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	22,448,043	27,190,894
21	Total liabilities (Part X, line 26)	14,322,759	11,025,840
22	Net assets or fund balances Subtract line 21 from line 20	8,125,284	16,165,054

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: 2019-11-13

JOHN WEST CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2019-11-13 Check if self-employed PTIN P00520951

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

Firm's address ▶ 3560 LENOX ROAD NE SUITE 2900 ATLANTA, GA 30326 Phone no (404) 847-9447

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 \$ 3,486,982 including grants of \$ 500,000) (Revenue \$ 846,641)
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 ▶ 3,486,982

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	0		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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



Section A. Governing Body and Management

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

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

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

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	1,109,721	44,069
(2) JAMES D LOFTIN JR DIRECTOR	0 50 1 00	X						0	32,656	0
(3) CHARLES NORTHCUTT SECRETARY/DIRECTOR	0 50 1 00	X						0	32,298	0
(4) HOWARD OAKES DIRECTOR	0 50 1 00	X						0	39,293	0
(5) WILLIAM P WALKER CHAIRMAN/DIRECTOR	2 20 7 80	X						0	112,844	0
(6) JOHN T CARSSOW DIRECTOR	0 50 2 50	X						0	47,860	0
(7) ALISON DRUMMOND DIRECTOR	0 50 1 00	X						0	37,844	0
(8) JOHN WEST EVP/CFO/DIRECTOR	24 60 15 40	X		X				0	848,083	44,069
(9) KENNETH BAGGETT DIRECTOR	0 10 0 00	X						0	0	0
(10) CHASE NORTHCUTT PRESIDENT	35 90 4 10			X				0	473,600	78,987
(11) HEATHER-DAWN ASHLEY VICE PRESIDENT	33 00 7 00			X				0	190,000	21,033
(12) SAMIT PATEL VICE PRESIDENT	35 00 5 00			X				0	169,583	21,437

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

1b Sub-Total				
c Total from continuation sheets to Part VII, Section A				
d Total (add lines 1b and 1c)	0	3,093,782	209,595	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	
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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	2,370,000				
	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			2,370,000			
Program Service Revenue			Business Code				
	2a DEVELOPER FEE INCOME		531190	782,237	782,237		
	b OVERSIGHT FEE INCOME		541610	321,426	57,689	263,737	
	c MISCELLANEOUS INCOME		531390	6,715	6,715		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,110,378				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,214,249		102,121	8,112,128
	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			11,694,627	846,641	365,858	8,112,128	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	500,000	500,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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.	94,077	94,077		
c Accounting.	107,540	107,540		
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).	111,481	111,481		
12 Advertising and promotion.				
13 Office expenses.	13,704	13,704		
14 Information technology.				
15 Royalties.				
16 Occupancy.	78,662	78,662		
17 Travel.	136,987	136,987		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	870	870		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	195,065	195,065		
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	1,352,192	1,352,192		
b BAD DEBT EXPENSE	382,074	382,074		
c TAXES/OTHER	220,570	220,570		
d CORPORATE DEVELOPMENT E	92,641	92,641		
e All other expenses	201,119	201,119		
25 Total functional expenses. Add lines 1 through 24e.	3,486,982	3,486,982	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	5,463,786	1	4,862,496
	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	8,999,128	7	9,449,497
	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	1,052,947	13	6,967,410
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	6,932,182	15	5,911,491
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,448,043	16	27,190,894	
Liabilities	17 Accounts payable and accrued expenses	937,736	17	145,615
	18 Grants payable		18	
	19 Deferred revenue	8,358,069	19	8,235,894
	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	87,500	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	4,939,454	25	2,644,331
	26 Total liabilities. Add lines 17 through 25	14,322,759	26	11,025,840
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,125,284	27	16,165,054
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,125,284	33	16,165,054	
34 Total liabilities and net assets/fund balances	22,448,043	34	27,190,894	

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	11,694,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,486,982
3	Revenue less expenses Subtract line 2 from line 1	3	8,207,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,125,284
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	-167,875
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	16,165,054

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-2131548

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

Form 990 (2018)

