DLN: 93493130013531

OMB No. 1545-0047

2019

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

Department of the

Return of Organization Exempt From Income Tax

▶ 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.

		nue Service		nning 07-01-2019 , and ending 06-	30-2020			<u></u>
		oplicable:	C Name of organization	ming 07-01-2019 , and ending 00-	30-2020	D Employe	r identif	ication number
□ Ad	dress c	change	RHG HOUSING FOUNDATION INC FKA HOWELL'S CHILD CARE CENTER	R INC		59-1347	774	
	me cha tial reti	-	Doing business as					
		n/terminated				E Telephone	numhar	<u> </u>
		l return on pending	Number and street (or P.O. box if m 1819 PEACHTREE ROAD NE NO 520	nail is not delivered to street address) Room/	suite	(404) 36		
		,	City or town, state or province, cou	ntry, and ZIP or foreign postal code		(101) 30	71 2500	
			ATLANTA, GA 30309			G Gross rec	eipts \$ 1	,010,344
			F Name and address of principal JOHN WEST	al officer:	H(a) Is	this a group ret	urn for	
			1819 PEACHTREE ROAD SUITE!	520		ubordinates? re all subordinate	25	□Yes ☑No
r Tax	-exem	npt status:	ATLANTA, GA 30309		┤ `´ir	ncluded?		∐Yes ∐No
		e:▶ N/A	№ 501(c)(3)	(insert no.) 4947(a)(1) or 527		"No," attach a li roup exemption i	•	,
, ,	ensiti	e: P N/A	l		14(1)	roup exemption	Hamber	
K Forn	n of or	ganization	Corporation Trust Asso	ociation Other	L Year of	formation: 1970	M State	of legal domicile: NC
De		Cum						
Pa	rti 1 B		mary scribe the organization's mission o	r most significant activities:				
a.	Р	ERFORM	THE FUNCTIONS OF OR CARRY O	UT THE PURPOSES OF PUBLIC CHARITI	ES UNDER (COMMON CONTRO	OL WHI	CH ARE PROVIDERS
<u> </u>	_	OF HEALT	HCARE OR DEVELOPERS OF LOW	INCOME HOUSING FACILITIES.				
Ē	_							
Activities & Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization dis	scontinued its operations or disposed of	more than	25% of its net as	sets.	
り × が				ng body (Part VI, line 1a)		•	3	g
es es	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	7
Ĕ.	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a) .			5	C
ğ			•	cessary)			6	
•				t VIII, column (C), line 12			7a	
	ь	Net unrel	ated business taxable income from	m Form 990-T, line 39	· · ·	Prior Year	7b	Current Year
	R	Contribut	ions and grants (Part VIII, line 1h)			Prior rear	0	Current Year
ēnu			service revenue (Part VIII, line 2g)			0		
Rəvenue		_	ent income (Part VIII, column (A),		211,4	66	551,65	
α			venue (Part VIII, column (A), lines			•	0	
	12	Total rev	enue—add lines 8 through 11 (mu	ıst equal Part VIII, column (A), line 12)		211,4	66	551,65
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3)		750,0	00	1,260,000
	14	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)			0	(
\$	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5-10)			0	(
Expenses	16 a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)			0	(
œ.	Ь	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶0				
ш			penses (Part IX, column (A), lines	•		21,9	_	215,05
			enses. Add lines 13–17 (must equ			771,9		1,475,05
ري ح	19	Revenue	less expenses. Subtract line 18 fr	om line 12	Regin	-560,4 ning of Current Ye		-923,40! End of Year
Net Assets or Fund Balances								
Asse Bak	20	Total ass	ets (Part X, line 16)			47,137,7	37	46,734,83
2 E			ilities (Part X, line 26)				0	
			s or fund balances. Subtract line	21 from line 20		47,137,7	37	46,734,83
Jnder		alties of p		ined this return, including accompanyir				
	edge nowle		f, it is true, correct, and complete	. Declaration of preparer (other than of	ficer) is bas	ed on all informa	tion of v	which preparer has
411 <i>)</i> 10		1.						
		******	* ure of officer			2021-04-29 Date		
Sign Here		, "						
	•		NEST CFO r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date		TIN	
Paid	1				2021-04-29	Check L if Poself-employed	0052095:	1
	oare	er 🗏	irm's name COHNREZNICK LLP			Firm's EIN ▶ 22-1	L478099	
_	On	ւ. ⊢	irm's address ► 3560 LENOX ROAD NE	SUITE 2900		Phone no. (404) 8	47-9447	
		·	ATLANTA, GA 30326				/ //	
May +	ho IDS	C discuss	this return with the preparer show	un abaya? (aaa inatmyatiana)		1		/os □No

