EXTENDED TO NOVEMBER 16, 2020

Form

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

Open to Public Inspection

Form 990 (2019)

AF	or the	- 2019 calendar year, or tax year beginning and endir	ng			
Вс	heck if	C Name of organization		D Employer ide	ntifica	tion number
a	pplicabl	RESOURCE HOUSING GROUP, INC.				
	Addre chang					
	Name chang	Doing business as		58-213	1548	8
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone nu	mber	 ·
	Final return	1819 PEACHTREE ROAD NE 520		404968	2656	6
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		1,592,395.
	Amen	ATLANTA, GA 30309		H(a) Is this a gro	up retu	ım
	Application	F Name and address of principal officer OOIII WEST		for subordin	ates?	Yes X No
	pendir	⁹ 1819 PEACHTREE RD NE 520, ATLANTA, GA 303	309	H(b) Are all subording	ates inclu	ded? Yes No
1 T	ax-ex	empt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	No," atta	ch a lıs	t (see instructions) -
		te: N/A		H(c) Group exem		
K F	orm of	organization: X Corporation Trust Association Other	L Year o	f formation: 199	4 M S	State of legal domicile; GA
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most significant activities DEVELOP	, OV	NN AND OP	ERAT	'E LOW
Activities & Governance		INCOME HOUSING, EITHER DIRECTLY OR THROUGH E	PART	NERSHIPS.		
ına	2	Check this box If the organization discontinued its operations or disposed of	f more t	han 25% of its ne	t asset	S
×e.	3	Number of voting members of the governing body (Part VI, line 1a)	_		3	9
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	6
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5	0
/Itie	6	Total number of volunteers (estimate if necessary)			6	0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	α.	_	7a	35,501.
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u> </u>	7	7b	0.
				Prior Year		Current Year
•	8	Contributions and grants (Part VIII, line 1h)		2,370,00	0.	0.
ž	9	Program service revenue (Part VIII, line 2g)	Çŧ	1,110,37	8.	812,016.
Revenue	10	Investment income (Part VIII, Inie 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	SB	8,214,24	9.	780,379.
č	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)		11,694,62	7.	1,592,395.
	13	Grants and similar amounts paid (Part IX, column (A), lines 3 IVV 3 U LULU)		500,00	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.,
s	15	Salaries, other compensation, employee benefits (Part IX, column, (A), lines 5-10).			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25)			-	٠
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,986,98	2.	558,433.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,486,98	2.	558,433.
	19_	Revenue less expenses. Subtract line 18 from line 12		8,207,64	5.	1,033,962.
s or			Beg	inning of Current Y	ear	End of Year
sets	20	Total assets (Part X, line 16)		27,190,89		30,389,379.
ASs		Total liabilities (Part X, line 26)		11,025,84		13,190,363.
	22	Net assets or fund balances Subtract line 21 from line 20		<u>16,165,05</u>	4.	17,199,016.
Pa	rt II	Signature Block				
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the best o	of my kn	nowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer h	as any knowledge.		
					116	12020
Sigr	1	Signature of officer	. ~ .	Date	•	· · · · · · · · · · · · · · · · · · · ·
Here	е	DOWN WEST, CHIEF FINANCIAL OFFICER OHAS	<u> </u>	<u>YORTH CU 1</u>	<u>-厂</u>	PRESIDE
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	D	ate Chec	k] PTIN
Paid		WENDY TILLERY, CPA WENDY TILLERY, CPA	1:	1/12/20 self-	employed	P00520951
Prep		Firm's name COHNREZNICK LLP		Firm's EIN	22	2-1478099
Use		Firm's address 3560 LENOX ROAD NE, SUITE 2900				
	-	ATLANTA, GA 30326		Phone no.	404-	-847-9447
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

RESOURCE HOUSING GROUP, INC.

<u>Form</u>	990 (2019) F/K/A RHA/HOUSING, INC.	<u>58-2131548</u>	Page 2
Pa	rt 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		
١,	DEVELOP, OWN AND OPERATE HOUSING FOR LOW INCOME PERSONS,	משעתדם	
		BIIIII	
	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	X No
	If "Yes," describe these new services on Schedule O		
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ vos	X No
3	• • • • • • • • • • • • • • • • • • • •	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 it		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 558,433. including grants of \$) (Revenue	ues 1.556.	894.)
	DEVELOP, OWN AND OPERATE HOUSING FOR LOW INCOME PERSONS,		······································
	DIRECTLY OR THROUGH PARTNERSHIPS.		
	DIRECTOR OR THROUGH PARTNERSHIPS:		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ле \$)
			
		 	
4c	(Code) (Expenses \$ including grants of \$) (Revent	ue \$)
4d	Other program services (Describe on Schedule O)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 558,433.		
-70	1 See Francisco Carrelloso Francisco	Eorm C	90 (2019)

AUORD 58-2131548 Page 3

[,1	Gray Checking of Fredmica Concautes			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			\ .
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			- v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5_		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١		
•	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			•
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
n	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	ļ	x
	AND		990	

Form **990** (2019)

Pa	rt IV Checklist of Required Schedules (continued)	<u>540</u>		age 4
La	Try Officerist of Required Scriedules (continued)		T	
			Yes	No
22				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	i
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		İ	
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Ī
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
ŲŽ	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> 32</u>		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	42	
34			х	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
	•	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256	х	
00		35b	Λ.	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ا مم ا		v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	ᢏ	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		1	ــــــــــــــــــــــــــــــــــــــ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2019) F/K/A RHA/HOUSING, INC.

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

NAMO GENERAL	Continued)								
	·	1 1	2254	Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0						
	filed for the calendar year ending with or within the year covered by this return			22.	200.00				
Ð	If at least one is reported on line 2a, did the organization file all required federal employment tax return. Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		<u>2b</u>	100	25.00				
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	>)	3a	X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	X	_				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		1-35		\vdash				
74	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a	1	х				
h	If "Yes," enter the name of the foreign country		1153	T	34104				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, , , , , , , , , , , , , , , , , , ,	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		х				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?	-	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	? <u>7a</u>	<u> </u>	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required							
	to file Form 8282?	1 1	7c	s, tusen ii	X"				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d]	7e						
е									
f									
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	•	7 <u>g</u> 7h		_				
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by trie	8	<u>25-827</u>					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	32.42X	*****				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter		i Sai	8/28	2.5				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders	11a							
ь	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	425						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			201					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	0000004-00000	VIII VIII TA				
	Note: See the instructions for additional information the organization must report on Schedule O								
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	l I							
	organization is licensed to issue qualified health plans	13b	-12.5						
	Enter the amount of reserves on hand	13c	14a		X				
14a									
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			v				
	excess parachute payment(s) during the year?		15		X				
16	If "Yes," see instructions and file Form 4720, Schedule N	income?			X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O	mounte,	16	2 4	<u> </u>				
	ii 165, Complete Form 4720, Conedule C		100000000000000000000000000000000000000	200000E	12410 FF 200				

Form 990 (2019)

932006 01-20-20

F/K/A RHA/HOUSING, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response • to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule Q. b Enter the number of voting members included on line 1a, above, who are independent 1b 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? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X _5__Did the organization become aware during the year of a significant diversion of the organization's assets?— ---5-Х Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye<u>s</u> No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 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? Х a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) ____ Another's website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JOHN WEST - 404-364-2903 1819 PEACHTREE ROAD NE SUITE 520, ATLANTA, 30309

F/K/A RHA/HOUSING, INC.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization	n nor any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)							(D)	(E)	(F)
Name and title	Average	Average Position (do not check more than					one	Reportable	Reportable	Estimated
	hours per	box	. unle:	ss per	rson is both an director/trustee)		an	compensation	compensation	amount of
	week	-	cer an	aaa	recto	ector/trustee)		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ρ	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		a	Suadi		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	lonal		ploy	5 99				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу еп	Highest compensated employee	Former			Organizations
(1) BRYANT G. COATS	3.00									
CEO/DIRECTOR	37.00	X		X				0.	1,125,542.	52,107.
(2) JAMES D. LOFTIN, JR.	0.50									
DIRECTOR	2.00	X						0.	33,874.	0.
(3) CHARLES NORTHCUTT	0.50									
SECRETARY/DIRECTOR	1.00	Х						0.	39,568.	0.
(4) HOWARD OAKES	0.50									
DIRECTOR	1.00	X						0.	50,689.	0.
(5) WILLIAM P. WALKER	1.00									
CHAIRMAN/DIRECTOR	4.00	Х				Щ		0.	92,736.	0.
(6) JOHN T. CARSSOW	1.00							_		_
DIRECTOR	4.00	Х				Щ		_0.	110,022.	0.
(7) ALISON DRUMMOND	0.50								0= =00	
DIRECTOR	2.00	Х				Ш		0.	27,500.	0.
(8) JOHN WEST	7.00									
EVP/CFO/DIRECTOR	33.00	Х		Х		Ш		0.	798,517.	52,033.
(9) JOHN HAMILTON	0.50							_		_
DIRECTOR	1.00	Х				Ш		0.	13,308.	0.
(10) KENNETH BAGGETT	0.00							_	_	_
DIRECTOR	0.00	Х						0.	0.	0.
(11) CHASE NORTHCUTT	10.00									
PRESIDENT	30.00			Х		Ш		0.	480,315.	84,721.
(12) HEATHER-DAWN ASHLEY	1.00									
VICE PRESIDENT	39.00	<u> </u>		X		Щ		0.	214,300.	20,768.
(13) SAMIT PATEL	2.00								104 155	40 005
VICE PRESIDENT	38.00	\vdash		X	L	\vdash		0.	194,166.	42,336.
	<u> </u>									
						\vdash				
								_		
		\vdash				$\vdash\vdash$				
				-	_		Ь	·		000

Form 990 (2019)

				-
F/1	K/A	RHA	/HOUSING,	TNC.