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

2018

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 **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	411,809	6,181,136	11,777,245	650,000	2,370,000	21,390,190
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	1,332,602	1,264,405	2,334,274	1,018,881	788,952	6,739,114
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	1,744,411	7,445,541	14,111,519	1,668,881	3,158,952	28,129,304
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)						28,129,304

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,744,411	7,445,541	14,111,519	1,668,881	3,158,952	28,129,304
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,086	136,146	133,706	105,373		460,311
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	65,676	111,950	296,466	267,575	321,426	1,063,093
c	Add lines 10a and 10b	150,762	248,096	430,172	372,948	321,426	1,523,404
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.)	1,895,173	7,693,637	14,541,691	2,041,829	3,480,378	29,652,708
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	94.860 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	95.310 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	5.140 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	4.690 %

- 19a 33 1/3% support tests—2018.** 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—2017.** 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.		
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>	Yes	No
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

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

OMB No 1545-0047
2018
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? Yes 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? Yes 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 7/25/06, 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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) INVESTMENT IN RICHMOND OVERLOOK, LP	36,025	C
(2) INVESTMENT IN HOPE CENTER (PSL I)	438,610	C
(3) INVESTMENT IN PALISADES BUSINESS HOLDINGS, INC (PSL RHG II)	5,875,763	C
(4) INVESTMENT IN OTHER AFFILIATES	617,012	C
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	6,967,410	

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	5,122,090
(2) DEVELOPER FEES	789,401
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	5,911,491

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	2,644,331
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,644,331

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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: RESOURCE HEALTHCARE OF AMERICA INC, 58-1848245, 500,000, CONTRIBUTION.

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization RESOURCE HOUSING GROUP INC F/K/A RHA/HOUSING INC	Employer identification number 58-2131548
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Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<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)			
<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)				
<p>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.</p>	1b				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<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			
<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				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>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.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRYANT G COATS CEO/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	554,672	194,900	360,149	18,000	26,069	1,153,790	0
2 JOHN WEST EVP/CFO/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	422,488	138,810	286,785	18,000	26,069	892,152	0
3 CHASE NORTHCUTT PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	268,600	205,000	0	52,918	26,069	552,587	0
4 HEATHER-DAWN ASHLEY VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	150,000	40,000	0	12,000	9,033	211,033	0
5 SAMIT PATEL VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	129,583	40,000	0	10,000	11,437	191,020	0

Part III **Supplemental Information**

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047
2018
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 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.

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) 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

