

EXTENDED TO NOVEMBER 16, 2020

2949320508102 1

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form 990 (Rev. January 2020)

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

2019

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC. D Employer identification number: 58-2131548. E Telephone number: 4049682656. G Gross receipts \$: 1,592,395. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: N/A. K Form of organization: Corporation. L Year of formation: 1994. M State of legal domicile: GA.

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Signature of officer: JOHN WEST, CHIEF FINANCIAL OFFICER. Date: 11/16/2020. Preparer: WENDY TILLERY, CPA. Date: 11/12/20. Firm: COHNREZNICK LLP. Address: 3560 LENOX ROAD NE, SUITE 2900 ATLANTA, GA 30326. Phone: 404-847-9447.

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

SCANNED NOV 29 2021

Part III Statement of Program Service Accomplishments

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

Input box for Schedule O reference

1 Briefly describe the organization's mission

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

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

Yes No (X) No

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

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

Yes No (X) No

If "Yes," describe these changes on Schedule O.

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

4a (Code) (Expenses \$ 558,433. including grants of \$) (Revenue \$ 1,556,894.)

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

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

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

4d Other program services (Describe on Schedule O)

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

4e Total program service expenses 558,433.

AJORD

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

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8880-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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 required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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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.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a			X
10b			
11a		X	
11b			
12a		X	
12b		X	
12c		X	
13		X	
14		X	
15a		X	
15b		X	
16a			X
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **GA**
- 18 Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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.
- 20 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, GA 30309

RESOURCE HOUSING GROUP, INC.
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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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYANT G. COATS CEO/DIRECTOR	3.00 37.00	X		X				0.	1,125,542.	52,107.
(2) JAMES D. LOFTIN, JR. DIRECTOR	0.50 2.00	X						0.	33,874.	0.
(3) CHARLES NORTHCUTT SECRETARY/DIRECTOR	0.50 1.00	X						0.	39,568.	0.
(4) HOWARD OAKES DIRECTOR	0.50 1.00	X						0.	50,689.	0.
(5) WILLIAM P. WALKER CHAIRMAN/DIRECTOR	1.00 4.00	X						0.	92,736.	0.
(6) JOHN T. CARSSOW DIRECTOR	1.00 4.00	X						0.	110,022.	0.
(7) ALISON DRUMMOND DIRECTOR	0.50 2.00	X						0.	27,500.	0.
(8) JOHN WEST EVP/CFO/DIRECTOR	7.00 33.00	X		X				0.	798,517.	52,033.
(9) JOHN HAMILTON DIRECTOR	0.50 1.00	X						0.	13,308.	0.
(10) KENNETH BAGGETT DIRECTOR	0.00 0.00	X						0.	0.	0.
(11) CHASE NORTHCUTT PRESIDENT	10.00 30.00			X				0.	480,315.	84,721.
(12) HEATHER-DAWN ASHLEY VICE PRESIDENT	1.00 39.00			X				0.	214,300.	20,768.
(13) SAMIT PATEL VICE PRESIDENT	2.00 38.00			X				0.	194,166.	42,336.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							0.	3,180,537.	251,965.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	3,180,537.	251,965.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	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	1g \$				
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2 a	DEVELOPER FEE INCOME	531190	638,311.	638,311.		
	b	OVERSIGHT FEE INCOME	541610	173,530.	138,029.	35,501.	
	c	MISCELLANEOUS INCOME	531390	175.	175.		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		812,016.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		780,379.	780,379.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less cost or other basis and sales expenses					
	7 c	Gain or (loss)					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities See Part IV, line 19						
9 b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		1,592,395.	1,556,894.	35,501.	0.	

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

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Part IX: Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
a	Management				
b	Legal	92,739.	92,739.		
c	Accounting	6,900.	6,900.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	72.	72.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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.)				
a	TAXES/OTHER	169,409.	169,409.		
b	CORPORATE DEVELOPMENT E	140,592.	140,592.		
c	BAD DEBT EXPENSE	84,563.	84,563.		
d	DUES & SUBSCRIPTIONS	61,997.	61,997.		
e	All other expenses	2,161.	2,161.		
25	Total functional expenses. Add lines 1 through 24e	558,433.	558,433.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	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 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	9,449,497.	7	9,940,541.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	10b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	6,967,410.	13	6,425,374.
	14	Intangible assets		14	
	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.	
Liabilities	17	Accounts payable and accrued expenses	145,615.	17	32,438.
	18	Grants payable		18	
	19	Deferred revenue	8,235,894.	19	8,213,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,644,331.	25	4,944,925.
	26	Total liabilities. Add lines 17 through 25	11,025,840.	26	13,190,363.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	16,165,054.	27	17,199,016.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	16,165,054.	32	17,199,016.	
33	Total liabilities and net assets/fund balances	27,190,894.	33	30,389,379.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,592,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	558,433.
3	Revenue less expenses Subtract line 2 from line 1	3	1,033,962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,165,054.
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))	10	17,199,016.