Far	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	compensated Employee	s (continued)		r
	` (A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	e	Estimated	
•		hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensati	on	amount of
		week		cer ar	10 8 0	recto	r/trus	100)	from	from relate		other
		(list any hours for	ᇐ						the .	organization		compensation
		related	i g	8		İ	ated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the
		organizations	rustee	trus		 8	iii de		(VV-2/1099-WIGC)			organization and related
		below	gal	itona	_	l de	S S S	<u></u>				organizations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
			1				ĺ					
										-		
	-											
								L				
											}	
					$ldsymbol{ld}}}}}}$							
							<u> </u>					
1b	Subtotal								0.	3,180,5		251,965.
С	Total from continuation sheets to Part VI	I, Section A							0.	2 100 5	0.	0.
	Total (add lines 1b and 1c)							<u> </u>	0.	3,180,5	•	251,965.
2	Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportabl	е	0
	compensation from the organization											0 Yaa Na
_	5.11										1	Yes No
3	Did the organization list any former officer,		ee, k	ey e	mpi	oye	e, or	hig	hest compensated empl	oyee on		
	line 1a? If "Yes," complete Schedule J for si							- 41-				3 X
4	For any individual listed on line 1a, is the su									ne organization		
_	and related organizations greater than \$150									lual far commons	-	4 X
5	Did any person listed on line 1a receive or a					-		late	ed organization or individ	lual for services		5 X
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	ріете Ѕспедиів	2 1 10	or su	icn (ers	on.					3 122
1	Complete this table for your five highest coi	mnensated ind	ene	nder	nt cc	ntra	actor	e th	nat received more than \$	100 000 of com	nensaí	tion from
•	the organization Report compensation for t	•	•								perisai	
	(A)	ino calondar ye	. <u></u>		. <u></u>		,, ,,,,,	T	(B)	<u> </u>		(C)
	Name and business	address	NO	ONE	3				Description of s	ervices	C	ompensation
	·							寸				
								ヿ				
								T				
		<u> </u>										
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	i to t	hos	e list	ted	above) who received mo	re than		
	\$100,000 of compensation from the organization	zation 🕨				0)					
												Form 990 (2010)

932009 01-20-20

F/K/A RHA/HOUSING, INC.
Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a **b** Membership dues 1b 1c c Fundraising events 1d d Related organizations 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 | 1a |\$ h Total. Add lines 1a-1f Business.Code... 2 a DEVELOPER FEE INCOME 531190 638,311. 638,311. Program Service b OVERSIGHT FEE INCOME 173,530. 138,029. 35,501. 541610 531390 175. 175 c MISCELLANEOUS INCOME f All other program service revenue 812,016. Total. Add lines 2a-2f Investment income (including dividends, interest, and 780,379 780,379. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis Other Revenue and sales expenses 7b 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d ▶ 1,592,395.1,556,894. 35,501. 12 Total revenue. See instructions Form 990 (2019)

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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) . Management and general expenses	(D) Fundraising • expenses					
<u>- 1</u>	Grants and other assistance to domestic organizations		'.	PERMITTED TO SERVICE	BACK SALES					
	and domestic governments. See Part IV, line 21	•	-		E Court Application					
2	Grants and other assistance to domestic			A THE REPORT OF THE PARTY.	Chicae Garage					
- ;	individuals See Part IV, line 22		'							
3	Grants and other assistance to foreign			AND PARTIES AND	ALCOHOLD STATE					
	organizations, foreign governments, and foreign		· -							
•,>	individuals See Part IV, lines 15 and 16		, , , , , , , , , , , , , , , , , , , ,							
4	Benefits paid to or for members	, ,								
. 5	Compensation of current officers, directors,	,								
_	trustees, and key employees									
6	Compensation not included above to disqualified	,	٠.		1 .					
,	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)	·		·	<u>,</u>					
۰ م	Other employee benefits			<u> </u>						
10	Payroll taxes	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
11	Fees for services (nonemployees)	·			,					
'''	Management		, 1							
, a	Legal	92,739.	92,739.		,					
ь,	Accounting	6,900.	6,900.	-						
	Lobbying	0,2001			· · · · · · · · · · · · · · · · · · ·					
. d	Professional fundraising services. See Part IV, line 17	, 1	Sing and Arthritis							
. e	Investment management fees			PERCE ALBERTAL DISTRIBUTION OF						
٠'_	Other (If line 11g amount exceeds 10% of line 25,	,	,							
. g	column (A) amount, list line 11g expenses on Sch O.)	,	٠.							
40.	•			· · · · · · · · · · · · · · · · · · ·						
12	Advertising and promotion Office expenses	72.	72.	•						
13	Information technology	72.	72.	,						
14	Royalties	•		_						
15				'	' ,					
16	Occupancy	L		,						
17	Travel Payments of travel or entertainment expenses			,						
18	for any federal, state, or local public officials		ľ.	•	·					
40	•	,		•	•					
,19 - 20	Conferences, conventions, and meetings Interest		<u> </u>	•						
	Payments to affiliates	*								
21 22	Depreciation, depletion, and amortization •									
23	Insurance '		<u> </u>		•					
24	Other expenses. Itemize expenses not covered				\$ 11 mm					
24.	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				# 477.12					
٠.	TAXES/OTHER	169,409.	169,409.	9900009W0999700000WV00WV009WW464/WVW	EMANAGE SECTION TO SECTION S					
`a h	CORPORATE DEVELOPMENT E	140,592.	140,592.							
'n	BAD DEBT EXPENSE	·84,563.	84,563.		· •					
o, d	DUES & SUBSCRIPTIONS	61,997.	61,997.		4e					
	All other expenses	2,161.	2,161.	, , ,						
e os		558,433.	558,433.	0.	0.					
	Total functional expenses. Add lines 1 through 24e	330, 333.			, ,					
26	Joint costs. Complete this line only if the organization	,	, A.,	i * *	,					
-	reported in column (B) joint costs from a combined	•	,	` .	· · · · · · · · · · · · · · · · · · ·					
	educational campaign and fundraising solicitation.		4 6 ₄ 1	• •	• ,					
0000:	Check here If following SOP 98-2 (ASC 958-720)	<u> </u>	,	. •	Form 990 (2019)					
932010	01-20-20				1 0/111 000 (2019)					

F/K/A RHA/HOUSING, INC. 58-2131548 Page 11

Pa	rt X	Balance Sheet		
		*Check if Schedule O contains a response or note to any line in this Part X		
•			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	4,862,496. 1	5,834,980
	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 any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as defined	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
ħ	7	Notes and loans receivable, net	9,449,497. 7	9,940,541
Assets	8	Inventories for sale or use	8	
۷	9	Prepaid expenses and deferred charges	9	* ************************************
	10a			
		basis Complete Part VI of Schedule D		
	b	Less accumulated depreciation 10b	10c	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities See Part IV, line 11	12	6 405 254
	13	Investments - program-related See Part IV, line 11	6,967,410. 13	6,425,374
	14	Intangible assets	F 011 401	0 100 404
	15	Other assets See Part IV, line 11	5,911,491. 15	8,188,484
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	27,190,894. 16	30,389,379
	17	Accounts payable and accrued expenses	145,615. 17	32,438
	18	Grants payable	8,235,894. 19	8,213,000
	19	Deferred revenue		0,213,000
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		
jį į		controlled entity or family member of any of these persons	22	7/4:55:57:45:87/35:59:57:37
Lia	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third	27	
	23	parties, and other liabilities not included on lines 17-24) Complete Part X		
		of Schedule D	2,644,331. 25	4,944,925.
	26	Total liabilities. Add lines 17 through 25	11,025,840. 26	13,190,363
		Organizations that follow FASB ASC 958, check here		
sa		and complete lines 27, 28, 32, and 33.		
a a	27	Net assets without donor restrictions	16,165,054. 27	17,199,016.
Bal	28	Net assets with donor restrictions	28	
힏		Organizations that do not follow FASB ASC 958, check here		
Ī.		and complete lines 29 through 33.		
ğ	29	Capital stock or trust principal, or current funds	29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	31	1
Net Assets or Fund Balances	32	Total net assets or fund balances	16,165,054. 32	17,199,016.
4	33	Total liabilities and net assets/fund balances	27,190,894. 33	30,389,379.
				Form 990 (201

Form **990** (2019)

RESOURCE HOUSING GROUP, INC.