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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 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
(1) RHG HOUSING DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2510848	RE DEVELOPMNT	GA	-510	617,012	RESOURCE HOUSING GROUP INC (RHG INC)
(1) CANDLER FORREST DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486277	RE DEVELOPMNT	GA	14,821	522,157	RHG INC
(2) COLUMBIA CREEK DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2523077	RE DEVELOPMNT	GA	0	0	RHG INC
(3) WASHINGTON ESTATES GP II LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0312849	RE MANAGEMENT	GA	0	0	WA EST MGMT
(4) PELHAM VILLAGE DEVELOPMENT LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-2386704	RE DEVELOPMNT	SC	0	0	RHG INC
(5) RHG ASSET MANAGER LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0311711	RE MANAGEMENT	GA	0	0	RHG INC
(6) CAROLINA OAKS VILLAGE DEV 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 90-0727667	RE DEVELOPMNT	SC	0	267,244	RHG INC
(7) RHG INVESTMENTS LLC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 35-2554448	INVESTMENT HOLDING CO	GA	-31,557	7,000,000	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 58-2516555	RE RENTAL	GA	501(C)(3)	PF	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 06-1680816	SUPPORTING ORG	NC	501(C)(3)	12A	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 56-1360087	DISABLED CARE	NC	501(C)(3)	12B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2440916	RE RENTAL	GA	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 59-1347774	SUPPORTING ORG	NC	501(C)(3)	12B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2366152	SUPPORTING ORG	GA	501(C)(3)	12B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2270723	SUPPORTING ORG	TN	501(C)(3)	12B	RESIDENTIAL HEALTHCARE AFFILIATES INC		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2392012	RE RENTAL	GA	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-1804051	DISABLED CARE	NC	501(C)(3)	10	RESIDENTIAL HEALTHCARE AFFILIATES INC		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2472789	RE RENTAL	GA	501(C)(3)	10	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	
(1) AUGUSTA HILLS APT I LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 58-2530575	RE RENTAL	GA	THE PEAKS AT WEST ATLANTA LLC	N/A				No			No	
(1) AVENT FERRY DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 80-0644057	RE DEVELOPMENT	NC	RHG INC	RELATED				No		Yes		51 000 %
(2) BELLS FERRY DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 58-2617779	RE DEVELOPMENT	GA	RHG INC	RELATED				No		Yes		84 000 %
(3) BELLS FERRY MANAGEMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 68-0497257	RE MANAGEMENT	GA	RHG INC	RELATED				No		Yes		84 000 %
(4) BLAKELY COMMONS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-8783507	RE RENTAL	GA	BLAKELY COMMONS MANAGEMENT INC	N/A				No			No	
(5) CANDLER FORREST APARTMENTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-2576823	RE RENTAL	GA	CANDLER PARTNERS LP	N/A				No			No	
(6) CANDLER PARTNERS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-4533993	RE MANAGEMENT	GA	CANDLER FOREST MANAGEMENT LLC	N/A				No			No	
(7) CAROLINA OAKS GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-4923580	RE MANAGEMENT	SC	CAROLINA OAKS MANAGEMENT INC	N/A				No			No	
(8) CAROLINA OAKS VILLAGE LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-4915818	RE RENTAL	SC	CAROLINA OAKS VILLAGE GP LLC	N/A				No			No	
(9) CONSTITUTION AVENUE APARTMENTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-0960401	RE RENTAL	GA	CONSTITUTION AVENUE MANAGEMENT INC	N/A				No			No	
(10) CONSTITUTION AVENUE DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-0960345	RE DEVELOPMENT	GA	RHG INC	RELATED		100		No		Yes		51 000 %
(11) DOTHAN PEAKS DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-1001170	RE DEVELOPMENT	AL	RHG INC	RELATED				No		Yes		69 000 %
(12) FIVE FORKS MEMORY CARE LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-5129390	RE DEVELOPMENT	GA	MCCA-PSL FIVE FORKS LLC	N/A				No			No	
(13) GABLE OAKS DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-4798230	RE DEVELOPMENT	SC	RHG INC	RELATED				No		Yes		51 000 %
(14) GATES PARK CROSSING HFOP APTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-2576768	RE RENTAL	GA	GATES PARK CROSSING HFOP MANAGEMENT INC	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) GATES PARK CROSSING HFS APTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-2631908	RE RENTAL	GA	GATES PARK CROSSING HFS MANAGEMENT INC	N/A				No			No	
(1) GREENSBORO MILL DEVELOPMENT LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 61-1730373	RE DEVELOPMENT	GA	RHG INC	RELATED	67,111			No		Yes		51 000 %
(2) GREENSBORO MILL GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-5765855	RE DEVELOPMENT	GA	GREENSBORO MILL MANAGEMENT INC	N/A				No			No	
(3) GREENSBORO MILL LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 36-4777568	RE DEVELOPMENT	GA	GREENSBORO MILL GP LLC	N/A				No			No	
(4) HERITAGE GREEN APARTMENTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-0868029	RE RENTAL	GA	HERITAGE GREEN MANAGEMENT INC	N/A				No			No	
(5) HIGHLANDS OF GOLDSBORO DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-2941858	RE DEVELOPMENT	NC	RHG INC	RELATED	10,859			No		Yes		51 000 %
(6) HIGHLANDS OF GOLDSBORO LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-2942069	RE RENTAL	NC	GOLDSBORO RHG MANAGEMENT INC	N/A	-10	298	Yes				No	
(7) HOWELL SCHOOL GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-2569187	RE MANAGEMENT	AL	DOTHAN PEAKS MANAGEMENT INC	N/A				No			No	
(8) KENDRICK'S POND LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-5325827	RE DEVELOPMENT	AL	RHG INC	RELATED				No			No	50 000 %
(9) KENDRICK'S WAY APARTMENTS LTD 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-2918393	RE RENTAL	AL	KENDRICK'S WAY MANAGEMENT INC	N/A				No			No	
(10) KNOXVILLE PEAKS APTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 62-1837782	RE RENTAL	TN	THE PEAKS OF KNOXVILLE INC	N/A				No			No	
(11) LOUDON INVESTORS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 74-3254281	RE RENTAL	TN	LOUDON MANAGEMENT INC	N/A				No			No	
(12) MAGNOLIA TERRACE APARTMENTS II LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-4743371	RE RENTAL	GA	MAGNOLIA TERRACE MANAGEMENT INC	N/A				No			No	
(13) MCCA-PHOENIX PARTNERS LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4392849	RE DEVELOPMENT	GA	MEMORY CARE CENTERS OF AMERICA INC	N/A				No			No	
(14) MCCA-PSL FIVE FORKS LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-5113469	RE DEVELOPMENT	GA	MEMORY CARE CENTERS OF AMERICA INC	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) MCCA-PSL WATKINS CENTRE LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4828593	RE DEVELOPMENT	GA	MEMORY CARE CENTERS OF AMERICA INC	N/A				No			No	
(1) MCRAE-HELENA DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4166578	RE DEVELOPMENT	GA	RHG INC	RELATED				No		Yes		51 000 %
(2) MCRAE-HELENA ESTATES GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2110733	RE DEVELOPMENT	GA	MCRAE-HELENA MANAGEMENT INC	N/A				No			No	
(3) MCRAE-HELENA ESTATES LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4143102	RE RENTAL	GA	MCRAE-HELENA ESTATES GP LLC	N/A				No			No	
(4) MECHANICSVILLE APARTMENTS PHASE 4 LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-5640760	RE RENTAL	GA	MECHANICSVILLE MANAGEMENT INC	N/A				No			No	
(5) MEMORY CARE CENTERS OF AMERICA 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-1133130	RE DEVELOPMENT	GA	RHG INC	RELATED	1,649,923	5,865,831		No		Yes		51 000 %
(6) MLK DRIVE APARTMENTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-0868032	RE RENTAL	GA	THE PEAKS AT MLK DRIVE MANAGEMENT LLC	N/A				No			No	
(7) MLK DRIVE DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 58-2531453	RE MANAGEMENT	GA	RHG INC	RELATED	181,169			No		Yes		90 000 %
(8) NEWPORT NEWS SENIORS DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-5108044	RE DEVELOPMENT	VA	RHG INC	RELATED				No		Yes		51 000 %
(9) NEWPORT NEWS SENIORS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-5075218	RE RENTAL	VA	NEWPORT NEWS MANAGEMENT INC	N/A				No			No	
(10) PEAKS AT BELLS FERRY LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 74-3006817	RE RENTAL	GA	BELLS FERRY MANAGEMENT INC	N/A				No			No	
(11) THE PEAKS AT WEST ATLANTA LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 74-3010099	RE MANAGEMENT	GA	RHG INC	RELATED	2,452,347			No		Yes		49 500 %
(12) PEAKS OF BATON ROUGE GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 61-1856761	RE MANAGEMENT	GA	RHG GP MANAGEMENT INC	N/A				No			No	
(13) PEAKS OF BATON ROUGE LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-2967408	RE RENTAL	GA	PEAKS OF BATON ROUGE GP LLC	N/A				No			No	
(14) PEAKS OF CORNELIA DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2868763	RE DEVELOPMENT	GA	RHG INC	RELATED	327,276			No		Yes		51 000 %