Part XII Financial Statements and Reporting

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

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

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RESOURCE HOUSING GROUP, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(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)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

RESOURCE HOUSING GROUP, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7445541.	14111519.	1668881.	3158952.	776,515.	27161408.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						27161408.

Section B. Total Support

Calendar 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.
c Add lines 10a and 10b	248,096.	430,172.	372,948.	321,426.	815,880.	2188522.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	7693637.	14541691.	2041829.	3480378.	1592395.	29349930.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	92.54 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	94.86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	7.46 %
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 not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: 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? Row 11b: A family member of a person described in (a) above? Row 11c: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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). Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a [] 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 (see instructions). Row 2: Activities Test Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Row 3: Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

RESOURCE HOUSING GROUP, INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions.			
3 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)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 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 and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019
Open to Public Inspection

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

Employer identification number
58-2131548

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2019

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

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) Unrelated organizations
 - (ii) Related organizations
- b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|--------------------------|--------------------------|
| 3a(i) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

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

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

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

Schedule D (Form 990) 2019

58-2131548 Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN RICHMOND		
(2) OVERLOOK, LP	36,025.	COST
(3) INVESTMENT IN PALISADES		
(4) BUSINESS HOLDINGS, INC.		
(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.)		6,425,374.

Part IX Other Assets.

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

(a) Description	(b) Book value	
(1) DUE FROM AFFILIATES	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 15.)		8,188,484.

Part X Other Liabilities.

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

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		4,944,925.

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

Schedule D (Form 990) 2019

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

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

Employer identification number
58-2131548

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization?
b Any related organization?
 If "Yes" on line 5a or 5b, describe in Part III

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

- a** The organization?
b Any related organization?
 If "Yes" on line 6a or 6b, describe in Part III

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

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

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

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

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

Schedule J (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

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

Employer identification number
58-2131548

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

CHARLES NORTH CUTT IS THE FATHER OF CHASE NORTH CUTT.

THE ORGANIZATION IS RELATED TO ALL ORGANIZATIONS INCLUDED IN GROUP
EXEMPTION #8555 BECAUSE THOSE ORGANIZATIONS HAVE THE SAME BOARD OF
DIRECTORS AS THE ORGANIZATION.

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

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

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

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

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

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

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

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

932211 09-06-19

Name of the organization RESOURCE HOUSING GROUP, INC. F/K/A RHA/HOUSING, INC.	Employer identification number 58-2131548
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COMPENSATION CONSULTANT PREPARES A REPORT OF THE MARKET RATE OF
 COMPENSATION FOR EACH OF THE EXECUTIVE POSITIONS. THE REPORT IS THEN GIVEN
 TO THE COMPENSATION COMMITTEE WHICH, TOGETHER WITH THE SENIOR MANAGEMENT,
 EVALUATES THE PERFORMANCE OF THE EXECUTIVES AND THE ORGANIZATION. AFTER
 THIS, THE COMPENSATION COMMITTEE FORMULATES RECOMMENDATIONS TO THE BOARD OF
 DIRECTORS AS TO WHAT SHOULD BE THE APPROPRIATE LEVELS OF COMPENSATION. THE
 BOARD OF DIRECTORS THEN VOTES TO PASS A RESOLUTION ESTABLISHING THE LEVEL
 OF COMPENSATION. DIRECTORS WHOSE COMPENSATION IS BEING VOTED ON, OR WHOSE
 RELATIVES' COMPENSATION IS BEING VOTED ON, ARE EXCUSED FROM THE
 DELIBERATIONS AND DO NOT VOTE ON THEIR OWN OR THEIR RELATIVES'
 COMPENSATION.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Name of the organization