Form	1990 (2019) F/K/A RHA/HOUSING, INC.	58-	-2131548	Page	₃ 12
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
ì	Total revenue (must equal Part VIII, column (A), line 12)	1	1,592	<u>, 39</u>	<u>5.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>558</u>	,43	3.
3	Revenue less expenses Subtract line 2 from line 1	3	1,033		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,165	,05	4.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	17,1 <u>99</u>	,01	6.	
Pa	Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				
			Y	'es l	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (C			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			3.5%
	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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				8.5 %
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O	.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit		
	Act and OMB Circular A-133?		3a	:	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Publication

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

Employer identification number 58-2131548

Da	rt 🔯	Reason for Public	Charity Status	All assessment and assessment as			~	OC ZISISIO				
77,400	. 30						ee instructions	·				
	organ	zation is not a private found	-	-	-							
1	님	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	닏	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
3	\square	A hospital or a cooperative	•				•					
4	Ш	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	or the benefit of a co	llege or university owned	l or operat	ed by a go	vemmental unit describ	ed in				
		section 170(b)(1)(A)(iv). (0	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). (C	omplete Part II)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or				
		university										
10	X	An organization that norma	illy receives (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	nd gross receipts from				
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975				
		See section 509(a)(2). (Co		`			, ,	,				
11		An organization organized	•	vely to test for public sa	fetv See	section 50)9(a)(4).					
12	同	An organization organized	•		-			purposes of one or				
		more publicly supported or	•	•	•		•	•				
		lines 12a through 12d that	_									
а		Type I. A supporting orga				•	• •	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the si	upporting				
		organization You must o		• • • •				,, ,				
ь		Type II. A supporting org	•		ion with it	s supporte	d organization(s), by hav	ving				
		control or management of	•				- '''	~				
		organization(s) You mus			•							
c		Type III functionally inte	-		ın connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	-				• •	,				
d		Type III non-functionally		·				zation(s)				
		that is not functionally int					• • •	• •				
		requirement (see instruct	•	•	•							
е		Check this box if the orga	•	•								
		functionally integrated, or					<i></i>					
f	Ente	r the number of supported of	• •	, , , , , , , , , , , , , , , , , , , ,	0 0							
q	Prov	ide the following information	n about the supporte	d organization(s)								
) Name of supported	(iı) EIN	(III) Type of organization	(iv) Is the orga in your governa	inization tisted na document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				•				·				
						_						
Γota	1											

RESOURCE HOUSING GROUP, INC. Schedule A (Form 990 or 990 EZ) 2019 F/K/A RHA/HOUSING, INC. 58-2131548 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2017 (a) 2015 (b) 2016 (d) 2018 (e) 2019 (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) 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 2019 (Infe 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 20/18 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019. 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 - 2018. 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-circum stances test - 2019. 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 - 2018. 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 Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 F/K/A RHA/HOUSING, INC.

[Rartill] 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	6181136.	11777245.	650,000.	2370000.		20978381.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	1264405.	2334274.	1018881.	788,952.	776,515.	6183027.
3	Gross receipts from activities that					, ,	
•	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-				<u></u>		
4							
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge	B445544	1 1 1 1 1 5 1 0	4.5.500.01	0150050	556 545	0.00
	Total. Add lines 1 through 5	/445541.	14111519.	1668881.	3158952.	776,515.	27161408.
7 a	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)		The same of the sa				27161408.
Sec	ction B. Total Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	7445541.	14111519.	1668881.	3158952.	776,515.	27161408.
10a	Gross income from interest,			-			
	dividends, payments received on				:		
	securities loans, rents, royalties, and income from similar sources	136,146.	133,706.	105,373.		780,379.	1155604.
b	Unrelated business taxable income		•	•			
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	111.950.	296,466.	267.575.	321,426.	35.501.	1032918.
_	Add lines 10a and 10b	248,096.	430,172.	372,948.	321,426.	815,880.	2188522.
11		210,0301	130,1721	372,3100	321,120.	013,000.	ZIOOJZZ:
• •	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI)	7602627	14541601	2041920	2400270	1502205	20240020
	Total support. (Add lines 9, 10c, 11, and 12)		14541691.	2041829.	3480378.		<u> 29349930.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here	- Command Day			.=		
	ction C. Computation of Publi					- 1	00 54
15	Public support percentage for 2019 (I		•	olumn (f))		15	92.54 %
16	Public support percentage from 2018		_			16	94.86 %
Sec	tion D. Computation of Inves	tment Income	Percentage		_		
17	Investment income percentage for 20	119 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	7.4 6 %
18	Investment income percentage from :	2018 Schedule A,	Part III, line 17			18	5.14 %
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	tion	$\triangleright X$
b	33 1/3% support tests - 2018. If the	•	•	· -	· · · · · ·		•
	line 18 is not more than 33 1/3%, che	-					▶□
20			-	·		-	L
				,			

Schedule A (Form 990 or 990-EZ) 2019 F/K/A RHA/HOUSING, INC.

Partily Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

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	N. Sec. (1) (1) (1) (2) (2)	Yes	No
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	3b	*******	
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	3c	CONTRACTOR	00.0002003
	4a		
	41.		1.733794
	4b		- 32
	4		
	<u> </u>	1890	
	4¢ 5a		
	5a		
	5a		
	5a 5b	4.5	
	5b 5c	4.5	
	5a 5b 5c		
	5a 5b 5c 6		
	5a 5b 5c 7		
	5a 5b 5c 6		
	5a 5b 5c 6		
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	5a 5b 5c 6 7 7 8 8		
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	5a 5b 5c 6 7 8 8 9a		
	5a 5b 5c 6 7 8 8 9a		
	5a 5b 5c 6 7 8 8 9a		
	5a 5b 5c 6 7 8 8 9a 9b		
	5a 5b 5c 6 7 8 8 9a 9b		
	5a 5b 5c 6 6 9a 9a		
	5a 5b 5c 6 7 7 8 8 9a 9b 9c		
	5a 5b 5c 6 7 7 8 8 9a 9b		
	5a 5b 5c 6 7 7 8 8 9a 9b 9c		

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RESOURCE HOUSING GROUP, INC.

	edule A (Form 990 or 990 EZ) 2019 F/K/A RHA/HOUSING, INC.	58-21 <u>31548</u> Page 5
Pa	Supporting Organizations (continued)	
	•	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
ìа	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c
	tion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	[5344] (144)
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	
2	Did the organization operate for the benefit of any supported organization other than the supported	The state of the s
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sec	tion 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?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sec	tion 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 ins	structions).
а	The organization satisfied the Activities Test Complete line 2 below	
b	The organization is the parent of each of its supported organizations. Complete line 3 below	
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ity (see instructions),
2	Activities Test Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement	2b
3	Parent of Supported Organizations Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
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RESOURCE HOUSING GROUP, INC.

	edule A (Form 990 or 990 EZ) 2019 F/K/A RHA/HOUSING, INC.			8-2131548 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI) See instructions. All
_	other Type III non-functionally integrated supporting organizations must con	mplete S	Sections A through E.	
Sec	tion 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		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			All professions and
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2		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		
Sec	ion 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	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting organ	nization (see
	instructions)			,

Schedule A (Form 990 or 990-EZ) 2019

RESOURCE HOUSING GROUP, INC. Schedule A (Form 990 or 990 EZ) 2019 F/K/A RHA/HOUSING, INC. 58-2131548 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D'- Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount -(i)-(ii) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 A second second second Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions. Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j Breakdown of line 7 a Excess from 2015

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b Excess from 2016c Excess from 2017

d Excess from 2018
e Excess from 2019

RESOURCE HOUSING GROUP, INC.

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

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

RESOURCE HOUSING GROUP, INC.

F/K/A RHA/HOUSING, INC.