Form	990 (2019)					Page 2
Pa	rt III Stateme	ent of Program Service	e Accomplis	hments		
	Check if S	schedule O contains a respo	nse or note to a	any line in this Part III		🗆
1		he organization's mission:				
		ONS OF OR CARRY OUT THE LOPERS OF LOW INCOME H			DER COMMON CONTROL WHICH AR	E PROVIDERS OF
2	Did the organizat	ion undertake any significal	nt program ser	vices during the year wh	ich were not listed on	
	the prior Form 99	90 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe	these new services on Sch	edule O.			
3	Did the organizat	tion cease conducting, or ma	ake significant	changes in how it condu	cts, any program	
		these changes on Schedule				☐ Yes ☑ No
4	Describe the orga Section 501(c)(3)	anization's program service	accomplishmer ns are required	to report the amount of	argest program services, as measu f grants and allocations to others, tl	
4a	(Code:) (Expenses \$	1,475,057	including grants of \$	1,260,000) (Revenue \$)
	See Additional Data		_,,	, , , , , , , , , , , , , , , , , , ,	-,,	,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d		ervices (Describe in Schedu	•			
	(Expenses \$		ding grants of	\$) (Revenue \$)
4e	Total program s	service expenses >	1,475,0	57 <u> </u>		

20a

20b

21

Yes

Form **990** (2019)

Nο

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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	22		No
	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	23	Yes	
	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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I </i>	25b		No
	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	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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	33		No
	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	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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	35b		
6	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	36		No
7	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	37		No
8	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	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a

1b

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 .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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		
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
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).		
а	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	No
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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
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.		
а	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:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
U	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b	
	parachute payment(s) during the year?	15	No
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	No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ection A. Governing Body and Management		W	
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1a 9		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
_	1b 7			
2	officer, director, trustee, or key employee?	2	Yes	
3	of officers, directors or trustees, or key employees to a management company or other person?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		.,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	161		
Se	ection C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees

compensation of	officers, birectors, frastees, key	Employees, mgnest	Compensacea	Employees,
and Independent	Contractors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.
- organization, more than \$10,000 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 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) (B) (C) (D) (F) (E) Name and title Average Position (do not check more Estimated Reportable Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the (W-2/1099for related (W-2/1099organization and Officer Individual trustee or director Highest compensated employee organizations MISC) MISC) related Institutional below dotted organizations employee line) Trustee 1.80 (1) BRYANT G COATS Χ 0 1,125,542 52,107 Χ CEO/DIRECTOR 38.20 0.10 (2) JAMES D LOFTIN JR 0 33,874 0 DIRECTOR 2.40 0.10 (3) CHARLES NORTHCUTT III Χ 39,568 **SECRETARY** 1.40 0.10 (4) WILLIAM H OAKES 50,689 1.40 0.50 (5) WILLIAM P WALKER Х 92,736 CHAIRMAN/DIRECTOR 4.50 0.50 (6) JOHN T CARSSOW Χ 0 110,022 DIRECTOR 4.50 0.10 (7) ALISON DRUMMOND 27,500 DIRECTOR 2.40 2.20 (8) JOHN WEST Х 0 Х 798,517 52,033 PRESIDENT/CFO/DIRECTOR 37.80 0.10 (9) JOHN HAMILTON Χ n 13.308 O DIRECTOR 1.40 0.10 (10) CHASE NORTHCUTT Х 480,315 84,721 VICE PRESIDENT 39.90 1.00 (11) HEATHER-DAWN ASHLEY Χ 214,300 20,768 VICE PRESIDENT 39.00 0.00 (12) SAMIT PATEL Х 194,166 42,336 VICE PRESIDENT 40.00