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

Employer identification number

58-2131548

OMB No 1545-0047

2019

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RHG HOUSING DEVELOPMENT, LLC - 58-2510848 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE DEVELOPMNT	GEORGIA	-770.		RESOURCE HOUSING GROUP, INC. ("RHG, INC")
CANDLER FORREST DEVELOPMENT, LLC - 20-2486277, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMNT	GEORGIA	14,821.	306,978.	RHG, INC
COLUMBIA CREEK DEVELOPMENT LLC - 58-2523077 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE DEVELOPMNT	GEORGIA			RHG, INC
PELHAM VILLAGE DEVELOPMENT, LLC - 45-2386704 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE DEVELOPMNT	SOUTH CAROLINA			RHG, INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MILITARY HOUSING OF AMERICA, INC - 58-2516555, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GEORGIA	501(C)(3)	PF	N/A		X
RESIDENTIAL HEALTHCARE AFFILIATES, INC. - 06-1680816, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	SUPPORTING ORG	NORTH CAROLINA	501(C)(3)	12A.	N/A		X
FAMILY ALTERNATIVES, INC. - 56-1360087 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	DISABLED CARE	NORTH CAROLINA	501(C)(3)	12B	N/A		X
RHG AFFORDABLE HOUSING III, INC - 58-2440916 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GEORGIA	501(C)(3)	10	N/A		X

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

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
AUGUSTA HILLS APT I, LP - 58-2530575, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	THE PEAKS AT WEST ATLANTA, L.L.C.	N/A			X		N/A	X	
AVENT FERRY DEVELOPMENT, LLC - 80-0644057, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	NC	RHG, INC	RELATED			X		N/A	X	51.00%
BLAKELY COMMONS, LP - 20-8783507, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
CANDLER FORREST APARTMENTS, LP - 20-2576823, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	CANDLER PARTNERS, LP	N/A			X		N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COLUMBIA CREEK MANAGEMENT, INC - 58-2510843 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	C CORP			100%		X
DOTHAN PEAKS MANAGEMENT, INC. - 20-1001114 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	AL	RHG, INC	C CORP			100%		X
GATES PARK CROSSING HFOP MANAGEMENT, INC - 20-2486575, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	C CORP	-20.	-326,732.	100%		X
GATES PARK CROSSING HFS MANAGEMENT, INC - 20-2486438, 1819 PEACHTREE RD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	C CORP	-33.	-470,238.	100%		X
HERITAGE GREEN MANAGEMENT, INC - 58-2528120 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	C CORP	-21.	-530.	100%		X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes/No	
				Yes	No
(1) PEAKS OF OAKWOOD, LP	D	11,100,000.	LOAN GUARANTEE		X
(2) PEAKS OF CORNELIA, LP	D	1,500,000.	LOAN GUARANTEE		X
(3) THE PEAKS AT MANNING, LP	D	6,111,000.	LOAN GUARANTEE		X
(4) PEAKS OF BATON ROUGE, LP	D	1,720,000.	LOAN GUARANTEE		X
(5) GREENSBORO MILL, LP	D	555,520.	LOAN GUARANTEE		X
(6) WAYNESBORO ESTATES II, LP	D	4,300,000.	LOAN GUARANTEE		X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

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

58-2131548

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RHG ASSET MANAGER, LLC - 32-0311711					
1819 PEACHTREE RD NE STE 520					
ATLANTA, GA 30309	RE MANAGEMENT	GEORGIA			RHG, INC
CAROLINA OAKS VILLAGE DEV - 90-0727667					
1819 PEACHTREE RD NE STE 520	RE DEVELOPMENT	SOUTH CAROLINA		262,195.	RHG, INC
ATLANTA, GA 30309					
RHG INVESTMENTS LLC - 35-2554448					
1819 PEACHTREE RD NE STE 520	INVESTMENT HOLDING CO	GEORGIA	-6,875.	7,000,000.	RHG, INC
ATLANTA, GA 30309					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CANDLER PARTNERS, LP - 20-4533993, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	
CAROLINA OAKS GP, LLC - 46-4923580, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	SC	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	
CAROLINA OAKS VILLAGE, LP - 46-4915818, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	SC	CAROLINA OAKS VILLAGE GP, LLC	N/A			X		N/A		X	
CONSTITUTION AVENUE APARTMENTS, LP - 20-0960401, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	
CONSTITUTION AVENUE DEVELOPMENT, LLC - 20-0960345, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED		51.	X		N/A		X	51.00%
DOTHAN PEAKS DEVELOPMENT, LLC - 20-1001170, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	AL	RHG, INC	RELATED			X		N/A		X	69.00%
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			X		N/A		X	
GABLE OAKS DEVELOPMENT LLC - 45-4798230, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	SC	RHG, INC	RELATED			X		N/A		X	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			X		N/A		X	