OMB No 1545-0047 Open to Public

Inspection 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, lin	ne 6				
		(a) Donor advised funds	(t	o) Fun	ds and other accoun	ts
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 v	writing that the assets held in donor advise	d fund	s		
	are the organization's property, subject to the organization's	· · · · ·			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	_	ised on	ıly		
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose o	onferrir	ng		
	impermissible private benefit?			•	Yes	☐ No
Pai		ganization answered "Yes" on Form 990, P	art IV, I	lıne 7		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)				
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a histoi	rically	important land area	
	Protection of natural habitat	Preservation of	a certif	ed his	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a con	serva	tion easement on the	last
	day of the tax year.		ļ		Held at the End of the	Tax Year
а	Total number of conservation easements		ļ	2a		
b	Total acreage restricted by conservation easements		ļ	2b		
c	Number of conservation easements on a certified historic stri	ucture included in (a)	ļ	2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re			
	listed in the National Register		l	2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organız	ation	during the tax	
	year >					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it				L Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	ease	ments during the yea	ır
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservati	on eas	emen	ts during the year	
_	\$		\/4\/ (\)\			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(n	1)(4)(0)(1)	Yes	
_	and section 170(h)(4)(B)(ii)?				<u> </u>	No
9	In Part XIII, describe how the organization reports conservation	-				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme.	nts tna	t desc	indes the	
Pai	organization's accounting for conservation easements rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	ner Si	mila	r Assets.	
	Complete if the organization answered "Yes" on Form	*			. ,	
	If the organization elected, as permitted under FASB ASC 95		nd halai	nca sh	neet works	
ıa	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar			Je 01 j	Jublic	
L	If the organization elected, as permitted under FASB ASC 95			chaat	works of	
D	art, historical treasures, or other similar assets held for public	-				
	provide the following amounts relating to these items	exhibition, education, or research in laten	crance	oi pui	olio service,	
	(i) Revenue included on Form 990, Part VIII, line 1			•	¢	
	(ii) Assets included in Form 990, Part X				\$ \$	
•	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	acures or other similar accets for financial	aaın n	rovida	<u> </u>	
2	the following amounts required to be reported under FASB A		ganı, p	ovide	•	
_	Revenue included on Form 990, Part VIII, line 1	CO 555 relating to these items		•	\$	
					\$	
<u></u>	Assets included in Form 990, Part X	- 4 Form 000		_	Sahadula D /Farm 0	000) 2010

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

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RESOURCE HOUSING GROUP, INC.

		HA/HOUSING				. 041	Oiil-	58-21			ge 2
Par	t III Organizations Maintaining C								(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	make sig	gnificant	use of its			
	collection items (check all that apply)		. —								
а	Public exhibition	•			hange progra	ım					
þ	Scholarly research	•		Other							
С	Preservation for future generations						_				
4	Provide a description of the organization's co			-	=			ose in Part	XIII		
5	During the year, did the organization solicit of					r sımılar a	assets	_	٦.,		
Da	to be sold to raise funds rather than to be ma								Yes		No
Pai	Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on I	Form 99	U, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	·									—
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other ass	ets not in	ncluded	_	٦.,		
_	on Form 990, Part X?							<u></u>	」Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able				T			—
	_							ļ	Amount		—
	Beginning balance						1c	 			—
d	Additions during the year						1d	-			—
е	Distributions during the year						1e				
f	Ending balance	000 D 1V I	04 /				1f		٦,,	$\overline{}$	
	Did the organization include an amount on F						y,		」Yes	\vdash	No
Par	If "Yes," explain the arrangement in Part XIII	•									
Fai	t V Endowment Funds. Complete		T					ara baak	(a) Four	,00+0 h	
_		(a) Current year	(b) F	rior year	(c) Two year	S Dack (a) Inree	years back	(e) Four y	ears o	аск
1a	Beginning of year balance		-		<u> </u>	-					—
b	Contributions										
С.	Net investment earnings, gains, and losses										—
d	Grants or scholarships			-	<u> </u>						
е	Other expenditures for facilities										
	and programs		<u> </u>								—
f	Administrative expenses										
g	End of year balance	Land belone	- Ama 1a	- aaluman (a)	l hold on		•			•	—
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balanc	e (iiile 1 <u>ç</u> %	j, coluitiii (a)	n neid as						
a	Permanent endowment	 %	_″								
b	·	^ %									
C	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		ation tha	t are held an	nd administer	ed for the	Organiz	ation			
94	by	33ion or the organiza	20011 010	t are ricid an	ia aariiinistar	00 101 1110	, organiz	ation	L.	/es	No
	(i) Unrelated organizations								3a(i)		140
	(ii) Related organizations								3a(ii)	一	
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Se	chedule R?					3b	\neg	
4	Describe in Part XIII the intended uses of the	· ·									_
	t VI Land, Buildings, and Equipm										
	Complete if the organization answere), Part IV	, line 11a S	ee Form 990,	Part X, II	ne 10				
	Description of property	(a) Cost or o			or other		cumulat	ed	(d) Book	value	
		basis (investi		, ,	(other)		reciation		,_,		
1a	Land	<u> </u>				· · · · · · · · · · · · · · · · · · ·		,			
	Buildings				-					-	
	Leasehold improvements										
d	Equipment							<u> </u>			
	Other										
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colum	n (B) line 11	Oc.)			ightharpoonup			0.
	(Oolanin ta) mast e	San Com Boo. I Bit.									

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Schedul-	e D	(Form	990)	2019

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r/K/A	RHA	/HOUSING.	LNCA

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 en	d-of-year market value
(1) Financial derivatives			<u>,</u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		· · ·	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			CHINA CONTRACTOR OF THE CONTRA
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		d of year market value
TITLE COLUMN TIL DECINOUS	(b) BOOK value	(c) Method of valuation Cost or en	d oryear market value
(1) INVESTMENT IN RICHMOND	36 005	COCM	
(2) OVERLOOK, LP	36,025.	COST	
(3) INVESTMENT IN PALISADES			
(4) BUSINESS HOLDINGS, INC.	5 000 400	20.27	
(5) (PSL RHG II)	5,872,427.	COST	
(6) INVESTMENT IN RHG GP INC	516,922.	COST	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) PartilX: Other Assets.	6,425,374.		
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15	(b) Book value
	Description		· ' '
(1) DUE FROM AFFILIATES			7,389,311.
(2) DEVELOPER FEES			799,173.
(3)			
(4)			
(5)			
(6)			.
(7)	·		
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X	15.)	<u> </u>	8,188,484.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes		·	
(2) DUE TO AFFILIATES			4,944,925.
(3)			
(4)			
(5)			
(6)			
(7)			,
(8)	··-		
(9)			†
	25.)		4,944,925.
Total. (Column (b) must equal Form 990. Part X. col. (B) line 2. Liability for uncertain tax positions In Part XIII, provide			
	tha tavt of tha footpoto to	the organization's financial statements t	hat ranorte tha

932053 10-02-19

Schedule D (Form 990) 2019

SCHEDULE J (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Employer identification number

Inspection 58-2131548

OMB No 1545-0047

ĮΡέ	iittle Questions Regarding Compensation			
			Yes	No
1 a	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.	1		77.1
	First-class or charter travel Housing allowance or residence for personal use	4.		
	Travel for companions Payments for business use of personal residence		7	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			4
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		4.0	
	Form 990 of other organizations Approval by the board or compensation committee			
		14		
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			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			¥ 7.
			ii e	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a	******	X
	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III	24		Y. 31
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			
а	The organization?	6a	errande.	X
	Any related organization?	6b		х
~	If "Yes" on line 6a or 6b, describe in Part III	70.5	¥	1 2
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		4	
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	. 82		
•	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	reference:	X
۵			1 2	

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2019

F/K/A RHA/HOUSING, INC.