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

(A) (B) (C) (D) (E) (F)

Page 8

	Name and title Average hours per week (list any hours for related										(E) Reportable compensation from related organizations	,	eted of other sation the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		ISC)	SC) MISC)			organizat relat organiza	ed
													+		
													\bot		
													+		
													+		
1b 9	Sub-Total			<u>. </u>	L		<u> </u>						廾		
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	art VII, Section					▶			0		3,180,53	7		251,965
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rec	eived mo	re than	\$10	0,000			
														Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i>										ted e	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual											the			NO
5	Did any person listed on line 1a receivervices rendered to the organization		•						_				4	Yes	
Se	ection B. Independent Contract	<u> </u>				,, 50	ich per	3011			_		5		No
1	Complete this table for your five high from the organization. Report compe	est compensate											npens	sation	
		(A) and business addre		year	Cita	iiiig	WICH O	7 7710	inin the d	ľ		(B) ption of services		(C Comper	
													\Rightarrow		

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

		(2019)								Page 9
Part	VIII						line in this Dout VIII			
		Check II Sched	uie	O contains a	respo	mise or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campa	ians	· T	1a			revenue		512 - 514
nts nts		b Membership dues	_	L	1b					
irai 10 u		c Fundraising even		·	1c					
s, G An		d Related organizat			1d					
Gift Ilar		e Government grants		L						
im:				L	1e					
tion or S	1	 All other contribution and similar amounts above 	s not	included	1f					
ig 45	١,	Noncash contributio	ns in	cluded in	ĺ					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a - 1f:\$		L	1 g					
ರ ಕ		h Total. Add lines :	1a-1	f		•				
						Business Code				
	2a									
R.e										
e Ae	b									
⊕ E	c									
×	·									
ιχ Ξ	d									
Program Service Revenue	e									
	٠									
	f	All other program	serv	rice revenue.						
	g	Total. Add lines 2	2a-2	f	>					
		Investment income imilar amounts) .			nds, i	nterest, and other	1,010,34	4		1,010,344
		Income from invest			npt bo	ond proceeds				
	5	Royalties				•				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental								
		expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income	or	(loss)			_			
				(i) Securit	ies	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or	7b	4.1	F0 C03					
		other basis and sales expenses		4:	58,692					
		Gain or (loss)	7c	-4'	58,692	,				
		Net gain or (loss)						2		-458,692
۵.		Gross income from fu	ındra	ising events						
Other Revenue		(not including \$contributions reported	d on	of line 1c).						
eve		See Part IV, line 18	٠		8a					
σ.		Less: direct expen			8b					
the	C	Net income or (los	s) fr	om fundraisii	ng ev	ents	1			
	9a	Gross income from	gam	ing activities.						
		See Part IV, line 19	٠		9a					
		Less: direct expen			9b					
	C	Net income or (los	ss) fr	om gaming a	Ctivit	les >	1			
	10a	Gross sales of inve								
		returns and allowa			10a					
		Less: cost of good			10b					
	C	Net income or (los Miscellaneo			nvent	ory ► Business Code	T	1		
	11		u3 IX	evenue		Dusiness Code	_			
	b	,								
	c								1	
	d	All other revenue	•							
	е	Total. Add lines 1	1a-:	11d	'	•				
	12	Total revenue. S	ee ir	nstructions .						5-1
						-	551,65	<u> </u>	0	0 551,652 Form 990 (2019)

	1 990 (2019)				Page 10
P	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a response or note to an		_	ns must complete co	olumn (A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,260,000	1,260,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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 (non-employees):				
	Management				
	Degal				
C	Accounting				
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	214,932	214,932		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	90	90		
12	Advertising and promotion				
13	Office expenses				
	Information technology				
	Royalties				
	Occupancy				
	· · · ·				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MISCELLANEOUS EXPENSES	35	35		
	b				
	<u>c</u>				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,475,057	1,475,057	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).				