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	
(46) PEAKS OF CORNELIA GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 37-1828763	RE MANAGEMENT	GA	RHG CORNELIA MANAGEMENT INC	N/A				No			No	
(1) PEAKS OF CORNELIA LH LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-2630983	GROUND LESSOR	GA	RHG INC	RELATED				No		Yes		51 000 %
(2) PEAKS OF CORNELIA LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2296893	RE DEVELOPMENT	GA	PEAKS OF CORNELIA GP LLC	N/A				No			No	
(3) PEAKS OF OAKWOOD DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2910723	RE DEVELOPMENT	GA	RHG INC	RELATED	147,390			No		Yes		51 000 %
(4) PEAKS OF OAKWOOD GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 36-4838570	RE MANAGEMENT	GA	RHGOAKWOOD MANAGEMENT INC	N/A				No			No	
(5) PEAKS OF OAKWOOD LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2325773	RE RENTAL	GA	PEAKS OF OAKWOOD GP LLC	N/A				No			No	
(6) PEAKS OF TAZEWELL DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 38-3927558	RE DEVELOPMENT	TN	RHG INC	RELATED				No		Yes		50 000 %
(7) PECAN APARTMENTS II LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-4786923	RE RENTAL	GA	PECAN GROVE MANAGEMENT II INC	N/A				No			No	
(8) PECAN GROVE LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 54-2070408	RE RENTAL	GA	PECAN GROVE MANAGEMENT I INC	N/A				No			No	
(9) PELHAM VILLAGE LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 80-0728754	RE RENTAL	SC	PELHAM VILLAGE MANAGEMENT INC	N/A				No			No	
(10) PERKINS ROAD MEMORY CARE LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-2984227	RE DEVELOPMENT	LA	RHG INC	RELATED				No		Yes		
(11) PINWOOD PARK PARTNERS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-1075933	RE RENTAL	GA	PINWOOD PARK MANAGEMENT INC	N/A				No			No	
(12) PSL-RHG LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 30-1043835	RE RENTAL	GA	RHG INC	RELATED	-59,113	530,168		No			No	50 000 %
(13) RHG-HAMMOND ASSET MANAGER LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 32-0311794	RE MANAGEMENT	GA	RHG INC	RELATED				No		Yes		70 000 %
(14) RICHMOND OVERLOOK DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 35-2401984	RE DEVELOPMENT	VA	RHG INC	RELATED				No		Yes		51 000 %