Page 2

Schedule J (Form 990) 2019

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

58-2131548

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 aren't 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

	ſ				ļ			
		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(C)-(I)(G)	in column (b) reported as deferred on prior Form 990
(1) BRYANT G. COATS	Œ	0	0	0	0	0	0	0
CEO/DIRECTOR	<u>; ;</u>	564,20	194,900.	366,435.	22,138.	29,969.	1,177,649.	0.
(2) JOHN WEST	(i)		0.				0	0
EVP/CFO/DIRECTOR	(ii)	382,687.	138,810.	277,020.	22,064.	29,969.	850,550.	0.
(3) CHASE NORTHCUTT	Θ			0	• 0	0		0
PRESIDENT	(ii)	275,315.	205,000.	0.	54,752.	29,969.	565,036.	0
(4) HEATHER-DAWN ASHLEY	(:)			0	• 0	.0		0.
VICE PRESIDENT	(1)	169,	45,000.	0.	10,370.	10,398.	235,068.	0
35	Ξ			0.	• 0	0	0	0
VICE PRESIDENT	(ii)	142,083.	52,083.	0.	12,367.	29,969.	236,502.	0.
	(i)							
	(ii)							
	Θ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
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	<u>(ii)</u>							

Schedule J (Form 990) 2019

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 Part III Supplemental Information Schedule J (Form 990) 2019

Schedule J (Form 980) 2019

SCHEDULE O

932211 09-06-19

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

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

Name of the organization	F/K/A RHA/HOUSING, INC.		Employer identification number 58-2131548
FORM 990, PART	VI, SECTION A, LINE 2:		
CHARLES NORTHCU	TT IS THE FATHER OF CHASE NORTHO	CUTT.	
THE ORGANIZATION	N IS RELATED TO ALL ORGANIZATION	NS INCLUDED	IN GROUP
EXEMPTION #8555	BECAUSE THOSE ORGANIZATIONS HAV	VE THE SAME	BOARD OF
DIRECTORS AS TH	E ORGANIZATION.		
FORM 990, PART	VI, SECTION B, LINE 11B:		
THE DRAFT 990 I	S EMAILED TO ALL DIRECTORS WITH	A NOTE THAT	IT WILL BE FILED
ON A SPECIFIC D	ATE, SUBJECT TO ANY COMMENTS WHI	ICH MAY BE M	ADE BY THE
DIRECTORS. DIRECTORS.	CTORS ARE INSTRUCTED TO RAISE AN	NY ISSUES TH	EY ARE CONCERNED
ABOUT IN THE 99	0 WITH THE ORGANIZATION'S COUNSE	3L.	
FORM 990, PART	VI, SECTION B, LINE 12C:		
THE CONFLICT OF	INTEREST POLICY IS REVIEWED WIT	TH THE DIREC	TORS ANNUALLY.
THE DIRECTORS A	RE EACH ASKED TO FILL OUT FORMS	WHICH ASK I	F A CONFLICT
EXISTS OR NOT A	ND TO IDENTIFY ANY POTENTIAL CON	NFLICTS WHIC	H EXIST. IF THERE
ARE ANY POTENTI	AL ISSUES THAT ARISE, THEY ARE E	ROUGHT TO T	не
ATTENTION OF TH	E WHOLE BOARD.		
FORM 990, PART	VI, SECTION B, LINE 15:		
THE FOLLOWING D	ESCRIBES THE COMPENSATION POLICY	FOLLOWED B	Y THE
ORGANIZATION AND	D ITS SEVERAL EXEMPT RELATED ENT	rities which	CONTRIBUTE TO
THE COMPENSATION	N OF THE ORGANIZATION'S DIRECTOR	RS AND OFFIC	ERS. THE PROCESS
FOR DETERMINING	COMPENSATION FOR THE PRESIDENT,	, CHAIRMAN,	OFFICERS, AND
DIRECTORS BEGIN	S WITH AN INDEPENDENT COMPENSATI	ON CONSULAT	ANT. THE
LHA For Paperwork Reducti	tion Act Notice, see the Instructions for Form 990 or 990-EZ	. Sched	lule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization RESOURCE HOUSING GROUP, INC.	Employer identification number 58-2131548
. F/K/A RHA/HOUSING, INC.	<u> </u>
COMPENSATION CONSULATANT PREPARES A REPORT OF THE MARKET R	ATE OF
COMPENSATION FOR EACH OF THE EXECUTIVE POSITIONS. THE REPO	RT IS THEN GIVEN
TO THE COMPENSATION COMMITTEE WHICH, TOGETHER WITH THE SEN	IOR MANAGEMENT,
EVALUATES THE PERFORMANCE OF THE EXECUTIVES AND THE ORGANI	ZATION. AFTER
THIS, THE COMPENSATION COMMITTEE FORMULATES RECOMMENDATION	S TO THE BOARD OF
DIRECTORS AS TO WHAT SHOULD BE THE APPROPRIATE LEVELS OF C	OMPENSATION. THE
BOARD OF DIRECTORS THEN VOTES TO PASS A RESOLUTION ESTABLI	SHING THE LEVEL
OF COMPENSATION. DIRECTORS WHOSE COMPENSATION IS BEING VOT	ED ON, OR WHOSE
RELATIVES' COMPENSATION IS BEING VOTED ON, ARE EXCUSED FRO	M THE
DELIBERATIONS AND DO NOT VOTE ON THEIR OWN OR THEIR RELATI	VES'
COMPENSATION.	
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 REQU	EST.
	_

Schedule R (Form 990) 2019 (g) Section 512(b)(13) RESOURCE HOUSING GROUP, ş **Employer identification number** Open to Public Inspection OMB No 1545-0047 × × × controlled 2019 entity? Direct controlling Yes INC. ("RHG, INC") 58-2131548 entity 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. Direct controlling INC INC RHG INC entity RHG 306,978. RHG, End-of-year assets A/N A/A Y/A N/A **e** status (if section Public charity 501(c)(3)) Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. -770 12B 14,821 12A PF ខ្ម Total income Exempt Code 9 Go to www.irs.gov/Form990 for instructions and the latest information. 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Ē Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) SOUTH CAROLINA JORTH CAROLINA WORTH CAROLINA ► Attach to Form 990 SEORGIA SEORGIA GEORGIA GEORGIA GEORGIA RESOURCE HOUSING GROUP, INC. Primary activity Primary activity SUPPORTING ORG RE DEVELOPMNT RE DEVELOPMINT RE DEVELOPMNT RE DEVELOPMNT DISABLED CARE INC For Paperwork Reduction Act Notice, see the Instructions for Form 990. RE RENTAL RE RENTAL F/K/A RHA/HOUSING, - 45-2386704 - 58-2440916 COLUMBIA CREEK DEVELOPMENT LLC - 58-2523077 RHG HOUSING DEVELOPMENT, LLC - 58-2510848 20-2486277, 1819 PEACHTREE RD NE STE 520, 58-2516555, 1819 PEACHTREE RD NE STE 520, 06-1680816, 1819 PEACHTREE RD NE STE 520, - 56-1360087 Name, address, and EIN (if applicable) RESIDENTIAL HEALTHCARE AFFILIATES, CANDLER FORREST DEVELOPMENT, LLC MILITARY HOUSING OF AMERICA, INC PELHAM VILLAGE DEVELOPMENT, LLC Name, address, and EIN of related organization RHG AFFORDABLE HOUSING III, INC of disregarded entity 1819 PEACHTREE RD NE STE 520 1819 PEACHTREE RD NE STE 520 1819 PEACHTREE RD NE STE 520 1819 PEACHTREE RD NE STE 520 1819 PEACHTREE RD NE STE 520 INC. FAMILY ALTERNATIVES Name of the organization ATLANTA, GA 30309 ATLANTA, GA 30309 ATLANTA, GA 30309 ATLANTA GA 30309 ATLANTA, GA 30309 ATLANTA, GA 30309 ATLANTA, GA 30309 30309 Department of the Treasury Internal Revenue Service 932161 09-10-19 LHA ATLANTA, GA SCHEDULE R (Form 990) Part Part II

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RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990) 2019

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 58-2131548

Page 2

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(e)	(Q)	(၁	<u>(</u>	(e)	9	(6)	Ξ	8	9	(¥)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under cections 512-514)	Share of total income	Share of end-of-year assets	돌 읊는	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership partner?
AUGUSTA HILLS APT I, LP -		could y)					S	(000)	Ser	
58-2530575, 1819 PEACHTREE			THE PEAKS AT			-				
ROAD NE STE 520, ATLANTA, GA			WEST ATLANTA,							
30309	RE RENTAL	GA	L.L.C.	N/A		· —	×	N/A	×	
AVENT FERRY DEVELOPMENT, LLC										
- 80-0644057, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA										
30309	RE DEVELOPMENT	NC	RHG, INC	RELATED			×	N/A	×	51,00%
BLAKELY COMMONS, LP -										
20-8783507, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE RENTAL	ВA	INC.	N/A		<u> </u>	×	N/A	×	
CANDLER FORREST APARTMENTS,						! :				
LP - 20-2576823, 1819										
PEACHTREE ROAD NE STE 520,			CANDLER							
ATLANTA, GA 30309	RE RENTAL	GA	PARTNERS, LP	N/A			×	N/A	×	