Form 990 (2019)

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 (B)

End of year

Beginning of year

2,310,543

35,095

1

2

3 4

5

6 7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

0

47,137,737

47,137,737

47,137,737

44,792,099

47,137,737

Page **11**

417,592

35,095

3,750,000

42,532,147

46,734,834

46,734,834

46,734,834

46,734,834

Form 990 (2019)

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

Accounts receivable, net

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Cash-non-interest-bearing .									
Savings and temporary cash in	vesti	men	ts	•					
Pledges and grants receivable,	net	•							

10b

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . Inventories for sale or use . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

Form	990 (2019)				Page 12
Pai	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	
	T				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			551,652
2	Total expenses (must equal Part IX, column (A), line 25)	2			,475,057
3	Revenue less expenses. Subtract line 2 from line 1	3			-923,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4/	,137,737
5	Net unrealized gains (losses) on investments	5			520,500
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		46	,734,834
Pa	t 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:				
	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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

3b

Additional Data

Software ID: Software Version:

EIN: 59-1347774

Name: RHG HOUSING FOUNDATION INC. FKA HOWELL'S CHILD CARE CENTER INC.

Form 990 (2019)

Form 990, Part III, Line 4a: PERFORM THE FUNCTIONS OF OR CARRY OUT THE PURPOSES OF PUBLIC CHARITIES UNDER COMMON CONTROL WHICH ARE PROVIDERS OF HEALTHCARE OR DEVELOPERS OF LOW INCOME HOUSING FACILITIES, WHICH INCLUDES MAINTAINING OPERATING RESERVES FOR THOSE LOW INCOME HOUSING FACILITIES.

efil	e GR	APHIC prii	it - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493130013531
	m 99	OULE A	Com		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) empt charitable	organization or trust.	ort	2019
-		f the Treasury	▶ (Go to <u>www.irs</u>	s.gov/Form990 for in			ormation.	Open to Public Inspection
Nam	e of tl	nue Service he organiza IG FOUNDATIO						Employer identific	
		'S CHILD CARE						59-1347774	
	rt I				us (All organization it is: (For lines 1 thro			See instructions.	
1	n ganiz		•		ssociation of churches	,	, ,	(A)(:)	
		•		,					
2	Ш				1)(A)(ii). (Attach Sch	,			
3		·	·	·	vice organization desc			•	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ition operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).	
7		section 17	0(b)(1)(A)((vi). (Complete	<u>-</u>		_	init or from the genera	al public described in
8		A communi	ty trust descr	ibed in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		non-land gi	ant college o	f agriculture. S	escribed in 170(b)(1) ee instructions. Enter	the name, city, a	and state of the	college or university:	
10		from activit investment	ies related to income and i	its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12	✓	more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(a</mark>	
a		Type I. A so	upporting org n(s) the powe	ganization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b	✓	Type II. A manageme	supporting o	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	ınctionally i		and C. supporting organizatio ions). You must com				ted with, its
d		Type III n functionally	on-function integrated.	ally integrate The organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	` '
е					ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	-		,		-		<u>.</u>	
g	Provi	ide the follow	ing informati	on about the su	upported organization(s).			
	(i) ¹	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
See	Additio	onal Data Tal	ole						
Tota	I		3					0	C

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(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 grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	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						
10	business is regularly carried on 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 instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(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	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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 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						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Schedule A (Form 990 or 990-EZ) 2019

checked 12a or 12b in Part I, answer (b) and (c) below.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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

Page 4

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

No

			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.			
				No
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			

	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	N
!	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	N
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	N

		-	•
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	No
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		

	in section 509(a)(1) or (2).	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	3a		No
b	d the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied e public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		·	
	determination.	3b		
С	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.			