(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	
(61) RICHMOND OVERLOOK GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 32-0333205	RE MANAGEMENT	VA	RICHMOND OVERLOOK MANAGEMENT INC	N/A				No			No	
(1) RICHMOND OVERLOOK LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 32-3831834	RE RENTAL	VA	RICHMOND OVERLOOK GP LLC	N/A				No			No	
(2) THE PEAKS AT MLK DRIVE MANAGEMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 04-3721167	RE DEVELOPMENT	GA	RHG INC	RELATED	-22,988	554,021		No		Yes		90 000 %
(3) THE PEAKS OF DOTHAN LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-1059002	RE RENTAL	AL	HOWELL SCHOOL GP LLC	N/A				No			No	
(4) THE PEAKS OF TAZEWELL LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 61-1733433	RE DEVELOPMENT	TN	PEAKS OF TAZEWELL MANAGEMENT INC	N/A				No			No	
(5) THE PHOENIX AT FIVE FORKS LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-5177267	RE RENTAL	GA	MCCA-PSL FIVE FORKS LLC	N/A				No			No	
(6) THE PHOENIX AT JAMESTOWN LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4398799	RE RENTAL	GA	MCCA-PHOENIX PARTNERS LLC	N/A				No			No	
(7) THE PHOENIX AT WATKINS CENTRE LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4767735	RE RENTAL	GA	MCCA-PSL WATKINS CENTRE LLC	N/A				No			No	
(8) THE WOODS AT AVENT FERRY LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 90-0611241	RE RENTAL	NC	AVENT FERRY MANAGEMENT INC	N/A				No			No	
(9) TIFTON ESTATES LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 61-1563935	RE RENTAL	GA	TIFTON ESTATES MANAGEMENT INC	N/A				No			No	
(10) WASHINGTON ESTATES II LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 36-4673439	RE RENTAL	GA	WASHINGTON ESTATES MGT II INC	N/A				No			No	
(11) WASHINGTON ESTATES LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-8797503	RE RENTAL	GA	WASHINGTON ESTATE MANAGEMENT INC	N/A				No			No	
(12) WATKINS CENTRE MEMORY CARE LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4803177	RE DEVELOPMENT	GA	MCCA-PSL WATKINS CENTRE LLC	N/A				No			No	
(13) WAYNESBORO ESTATES DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-8783320	RE DEVELOPMENT	GA	RHG INC	RELATED	9,341			No		Yes		51 000 %
(14) WAYNESBORO ESTATES GP LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-8783370	RE MANAGEMENT	GA	WAYNESBORO ESTATE MGT INC	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate 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	
(76) WAYNESBORO ESTATES LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-8783210	RE RENTAL	GA	WAYNESBORO ESTATES GP LLC	N/A				No			No	
(1) PSL RHG II LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-3959325	RE RENTAL	GA	PALISADES BUSINESS HOLDINGS INC	N/A				No			No	