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 Part IV

(a)	(Q)	9	(Đ)	(e)	G)	(5)	(4)	E	
	-				:	9	:	Section	Š
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	13) Ped
		country)		0 1100	1	2000		Yes	_S
COLUMBIA CREEK MANAGEMENT, INC - 58-2510843									
1819 PEACHTREE RD NE STE 520	1								
ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	C CORP			1008	×	
DOTHAN PEAKS MANAGEMENT, INC 20-1001114					-				
1819 PEACHTREE RD NE STE 520					_				
ATLANTA, GA 30309	RE MANAGEMENT	AL	RHG, INC	C CORP			1008	<u></u> ⋈	
GATES PARK CROSSING HFOP MANAGEMENT, INC -								T	
20-2486575, 1819 PEACHTREE RD NE STE 520,									
ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	C CORP	-20.	-326,732.	1008	<u>~</u>	
GATES PARK CROSSING HFS MANAGEMENT, INC -									
20-2486438, 1819 PEACHTREE RD NE STE 520,									
ATLANTA, GA 30309	RE MANAGEMENT	ВĄ	RHG, INC	C CORP	-33.	-470,238.	1008	<u>~</u>	
HERITAGE GREEN MANAGEMENT, INC - 58-2528120								H	
1819 PEACHTREE RD NE STE 520					_				
ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	c corp	-21.	-530.	100 % X	×	
932162 09-10-19		C				Sche	Schedule R (Form 990) 2019	990) 2	2019

INC. RESOURCE HOUSING GROUP,

INC F/K/A RHA/HOUSING,

Page 3

58-2131548

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

Schedule R (Form 990) 2019

sII, III, d age in a	ny entity is listed in Parts II, III, c did the organization engage in a	or IV of this schedule	ny of the following transactions with one or more related organizations listed in Parts II-IV?
	tity is listed in e organization	II, III, or IV of this s	ige in any of the foll
e: Complete line 1 if a During the tax year, o		Š	-

- - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Purchase of assets from related organization(s) g Sale of assets to related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

 - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses Δ,
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) PEAKS OF OAKWOOD, LP	D	11,100,000.	11,100,000. LOAN GUARANTEE
(2) PEAKS OF CORNELIA, LP	Q	1,500,000.	1,500,000. LOAN GUARANTEE
(3) THE PEAKS AT MANNING, LP	D	6,111,000.	6,111,000.LOAN GUARANTEE
(4) PEAKS OF BATON ROUGE, LP	Q	1,720,000.	1,720,000. LOAN GUARANTEE
(5) GREENSBORO MILL, LP	D	555,520.	555,520. LOAN GUARANTEE
(6) WAYNESBORO ESTATES II, LP	D	4,300,000.	4,300,000.LOAN GUARANTEE

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RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

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Schedule R (Form 990) 2019

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)	Predominant income Ara all Predominant income (related, unrelated, ander ander constructed from tax under constructs 512-514)	(f) Share of total	(g) Share of end-c f-year assets	(h) Disproportionate allocations?	Code V-UBI General or Percentage amount in box 20 managing of Schedule K-I pertner?	(j) General or managing partner?	(k) Percentage ownership
			Tes N			res No	(2001 1110 1)	Yes No	
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RESOURCE HOUSING GROUP, INC.

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Part VII Supplementa	F/K/A RHA/HOUSING, INC.		
	nal information for responses to questions on Schedule R. See instructions.		
, Frovide addition	all information for responses to questions on schedule H. See instructions.		
<u> </u>			
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RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

Partill Continuation of Identification of Related Tax-Exempt Organizations

(0)	3	107	7	10)	9	. 3	
Name, address, and EIN	Primary activity	(c)	Exempt Code	(e) Public chanty	(ii) Direct controlling	Section 512(b)(13)	(b)(13)
of related organization		foreign country)	section	status (if section	entity	controlled organization?	lea ion?
				501(c)(3))		Yes	٩
RHG HOUSING FOUNDATION, INC 59-1347774							
1819 PEACHTREE RD NE STE 520							
ATLANTA, GA 30309	SUPPORTING ORG	NORTH CAROLINA	501(C)(3)	12B	N/A		×
RHG MANAGEMENT SERVICES, INC 58-2366152							
1819 PEACHTREE RD NE STE 520							
ATLANTA, GA 30309	SUPPORTING ORG	GEORGIA	501(C)(3)	12B	N/A		×
RHG SHARED RISK FUNDING, INC - 58-2270723					RESIDENTIAL		
1819 PEACHTREE RD NE STE 520					HEALTHCARE		
ATLANTA, GA 30309	SUPPORTING ORG	TENNESSEE	501(C)(3)	12B	AFFILIATES INC		×
RHG/AFFORDABLE HOUSING II, INC 58-2392012							
1819 PEACHTREE RD NE STE 520							
ATLANTA, GA 30309	RE RENTAL	GEORGIA	501(C)(3)	10	N/A	-	×
RHG/NORTH CAROLINA MR, INC 58-1804051					RESIDENTIAL		
1819 PEACHTREE RD NE STE 520					HEALTHCARE		
ATLANTA, GA 30309	DISABLED CARE	NORTH CAROLINA	501(C)(3)	10	AFFILIATES INC		×
STUDENT HOUSING OF AMERICA, INC - 58-2472789							
1819 PEACHTREE RD NE STE 520	•						
ATLANTA, GA 30309	RE RENTAL	GEORGIA	501(C)(3)	10	N/A		×
			_				

RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

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, INC	
F/K/A RHA/HOUSING	Continuation of Identification of Disregarded Entities
Schedule R (Form 990)	Part Continuation

					,
(e)	(q)	(0)	(Q)	(e)	. (4)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
RHG ASSET MANAGER, LLC - 32-0311711					
1819 PEACHTREE RD NE STE 520					
ATLANTA, GA 30309	RE MANAGEMENT	GEORGIA		<u> </u>	RHG, INC
CAROLINA OAKS VILLAGE DEV - 90-0727667					
1819 PEACHTREE RD NE STE 520	•				
ATLANTA, GA 30309	RE DEVELOPMNT	SOUTH CAROLINA		262,195. F	RHG, INC
RHG INVESTMENTS LLC - 35-2554448					
1819 PEACHTREE RD NE STE 520					
ATLANTA, GA 30309	INVESTMENT HOLDING CO	GEORGIA	-6,875.	7,000,000. RHG,	HG, INC
				•	
	•				
	.				

RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990) F/K/A RHA/HOUSING, INC.	Part III Continuation of Identification of Related Organizations Taxable as a Partnership	
Schedule R (Fo	Part III	

(a) Name, address, and EIN of related organization	(b) Primary activity	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 ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Forn 1065)	(I) General or managing partner?	(I) (k) General or Percentage managing ownership
CANDLER PARTNERS, LP - 20-4533993, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	מט	RHG GP MANAGEMENT, IINC	4 2			<u> </u>	4/2		
INA OAKS GP, LLC - 23580, 1819 PEACHTREE NE STE 520, ATLANTA, GA	RE MANAGEMENT	SC	RHG GP MANAGEMENT, INC.	N/A			×	N/A	×	
CAROLINA OAKS VILLAGE, LP - 46-4915818, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	၁ဒ	CAROLINA OAKS VILLAGE GP, LLC	N/A			×	N/A	×	
CONSTITUTION AVENUE APARTMENTS, LP - 20-0960401, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			×	N/A	×	
CONSTITUTION AVENUE DEVELOPMENT, LLC - 20-0960345, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	GA	RHG, INC	RELATED		51.	×	N/A	×	51.00%
DOTHAN PEAKS DEVELOPMENT, LLC - 20-1001170, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	AL	RHG, INC	RELATED			×	N/A	×	*00*69
FIVE FORKS MEMORY CARE, LLC - 47-5129390, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	MCCA-PSL FIVE FORKS, LLC	N/A			×	N/A	×	
OAKS DEVELOPMENT LLC - 98230, 1819 PEACHTREE NE STE 520, ATLANTA, GA	RE DEVELOPMENT	သင	RHG, INC	RELATED			×	N/A	×	51,00%
GATES PARK CROSSING HFOP APTS, LP - 20-2576768, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	GATES PARK CROSSING HFOP MANAGEMENT, INC.	N/A			×	N/A	×	

RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

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Part III Continuation of Identification of Related Organizations Taxable as a Partnership	n of Related Organiza	tions Tax	able as a Partnershi	٩						
(a)	(g)	(0)	(p)	(e)	S	(0)	3	9	8	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	5 E 2 9	Percentage ownership
GATES PARK CROSSING HFS APTS, LP - 20-2631908, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	GATES PARK CROSSING HFS MANAGEMENT, INC.	N/A				N/A	_×	
GREENSBORO MILL DEVELOPMENT LP - 61-1730373, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	G.A.	RHG, INC	RELATED			×	N/A	×	51.00%
GREENSBORO MILL GP, LLC - 46-5765855, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG GP MANAGEMENT, INC.	N/A			×	N/A	×	
GREENSBORO MILL, LP - 36-4777568, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	GREENSBORO MILL GP, LLC	N/A			×	N/A	×	
HERITAGE GREEN APARTMENTS, LP - 47-0868029, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	ĞĀ	HERITAGE GREEN MANAGEMENT, INC.	N/A			×	N/A	×	
HIGHLANDS OF GOLDSBORO DEVELOPMENT, LLC - 45-2941858, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	NC	RHG, INC	RELATED			×	N/A	×	51.00%
HIGHLANDS OF GOLDSBORO, LLC - 45-2942069, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	NC	RHG GP MANAGEMENT, INC.	N/A	-10,	284.	X	N/A	X	
HOWELL SCHOOL GP, LLC - 82-2569187, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	AL	RHG GP MANAGEMENT, INC.	N/A			×	N/A	×	
KENDRICK'S POND, LLC - 45-5325827, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	AL	вна, іис	RELATED			×	N/A	×	50,00%
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GROUP,	, INC.
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Schedule R (Form 990) F/K/A RH	A RHA/HOUSING	5 ,	INC.					58-213	1548	•
Part III Continuation of Identification of Related Organizations Taxa	າ of Related Organizat	ions Tax	able as a Partnership	ġ						,
(e)	(Q)	(c)	(p)	(e)	Θ	(6)	(H)	Ξ	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
KENDRICK'S WAY APARTMENTS,							—			
LTD - 45-2918393, 1819			RHG GP				•			
E RO2			MANAGEMENT,							
ATLANTA, GA 30309	RE RENTAL	AL	INC.	N/A		_	×	N/A	K	
- н										
62-1837782, 1819 PEACHTREE			THE PEAKS OF							
ROAD NE STE 520, ATLANTA, GA			KNOXVILLE,							
30309	RE RENTAL	TN	INC.	N/A		1	×	N/A	×	
LOUDON INVESTORS, LP -						-				
74-3254281, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE RENTAL	N.I.	INC.	N/A			×	N/A	×	
MAGNOLIA TERRACE APARTMENTS										
II, LP - 20-4743371, 1819			RHG GP							
PEACHTREE ROAD NE STE 520,			MANAGEMENT,							
ATLANTA, GA 30309	RE RENTAL	GA	INC.	N/A		-	×	N/A	×	
MCCA-PHOENIX PARTNERS, LLC -										
47-4392849, 1819 PEACHTREE			MEMORY CARE							
ROAD NE STE 520, ATLANTA, GA			CENTERS OF		•					
30309	RE DEVELOPMENT	GA	AMERICA, INC.	N/A			×	N/A	×	
MCCA-PSL FIVE FORKS, LLC -										
47-5113469, 1819 PEACHTREE			MEMORY CARE							
ROAD NE STE 520, ATLANTA, GA			CENTERS OF							
30309	RE DEVELOPMENT	ВA	AMERICA, INC.	N/A		_	X	N/A	X	
MCCA-PSL WATKINS CENTRE, LLC										
- 47-4828593, 1819 PEACHTREE			MEMORY CARE							
WE STE 520, ATLANTA, GA			CENTERS OF			-				
30309	RE DEVELOPMENT	ВA	AMERICA, INC.	N/A			×	N/A	×	
MCRAE-HELENA DEVELOPMENT, LLC										
- 47-4166578, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA									_	
30309	RE DEVELOPMENT	ВA	RHG, INC	RELATED			×	N/A	×	51.00%
۳1										
.0733, 1819 PEACHTF			RHG GP							
WE STE 520, ATLANTA, GA			MANAGEMENT,						_	
30309	RE DEVELOPMENT	&B	INC.	N/A			×	N/A	×	
000000										

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RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

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

(6)	(8)	3	(5)	(0)	9	(6)	(4)	9	3	3
		2 =				9	<u> </u>		- ·	<u>.</u>
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign country)	Direct controlling entity	rredominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportionate ate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General of Percentage managing Ownership partner?
MCRAE-HELENA ESTATES, LP -									_	
47-4143102, 1819 PEACHTREE			MCRAE-HELENA							
ROAD NE STE 520, ATLANTA, GA			ESTATES GP,				_			
30309	RE RENTAL	GA	тгс	N/A			×	N/A	×	
MECHANICSVILLE APARTMENTS										:
PHASE 4, LP - 20-5640760,			MECHANICSVILLE							
1819 PEACHTREE ROAD NE STE			MANAGEMENT,							
520, ATLANTA, GA 30309	RE RENTAL	GA	INC.	N/A			×	N/A	×	
MEMORY CARE CENTERS OF										
AMERICA - 47-1133130, 1819										
PEACHTREE ROAD NE STE 520,					-					
ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED	-819,059.		X	N/A	×	51,00%
MLK DRIVE APARTMENTS, LP -			THE PEAKS AT							
47-0868032, 1819 PEACHTREE			MLK DRIVE							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE RENTAL	GA	LLC	N/A			X	N/A	×	
MLK DRIVE DEVELOPMENT, LLC -				,						
58-2531453, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA				•						
30309	RE MANAGEMENT	GA	вне, імс	RELATED			×	N/A	×	90.00%
NEWPORT NEWS SENIORS										
DEVELOPMENT, LLC -										
46-5108044, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	VA	RHG, INC	RELATED	7,073.		×	N/A	×	51,00%
NEWPORT NEWS SENIORS, LP -										
46-5075218, 1819 PEACHTREE			кне ср							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE RENTAL	ΛΆ	INC.	N/A	-28.	663.	×	N/A	×	
THE PEAKS AT WEST ATLANTA,										
LLC - 74-3010099, 1819										
PEACHTREE ROAD NE STE 520,										
ATLANTA, GA 30309	RE MANAGEMENT	ВA	RHG, INC	RELATED			×	N/A	×	49.50%
PEAKS OF BATON ROUGE GP, LLC										
- 61-1856761, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE MANAGEMENT	GA	INC.	N/A			×	N/A	×	

RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

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

(a)	(p)	<u></u>	(p)	(e)	(C)	(b)	Ê	8	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
PEAKS OF BATON ROUGE, LP - 82-2967408, 1819 PEACHTREE ROAD NE STE 520 ATLANTA GA		;	PEAKS OF BATON							
,	RE RENTAL	GA	ROUGE GP, LLC	N/A			_×	N/A	×	
PEAKS OF CORNELIA DEVELOPMENT LLC - 81-2868763 1819										
CHTREE ROAD NE STE 520,	A PEVEL OPMENT	4	UN L	רמד ביומס	180 683		>	W / W	>	40 C
CORNELIA GP LLC -		;	J				4	W/N	4	200:15
33, 1819 PEACHTRE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE MANAGEMENT	GА	INC.	N/A			X	N/A	K	
PEAKS OF CORNELIA LH LLC -										
983, 1819 PEACHTREE										
NE STE 520, ATLANTA, GA		,					-			
	GROUND LESSOR	GA	RHG, INC	RELATED			×	N/A	×	51,00%
Æ I										
			PEAKS OF							
ROAD NE STE 520, ATLANTA, GA			CORNELIA GP,							
	RE DEVELOPMENT	ВA	LLC	N/A			K	N/A	k	
PEAKS OF OAKWOOD DEVELOPMENT,							-			
LLC - 81-2910723, 1819										
PEACHTREE ROAD NE STE 520,										
ATLANTA, GA 30309	RE DEVELOPMENT	ВA	RHG, INC	RELATED	223,478.		X	N/A	×	51,00%
PEAKS OF OAKWOOD GP, LLC -									_	
36-4838570, 1819 PEACHTREE			кне ср							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE MANAGEMENT	GA	INC.	N/A			×	N/A	×	
PEAKS OF OAKWOOD, LP -										
81-2325773, 1819 PEACHTREE			PEAKS OF							
ROAD NE STE 520, ATLANTA, GA			DAKWOOD GP,							
30309	RE RENTAL	GA	LLC	N/A			×	N/A	×	
PEAKS OF TAZEWELL										
ᄓᇗ										
558, 1819 PEACHTREE							••		-	
ROAD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	LI	RHG, INC	RELATED			×	N/A	×	50.00%

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RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