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described in (a) above? 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. 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 directors or trustees at all times during the tax year? If "No," describes in Part VI how the supported organization's directors or trustees at all times during the tax year? Is "No," describes in Part VI how the supported organization or entrolled the organizations is the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees even and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization of the than the supported organization's that operated, supervised, or controlled the supporting organization. 1 Did the organization operate for the benefit of any supported organization? If "No," "explain in Part VI how providing such benefit carried out the purposes of the supported organizations." If "No," describe in Part VI how control or management of the supporting organization is supported organizations of the supporting organization is supported organizations. Yes I Were any applied to each of its supported organizations, by the last day of the fifth month of the organization's active and the supported organization's office organization's provided during the prior tax year, (i) a copy of the form 900 that was most recently filed as of the		ule A (Form 990 or 990-EZ) 2019		F	age
A person who cirectly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A 15% controlled entity of a person described in (a) above? A 15% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c P 11c P 11d P A 15% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c P 11c P 11d P	Part	Supporting Organizations (continued)			
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A family member of a person described in (a) above? A 39% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c 1 11c 1 1 1 1 1 1		, , , , , , , , , , , , , , , , , , ,			
A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Piection B. Type I Supporting Organizations 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. 1 bld the organization operate for the benefit of any supported organization of the than the supported organization of the supported organization of the supported organization organization of the supported organization of the supported organization organization of the supported organization was vested in the same persons that controlled or managed the supported organization of the supported organization organization was vested in the same persons that controlled or managed the supported organization organization organization was respected organizations. The foot expect of the organization organization organization was responsively the supported organization organizat	а	· · · · · · · · · · · · · · · · · · ·	11a		No
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Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a			3		
The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations (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. 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. Parent of Supported Organizations. Answer (a) and (b) below. 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. Did the organization exercise a substantial offerection over the policies, programs and activities of each of its supported organization is this regard.	Se	ction E. Type III Functionally-Integrated Supporting Organizations			
The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer (a) and (b) below. 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. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 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. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported degranization.		Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer (a) and (b) below. Pes N Bid 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. 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. Parent of Supported Organizations. Answer (a) and (b) below. Bid 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. 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.	а	The organization satisfied the Activities Test. Complete line 2 below.			
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. 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 organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organization.	b	The organization is the parent of each of its supported organizations. Complete line 3 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. 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 organization? If "Yes," describe in Part VI the relegions to the programs of the prog	c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
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. 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.		Activities Test. Answer (a) and (b) below.		Yes	N
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. 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 relegions of the programs in this regard.	а	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	2a		
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	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			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its		-	<u> </u>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	21-		

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh 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	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. 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:			_

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			

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:		
<u></u> \$		
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		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
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. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

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

Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation PART IV, LINE 1 THE ORGANIZATION'S ARTICLES OF INCORPORATION PROVIDE: THE CORPORATION SHALL THENCEFORTH BE ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF OTHER ORGANIZATIONS (HEREINAFTER REFERRED TO AS "SUPPORTED ORGA NIZATIONS") WHICH (I) ARE CHARITABLE PROVIDERS OF HEALTHCARE OR CHARITABLE OPERATORS OR DE VELOPERS OF LOW INCOME HOUSING FACILITIES, (II) QUALIFY AS EXEMPT FROM FEDERAL INCOME TAXA TION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, (III) ARE DESCRIBED IN EITHER S ECTION 509(A)(1) OR SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. AND (V) ARE GOVERNED B Y A BOARD OF DIRECTORS OR TRUSTEES, A MAJORITY OF WHICH MUST BE COMPOSED OF INDIVIDUALS WH

O ARE ALSO MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION.