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							Yes	No			
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			X		N/A	X	
GREENSBORO MILL DEVELOPMENT LP - 61-1730373, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED			X		N/A	X	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			X		N/A	X	
GREENSBORO MILL, LP - 36-4777568, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	GREENSBORO MILL GP, LLC	N/A			X		N/A	X	
HERITAGE GREEN APARTMENTS, LP - 47-0868029, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	HERITAGE GREEN MANAGEMENT, INC.	N/A			X		N/A	X	
HIGHLANDS OF GOLDSBORO DEVELOPMENT, LLC - 45-2941858, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	NC	RHG, INC	RELATED			X		N/A	X	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	X	
KENDRICK'S POND, LLC - 45-5325827, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	AL	RHG, INC	RELATED			X		N/A	X	50.00%

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							Yes	No		Yes	No	
KENDRICK'S WAY APARTMENTS, LTD - 45-2918393, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	AL	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	
KNOXVILLE PEAKS APTS, LP - 62-1837782, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	TN	THE PEAKS OF KNOXVILLE, INC.	N/A			X		N/A		X	
LOUDON INVESTORS, LP - 74-3254281, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	TN	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	
MAGNOLIA TERRACE APARTMENTS II, LP - 20-4743371, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	
MCCA-PHOENIX PARTNERS, LLC - 47-4392849, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	MEMORY CARE CENTERS OF AMERICA, INC.	N/A			X		N/A		X	
MCCA-PSL FIVE FORKS, LLC - 47-5113469, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	MEMORY CARE CENTERS OF AMERICA, INC.	N/A			X		N/A		X	
MCCA-PSL WATKINS CENTRE, LLC - 47-4828593, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	MEMORY CARE CENTERS OF AMERICA, INC.	N/A			X		N/A		X	
MCRAE-HELENA DEVELOPMENT, LLC - 47-4166578, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED			X		N/A		X	51.00%
MCRAE-HELENA ESTATES GP, LLC - 81-2110733, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	

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							Yes	No		Yes	No	
MCRAE-HELENA ESTATES, LP - 47-4143102, 1819 PEACHTREE - ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	MCRAE-HELENA ESTATES GP, LLC	N/A			X		N/A		X	
MECHANICSVILLE APARTMENTS PHASE 4, LP - 20-5640760, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	MECHANICSVILLE MANAGEMENT, INC.	N/A			X		N/A		X	
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		X	51.00%
MLK DRIVE APARTMENTS, LP - 47-0868032, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	THE PEAKS AT MLK DRIVE MANAGEMENT, LLC	N/A			X		N/A		X	
MLK DRIVE DEVELOPMENT, LLC - 58-2531453, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	RELATED			X		N/A		X	90.00%
NEWPORT NEWS SENIORS DEVELOPMENT, LLC - 46-5108044, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	VA	RHG, INC	RELATED	7,073.		X		N/A		X	51.00%
NEWPORT NEWS SENIORS, LP - 46-5075218, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	VA	RHG GP MANAGEMENT, INC.	N/A	-28.	663.	X		N/A		X	
THE PEAKS AT WEST ATLANTA, LLC - 74-3010099, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	RELATED			X		N/A		X	49.50%
PEAKS OF BATON ROUGE GP, LLC - 61-1856761, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	

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							Yes	No		Yes	No	
PEAKS OF BATON ROUGE, LP - 82-2967408, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	PEAKS OF BATON ROUGE GP, LLC	N/A			X		N/A		X	
PEAKS OF CORNELIA DEVELOPMENT LLC - 81-2868763, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED	180,683.		X		N/A		X	51.00%
PEAKS OF CORNELIA GP LLC - 37-1828763, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	
PEAKS OF CORNELIA LH LLC - 82-2630983, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	GROUND LESSOR	GA	RHG, INC	RELATED			X		N/A		X	51.00%
PEAKS OF CORNELIA LP - 81-2296893, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	PEAKS OF CORNELIA GP, LLC	N/A			X		N/A		X	
PEAKS OF OAKWOOD DEVELOPMENT, LLC - 81-2910723, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED	223,478.		X		N/A		X	51.00%
PEAKS OF OAKWOOD GP, LLC - 36-4838570, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A		X	
PEAKS OF OAKWOOD, LP - 81-2325773, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	PEAKS OF OAKWOOD GP, LLC	N/A			X		N/A		X	
PEAKS OF TAZEWELL DEVELOPMENT, LLC - 38-3927558, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA	RE DEVELOPMENT	TN	RHG, INC	RELATED			X		N/A		X	50.00%