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
(1) AVENT FERRY MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 61-1616921	RE MANAGEMENT	NC	RHG INC	C	-11	7,830	100 000 %	Yes	
(1) BLAKELY COMMONS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8783424	RE MANAGEMENT	GA	RHG INC	C	121,315		100 000 %	Yes	
(2) CAMERON MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-1325283	RE MANAGEMENT	MS	RHG INC	C			100 000 %	Yes	
(3) CANDLER FORREST MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486336	RE MANAGEMENT	GA	RHG INC	C			100 000 %	Yes	
(4) CAROLINA OAKS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-4936709	RE MANAGEMENT	SC	RHG INC	C	-21		100 000 %	Yes	
(5) COLUMBIA CREEK MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2510843	RE MANAGEMENT	GA	RHG INC	C			100 000 %	Yes	
(6) CONSTITUTION AVENUE MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-0959971	RE MANAGEMENT	GA	RHG INC	C	-544	1,105,546	100 000 %	Yes	
(7) DOTHAN PEAKS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-1001114	RE MANAGEMENT	AL	RHG INC	C			100 000 %	Yes	
(8) GATES PARK CROSSING HFOP MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486575	RE MANAGEMENT	GA	RHG INC	C	-37	-326,712	100 000 %	Yes	
(9) GATES PARK CROSSING HFS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486438	RE MANAGEMENT	GA	RHG INC	C	-38	-470,205	100 000 %	Yes	
(10) GENESIS GARDENS GP INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 35-2365860	RE MANAGEMENT	GA	RHG INC	C		-3,593	100 000 %	Yes	
(11) GOLDSBORO RHG MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 38-3840846	RE MANAGEMENT	NC	RHG INC	C			100 000 %	Yes	
(12) GREENSBORO MILL MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 90-0474192	RE MANAGEMENT	GA	RHG INC	C	-38		100 000 %	Yes	
(13) HERITAGE GREEN MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2528120	RE MANAGEMENT	GA	RHG INC	C	-15	-509	100 000 %	Yes	
(14) HERITAGE HILLS GP INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 80-0348280	RE MANAGEMENT	GA	RHG INC	C		-13,809	100 000 %	Yes	

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								Yes	No
(16) KENDRICK'S WAY MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 36-4705144	RE MANAGEMENT	AL	RHG INC	C		6	100 000 %	Yes	
(1) LOUDON MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0239607	RE MANAGEMENT	TN	RHG INC	C	-145	3,431	100 000 %	Yes	
(2) MAGNOLIA TERRACE MANAGEMENT II INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4743306	RE MANAGEMENT	GA	RHG INC	C	23,387		100 000 %	Yes	
(3) MCRAE-HELENA MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-4154492	RE MANAGEMENT	GA	RHG INC	C	-14		100 000 %	Yes	
(4) MECHANICSVILLE MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4625370	RE MANAGEMENT	GA	RHG INC	C		104,041	100 000 %	Yes	
(5) NEWPORT NEWS MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-5069628	RE MANAGEMENT	VA	RHG INC	C	-38	325	100 000 %	Yes	
(6) PALISADES BUSINESS HOLDINGS INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 90-0474184	RE INVESTMENT	GA	RHG INC	C			100 000 %	Yes	
(7) PECAN GROVE MANAGEMENT I INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-0959914	RE MANAGEMENT	GA	RHG INC	C	-7	-139	100 000 %	Yes	
(8) PECAN GROVE MANAGEMENT II INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4786861	RE MANAGEMENT	GA	RHG INC	C	4,086	-52,804	100 000 %	Yes	
(9) PELHAM VILLAGE MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-2386518	RE MANAGEMENT	SC	RHG INC	C	36,076	549	100 000 %	Yes	
(10) PINWOOD PARK MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-0873390	RE MANAGEMENT	GA	RHG INC	C	-17	15,689	100 000 %	Yes	
(11) RHG CORNELIA MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 81-2845289	RE MANAGEMENT	GA	RHG INC	C	-84		100 000 %	Yes	
(12) RHG GP MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 82-5249654	RE MANAGEMENT	GA	RHG INC	C			100 000 %	Yes	
(13) RHG OAKWOOD MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 81-2811322	RE MANAGEMENT	GA	RHG INC	C			100 000 %	Yes	
(14) RICHMOND OVERLOOK MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4634383	RE MANAGEMENT	GA	RHG INC	C	-20	252,698	100 000 %	Yes	