Schedule A (Form 990 or 990-EZ) 2019

Additional Data

Software ID:

Software Version:

EIN: 59-1347774

Name: RHG HOUSING FOUNDATION INC

FKA HOWELL'S CHILD CARE CENTER INC

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

Torm 550, con A, raic 1, 1me 11	<u>9</u>	ine renetring initer.	indicion ab		apported organiza	
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		the organization listed in your Amount of monetary support (see	
			Yes	No		
RHG NORTH CAROLINA MR INC	581804051	10		No	0	0
RESOURCE HOUSING GROUP INC	582131548	10		No	0	0
RHG AFFORDABLE HOUSING II INC	582392012	10		No	0	0

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 93493130013531
Note: To capture the full co	ontent of this de		•	-			<u> </u>	OMB No. 1545-0047
(Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.							2019	
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information.							Open to Public Inspection
Name of the organization RHG HOUSING FOUNDATION INC FKA HOWELL'S CHILD CARE CENT Part I General Informa	TER INC					'	oyer identific 347774	cation number
 Does the organization main the selection criteria used t Describe in Part IV the organization 	ntain records to subs to award the grants anization's procedur	stantiate the amount of to or assistance?	e of grant funds in the Un	ited States.		•	Part IV, line	Yes No
	han \$5,000. Part II (b) EIN	can be duplicated if addi (c) IRC section (if applicable)	itional space is needed. (d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Desci noncash a		(h) Purpose of grant or assistance
(1) RESOURCE HEALTHCARE OF AMERICA 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309	58-2016603	501(C)(3)	1,260,000					CONTRIBUTION
2 Enter total number of sections 2 Enter total number of other For Paperwork Reduction Act Notice	organizations listed	d in the line 1 table					. ▶	nedule I (Form 990) 2019

Schedule I (Form 990) 2019 Part III Grants and Other Assistance Part III can be duplicated if addi		anization answered "Yes'	" on Form	990, Part IV, line 22.	Page 2
(a) Type of grant or assistance	(b) Number o recipients			(e) Method of valuation FMV, appraisal, othe	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