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

(a)	(q)	9	(P)	(e)	(J)	(6)	£	0	9	(<u>K</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 5.12-5.14)	Share of total income	Share of end-of-yezr assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
PECAN APARTMENTS II, LP - 20-4786923, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA	a a	1 2 2 3	RHG GP MANAGEMENT, TNC	4/N						
PECAN GROVE, LP - 54-2070408 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309		\$ 5	RHG GP MANAGEMENT, INC.	N/A			×	A/N	×	
PELHAM VILLAGE, LP - 80-0728754, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	ည္သ	RHG GP MANAGEMENT, INC.	N/A			×	N/A	×	
PERKINS ROAD MEMORY CARE, LLC - 47-2984227, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	LA LA	RHG, INC	RELATED			×	N/A	×	
PINEWOOD PARK PARTNERS, LP - 20-1075933, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	g.	PINEWOOD PARK MANAGEMENT, INC.	N/A			×	N/A	×	
PSL-RHG LLC - 30-1043835 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309	RE RENTAL	G.A.	RHG, INC	RELATED	-8,529.	503,532.	×	N/A	×	50.00%
RHG-HAMMOND ASSET MANAGER, LLC - 32-0311794, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	RELATED			×	N/A	×	70.00%
RICHMOND OVERLOOK DEVELOPMENT LLC - 35-2401984, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	VA	RHG, INC	RELATED			×	N/A	x	51.00%
RICHMOND OVERLOOK GP, LLC - 32-0333205, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	VA	RHG GP MANAGEMENT, INC.	N/A			×	N/A	×	

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RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

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

(a)	(q)	(0)	(p)	(e)	(J)	(6)	3	9	9	(<u>E</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from 15x under	Share of total income	Share of end-of-year assets	cations?	Code V-UBI amount in box 20 of Schedule		Percentage ownership
RICHMOND OVERLOOK I.P -		country)		250110115 3 1C-3 14)			Yes No	K-I (Form 1055)	Yes No	
1810			b r cuncom							
			NICHTONE GP							
'	RE RENTAL	VA		4 /2	•		Þ	W / W	Þ	
EAKS AT MLK DRIVE								W/ W	+	
MANAGEMENT, LLC - 04-3721167,					•					
				٠						
520, ATLANTA, GA 30309 R	RE DEVELOPMENT	GA	RHG, INC	RELATED	-108,273.	705,813.	×	N/A	×	800.06
THE PEAKS OF DOTHAN, L.P										
20-1059002, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA			HOWELL SCHOOL							
30309 R	RE RENTAL	AL	GP, LLC	N/A			×	N/A	×	
THE PEAKS OF TAZEWELL, LP -										
61-1733433, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE DEVELOPMENT	TN	INC.	N/A			×	N/A	×	
THE PHOENIX AT FIVE FORKS,										
LLC - 47-5177267, 1819										
PEACHTREE ROAD NE STE 520,			MCCA-PSL FIVE							
ATLANTA, GA 30309 R	RE RENTAL	GA	FORKS LLC	N/A			×	N/A	×	
THE PHOENIX AT JAMESTOWN, LLC										
- 47-4398799, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA			MCCA-PHOENIX							
30309 R	RE RENTAL	GA	PARTNERS, LLC	N/A			×	N/A	×	
THE PHOENIX AT WATKINS										
CENTRE, LLC - 47-4767735,			MCCA-PSL							
1819 PEACHTREE ROAD NE STE			WATKINS							
520, ATLANTA, GA 30309 R	RE RENTAL	GA	CENTRE, LLC	N/A			×	N/A	×	
THE WOODS AT AVENT FERRY, LLC										
- 90-0611241, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309 R	RE RENTAL	NC	INC.	N/A			×	N/A	×	
TIFTON ESTATES, LP -										
61-1563935, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309 R	RE RENTAL	GA	INC.	N/A			×	N/A	×	

RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

Parill Continuation of Identification of Related Organizations Taxable as a Partnership

Schoolsbergebrechmanner										
(a)	(q)	(c)	(P)	(a)	(ı)	(6)	(u)	()	(9)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
WASHINGTON ESTATES II, LP -								•		
36-4673439, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE RENTAL	В	INC.	N/A			×	N/A	×	
WASHINGTON ESTATES, LP -										
20-8797503, 1819 PEACHTREE			кне ср							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE RENTAL	GA	INC.	N/A			×	N/A	×	
WATKINS CENTRE MEMORY CARE,										
LLC - 47-4803177, 1819			MCCA-PSL							
PEACHTREE ROAD NE STE 520,			WATKINS							
ATLANTA, GA 30309	RE DEVELOPMENT	GA	CENTRE, LLC	N/A			×	N/A	×	
WAYNESBORO ESTATES										
DEVELOPMENT, LLC -										
20-8783320, 1819 PEACHTREE									_	
ROAD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	GA	RHG, INC	RELATED	161,614.	;	×	N/A	×	51.00%
WAYNESBORO ESTATES GP, LLC -				•						
20-8783370, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE MANAGEMENT	GA	INC.	N/A			×	N/A	×	
WAYNESBORO ESTATES, LP -										
20-8783210, 1819 PEACHTREE			WAYNESBORO							
ROAD NE STE 520, ATLANTA, GA			ESTATES GP,							
30309	RE RENTAL	GA	rrc	N/A	-12.	473.	×	N/A	×	
PSL RHG II, LLC - 82-3959325			RHG GP							
1819 PEACHTREE ROAD NE STE 520			MANAGEMENT,							
ATLANTA, GA 30309	RE RENTAL	GA	INC.	N/A			×	N/A	×	
PEAKS OF BATON ROUGE										
DEVELOPMENT, LLC -										
82-2842276, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	GA	RHG, INC	RELATED	109,534.		×	N/A	×	51,00%
THE PEAKS AT MANNING, LP -										
82-5354597, 1819 PEACHTREE			RHG GP				-			
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,				-			
30309	RE RENTAL	သင	INC.	N/A			×	N/A	×	

RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

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

(a)	(q)	9	(P)	(e)	ω	(0)	3	0	3	E
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	ortion- ations?	Code V-UBI amount in box 20 of Schedule		General or Percentage managing ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	YesNo	
WAYNESBORO ESTATES II, LP -										
82-5493674, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE DEVELOPMENT	GA	INC.	N/A			×	N/A	×	
WAYNESBORO ESTATES GP II, LLC										
- 82-5442812, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA				-					_	
30309	RE DEVELOPMENT	ВA		N/A			×	N/A	<u>×</u>	
WAYNESBORO ESTATES										
DEVELOPMENT II, LLC -										
82-5442774, 1819 PEACHTREE										
ROAD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	GA		N/A			×	N/A	×	
PSL RHG III, LLC - 84-2535607			RHG GP						_	
1819 PEACHTREE ROAD NE STE 520			MANAGEMENT,							
ATLANTA, GA 30309	RE INVESTMENT	GA	INC.	N/A	-1,525.	1,568,855.	×	N/A	_×	50.00%
THE PEAKS AT MANNING GP, LLC										
- 82-5321786, 1819 PEACHTREE			RHG GP							
ROAD NE STE 520, ATLANTA, GA			MANAGEMENT,							
30309	RE DEVELOPMENT	SC	INC.	N/A			×	N/A	_×	
THE PEAKS AT MANNING										
DEVELOPER, LLC - 82-5284960,										
1819 PEACHTREE ROAD NE STE										
520, ATLANTA, GA 30309	RE DEVELOPMENT	SC	•	N/A			×	N/A	×	100%
		•								

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RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

58-2131548

Schedule R (Form 990)

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

(a)	(q)	(0)	(p)	(e)	£	(6)	(f)	Ξ	1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sect 512(b) confro entit	233 9d 33
MECHANICSVILLE MANAGEMENT, INC - 20-4625370 1819 PEACHTREE RD NE STE 520	michango kikki da	5	OHC TWO		131		600	Xes >	2
-1≂	NE IMMOERENT		TMC		./0/-	777	\$00T	4	
HTREE RD NE STE 520								_	
ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	c CORP	-14.	15,675.	100%	×	
RHG GP MANAGEMENT, INC - 82-5249654									
1819 PEACHTREE RD NE STE 520		•							
ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	c corp			1008	×	
THE PEAKS OF KNOXVILLE, INC - 58-2531450									
1819 PEACHTREE RD NE STE 520									
ATLANTA, GA 30309	RE MANAGEMENT	TN	N/A	c corp	N/A	N/A	N/A	×	
	-								
	-								
									•

RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.

Schedule R (Form 990)

Part-V. Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	m 990), Part V, line 2)		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE PEAKS OF DOTHAN, L.P.	D	8,500,000.L	LOAN GUARANTEE
(8) RHG HOUSING FOUNDATION, INC.	ы	2,710,000.LOAN	OAN
(9) PECAN GROVE II, LP	П	72,451.CASH	ASH
(10) PEAKS OF OAKWOOD, LP	IJ	223,478.CASH	ASH
(11) PEAKS OF CORNELIA, LP	J	180,683.CASH	ASH
(12) PEAKS OF BATON ROUGE, LP	ı	109,534.CASH	ASH
(13) WAYNESBORO ESTATES II, LP	IJ	95,880.CASH	ASH
(14) THE PEAKS AT WEST ATLANTA, LLC	IJ	517,267.CASH	АЅН
(15) RHG INVESTMENTS, LLC	М	2,710,000.L	710,000 LOAN REPAYMENT
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			