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							Yes	No			
PECAN APARTMENTS II, LP - 20-4786923, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
PECAN GROVE, LP - 54-2070408 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
PELHAM VILLAGE, LP - 80-0728754, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	SC	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
PERKINS ROAD MEMORY CARE, LLC - 47-2984227, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	LA	RHG, INC	RELATED			X		N/A	X	
PINEWOOD PARK PARTNERS, LP - 20-1075933, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	PINEWOOD PARK MANAGEMENT, INC.	N/A			X		N/A	X	
PSL-RHG LLC - 30-1043835 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GA	RHG, INC	RELATED	-8,529.	503,502.	X		N/A	X	50.00%
RHG-HAMMOND ASSET MANAGER, LLC - 32-0311794, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG, INC	RELATED			X		N/A	X	70.00%
RICHMOND OVERLOOK DEVELOPMENT LLC - 35-2401984, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	VA	RHG, INC	RELATED			X		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			X		N/A	X	

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							Yes	No			
RICHMOND OVERLOOK LP - 32-3831834, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	VA	RICHMOND OVERLOOK GP, LLC	N/A			X		N/A	X	
THE PEAKS AT MLK DRIVE MANAGEMENT, LLC - 04-3721167, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED	-108,273.	705,813.	X		N/A	X	90.00%
THE PEAKS OF DOTHAN, L.P. - 20-1059002, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	AL	HOWELL SCHOOL SP, LLC	N/A			X		N/A	X	
THE PEAKS OF TAZEWELL, LP - 61-1733433, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	TN	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
THE PHOENIX AT FIVE FORKS, LLC - 47-5177267, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	MCCA-PSL FIVE FORKS LLC	N/A			X		N/A	X	
THE PHOENIX AT JAMESTOWN, LLC - 47-4398799, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	MCCA-PHOENIX PARTNERS, LLC	N/A			X		N/A	X	
THE PHOENIX AT WATKINS CENTRE, LLC - 47-4767735, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	MCCA-PSL WATKINS CENTRE, LLC	N/A			X		N/A	X	
THE WOODS AT AVENT FERRY, LLC - 90-0611241, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	NC	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
TIFTON ESTATES, LP - 61-1563935, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	

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							Yes	No			
WASHINGTON ESTATES II, LP - 36-4673439, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
WASHINGTON ESTATES, LP - 20-8797503, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
WATKINS CENTRE MEMORY CARE, LLC - 47-4803177, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	MCCA-PSL WATKINS CENTRE, LLC	N/A			X		N/A	X	
WAYNESBORO ESTATES DEVELOPMENT, LLC - 20-8783320, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED	161,614.		X		N/A	X	51.00%
WAYNESBORO ESTATES GP, LLC - 20-8783370, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE MANAGEMENT	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
WAYNESBORO ESTATES, LP - 20-8783210, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	GA	WAYNESBORO ESTATES GP, LLC	N/A	-12.	473.	X		N/A	X	
PSL RHG II, LLC - 82-3959325 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309	RE RENTAL	GA	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	
PEAKS OF BATON ROUGE DEVELOPMENT, LLC - 82-2842276, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE DEVELOPMENT	GA	RHG, INC	RELATED	109,534.		X		N/A	X	51.00%
THE PEAKS AT MANNING, LP - 82-5354597, 1819 PEACHTREE ROAD NE STE 520, ATLANTA, GA 30309	RE RENTAL	SC	RHG GP MANAGEMENT, INC.	N/A			X		N/A	X	

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 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.	LOAN GUARANTEE
(8) RHG HOUSING FOUNDATION, INC.	E	2,710,000.	LOAN
(9) PECAN GROVE II, LP	L	72,451.	CASH
(10) PEAKS OF OAKWOOD, LP	L	223,478.	CASH
(11) PEAKS OF CORNELIA, LP	L	180,683.	CASH
(12) PEAKS OF BATON ROUGE, LP	L	109,534.	CASH
(13) WAYNESBORO ESTATES II, LP	L	95,880.	CASH
(14) THE PEAKS AT WEST ATLANTA, LLC	L	517,267.	CASH
(15) RHG INVESTMENTS, LLC	E	2,710,000.	LOAN REPAYMENT
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			