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

Explanation **Return Reference**

Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49313	30013	531	
Sch	edule J	Co	ompensat	ion Information	0	MB No.	1545-0	0047	
(Forr	n 990)	For certain Office		Trustees, Key Employees, and Hig	hest				
		➤ Complete if the ord	Compensa Janization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019			
Donort	tment of the Treasury		▶ Attach	n to Form 990. instructions and the latest inforr		Openi			
•	al Revenue Service	P do to <u>www.ms.ig</u> c	101	mstructions and the latest mion		Insp	ectio	n	
	me of the organiza HOUSING FOUNDA				Employer identifica	tion nu	ımber		
FKA	HOWELL'S CHILD C				59-1347774				
Pa	rt I Questi	ons Regarding Compensa	ition						
1 a	Check the appro	opiate box(es) if the organizatio	n provided any o	f the following to or for a person liste	d on Form		Yes	No	
	990, Part VII, S	ection A, line 1a. Complete Part	: III to provide ar	ny relevant information regarding the	se items.				
	First-class	or charter travel		Housing allowance or residence for	personal use				
	_	companions	님	Payments for business use of perso					
		nification and gross-up payment	is \square	Health or social club dues or initiation					
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	teur, chet)				
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b			
2				or allowing expenses incurred by all	20.12	2			
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked on Lir	ie la?				
3				ed to establish the compensation of the	ne				
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.				
	☐ Compens	ation committee	П	Written employment contract					
		ent compensation consultant		Compensation survey or study					
		of other organizations		Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No	
b		• • •		lified retirement plan?		4b	Yes		
c				nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	t III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.					
5			-	the organization pay or accrue any					
	compensation c	ontingent on the revenues of:							
а	The organization	1?				5a		No	
b		anization?				5b		No	
6	For persons liste	•		the organization pay or accrue any					
_	•	3				6-		Na	
a b	-	n?				6a 6b		No No	
		6a or 6b, describe in Part III.							
7	For persons liste	ed on Form 990, Part VII, Section		the organization provide any nonfixed		7		No	
8	Were any amou	nts reported on Form 990, Part	VII, paid or accu	red pursuant to a contract that was					
	subject to the in	nitial contract exception describe	ed in Regulations	section 53.4958-4(a)(3)? If "Yes," de					
						8		No	
9				presumption procedure described in		9			
For F		iction Act Notice, see the Ins			50053T Schedule		1 990)	2019	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
, ,		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1 BRYANT G COATS CEO/DIRECTOR	(i)	0	0	0	0	0	0	0	
CLOYDINECTOR	(ii)	564,207	194,900	366,435	22,138	29,969	1,177,649	0	
2 JOHN WEST PRESIDENT/CFO/DIRECTOR	(i)	0	0	0	0	0	0	0	
TRESIDENT, OF STREET OR	(ii)	382,687	138,810	277,020	22,064	29,969	850,550	0	
CHASE NORTHCUTT	(i)	0	0	0	0	0	0	0	
VICE PRESIDENT	(ii)	275,315	205,000	0	54,752	29,969	565,036	0	
4 HEATHER-DAWN ASHLEY VICE PRESIDENT	(i)	0	0	0	0	0	0	0	
VICE PRESIDENT	(ii)	169,300	45,000	0	10,370	10,398	235,068	0	
S SAMIT PATEL VICE PRESIDENT	(i)	0	0	0	0	0	0	0	
VICETRESIDENT	(ii)	142,083	52,083	0	12,367	29,969	236,502	0	
_									
	\vdash								

Schedule J (Form 990) 2019 Page 3 Part III **Supplemental Information** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 4B IN THE 2019 CALENDAR YEAR A RELATED ORGANIZATION CREDITED BRYANT COATS' ACCOUNT IN ITS 401(K) PLAN BY \$19,600. IN THE 2019 CALENDAR YEAR A RELATED ORGANIZATION CREDITED JOHN WEST'S ACCOUNT IN ITS 401(K) PLAN BY \$19,600. IN THE 2019 CALENDAR YEAR, A RELATED ORGANIZATION CREDITED CHASE NORTHCUTT'S ACCOUNT IN ITS 457(F) PLAN BY \$ 36,752 AND IN ITS 401(K) PLAN BY \$19,600. IN THE 2019 CALENDAR YEAR A RELATED ORGANIZATION CREDITED HEATHER DAWN ASHLEY'S ACCOUNT IN ITS 401(K) PLAN BY \$10.370. IN THE 2019 CALENDAR YEAR A RELATED ORGANIZATION

CREDITED SAMIT PATEL'S ACCOUNT IN ITS 401(K) PLAN BY \$12,367.

Schedule 1 (Form 990) 2019

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493130013531
SCHEDUL (Form 990 or EZ)	O-EZ s on OMB No. 1545-0047 2019 Open to Public Inspection	
	JNDATION INC	mployer identification number 9-1347774
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 2	CHARLES NORTHCUTT IS THE FATHER OF CHASE NORTHCUTT	

Return Explanation

FORM 990,
PART VI,
DATE, SUBJECT TO ANY COMMENTS WHICH MAY BE MADE BY THE DIRECTORS. DIRECTORS ARE INSTRUCTE
SECTION B,
D TO RAISE ANY ISSUES THEY ARE CONCERNED ABOUT IN THE 990 WITH THE ORGANIZATION'S COUNSEL.