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								Yes	No
(31) THE PEAKS OF KNOXVILLE INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2531450	RE MANAGEMENT	TN	N/A	C				Yes	
(1) THE PEAKS OF TAZEWELL MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 35-2493941	RE MANAGEMENT	TN	RHG INC	C	-21	-53	100 000 %	Yes	
(2) TIFTON ESTATES MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 37-1566483	RE MANAGEMENT	GA	RHG INC	C	-37		100 000 %	Yes	
(3) VALOR GROVE MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 46-2248397	RE MANAGEMENT	AL	RHG INC	C	5,778	-68	100 000 %	Yes	
(4) WASHINGTON ESTATES MANAGEMENT II INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 32-0312847	RE MANAGEMENT	GA	RHG INC	C			100 000 %	Yes	
(5) WASHINGTON ESTATES MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8797461	RE MANAGEMENT	GA	RHG INC	C	-33		100 000 %	Yes	
(6) WAYNESBORO ESTATES MANAGEMENT INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-8783262	RE MANAGEMENT	GA	RHG INC	C			100 000 %	Yes	

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
(1)	RHA AFFORDABLE HOUSING II INC	C	120,000	CASH
(1)	RHG SHARED RISK FUNDING INC	C	750,000	CASH
(2)	RHA HAMMOND ASSET MANAGER LLC	L	60,877	CASH
(3)	PEAKS OF OAKWOOD LP	L	147,390	CASH
(4)	THE PEAKS OF DOTHAN LP	L	108,828	CASH
(5)	MECHANICSVILLE MANAGEMENT INC	L	56,112	CASH
(6)	PEAKS OF CORNELIA LP	L	327,276	CASH
(7)	GREENSBORO MILL LP	L	65,795	CASH
(8)	MCRAE-HELENA ESTATES LP	L	100,086	CASH
(9)	PEAKS OF CORNELIA LP	D	1,500,000	LOAN GUARANTEE
(10)	THE PEAKS OF DOTHAN LP	D	8,500,000	LOAN GUARANTEE
(11)	PEAKS OF OAKWOOD LP	D	11,000,000	LOAN GUARANTEE
(12)	GREENSBORO MILL LP	D	555,520	LOAN GUARANTEE
(13)	PEAKS OF BATON ROUGE LP	D	5,455,000	LOAN GUARANTEE
(14)	RHG GP MANAGEMENT INC	D	1,000,000	LOAN GUARANTEE
(15)	RHG HOUSING FOUNDATION INC	C	1,500,000	CASH
(16)	RESOURCE HEALTHCARE OF AMERICA INC	B	500,000	CASH
(17)	PALISADES BUSINESS HOLDINGS INC	B	5,875,000	CASH
(18)	AUGUSTA HILLS APARTMENTS LIMITED PARTNERSHIP	R	5,533,823	CASH
(19)	MEMORY CARE CENTERS OF AMERICA INC	R	1,080,605	CASH
(20)	RESOURCE HEALTHCARE OF AMERICA INC	R	2,415,000	CASH