Return Explanation
Reference

FORM 990,	THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH THE DIRECTORS ANNUALLY. THE DIRECTORS ARE
PART VI,	EACH ASKED TO FILL OUT FORMS WHICH ASK IF A CONFLICT EXISTS OR NOT AND TO IDENTIFY ANY PO
SECTION B,	TENTIAL CONFLICTS WHICH EXIST. IF THERE ARE ANY POTENTIAL ISSUES THAT ARISE, THEY ARE BROU
LINE 12C	GHT TO THE ATTENTION OF THE WHOLE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FOLLOWING DESCRIBES THE COMPENSATION POLICY FOLLOWED BY THE ORGANIZATION AND ITS SEVER AL EXEMPT RELATED ENTITIES WHICH CONTRIBUTE TO THE COMPENSATION OF THE ORGANIZATION'S DIRE CTORS AND EXECUTIVE OFFICERS. THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT, CHAIRMAN, EXECUTIVE, OFFICERS, AND DIRECTORS BEGINS WITH AN INDEPENDENT COMPENSATION CONSULTANT. THE COMPENSATION CONSULTANT PREPARES A REPORT OF THE MARKET RATE OF COMPENSATION FOR EACH OF THE EXECUTIVE POSITIONS. THE REPORT IS THEN GIVEN TO THE COMPENSATION COMMITTEE W HO, 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.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130013531 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization RHG HOUSING FOUNDATION INC. FKA HOWELL'S CHILD CARE CENTER INC. 59-1347774 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table **(g)** Section 512(b) (a)
Name, address, and EIN of related organization (b) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

	Identification of Related Organizations Taxable as a one or more related organizations treated as a partnership	•	the organization	n answered	d "Yes" on	Form 990,	Part IV, line	34, becau	use it had
See Addition	nal Data Table								

See Additional Data Table		1	1		1	1	1			1	1 -		
(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	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	Disprop	h) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ral or aging ner?	(k) Percentage ownership
					314)			Yes	No		Yes	No	
												П	
									1		1		
			 						 				
												\vdash	
e Additional Data Table (a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state d	c) egal nicile or foreign ntry)		entity (C co	(e) e of entity orp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	-of- Perce owne	ntage	(13	(i) ction 512(3) controlle entity? 'es No

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 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 to or for related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets to related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) li 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) and Yes Lease of facilities, equipment, mailing lists, or other assets with related organization(s) and In Sharing of paid employees with related organization(s) and In Sharing of paid employees with related organization(s) f Reimbursement paid to related organization(s) for expenses 1p	ched	le R (Form 990) 2019		Pa	ige 3
1 Durling the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-1V? 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 to or for related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets to 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) j Performance of services or membership or fundraising solicitations for related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) and Naring of paid employees with related organization(s) and The Sharing of paid employees with related organization(s) f Reimbursement paid to related organization(s) for expenses 1p	Par	V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution from related organization(s). c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). d Loans or loan guarantees by related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Dividends from related organization(s). g Sale of assets from related organization(s). i Exchange 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). li Performance of services or membership or fundraising solicitations for related organization(s). In Performance of services or membership or fundraising solicitations for related organization(s). n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). p Reimbursement paid to related organization(s) for expenses.		Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
b Gift, grant, or capital contribution to related organization(s)	1 Du	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d Yes e Loans or loan guarantees by related organization(s) 1f Dividends from related organization(s) 1f	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
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) 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) i Performance of services or membership or fundraising solicitations by 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) p Reimbursement paid to related organization(s) for expenses 1p	b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
e Loans or loan guarantees by related organization(s)	c	Gift, grant, or capital contribution from related organization(s)	1c		No
f Dividends from related organization(s)	d	Loans or loan guarantees to or for related organization(s)	1 d	Yes	
Sale of assets to related organization(s)	e	oans or loan guarantees by related organization(s)	1e		No
g Sale of assets to related organization(s)	f	Dividends from related organization(s)	1f		No
h Purchase of assets from related organization(s)			1 g		No
i Exchange of assets with related organization(s)			1h		No
j Lease of facilities, equipment, or other assets to related organization(s)			1 i		No
I Performance of services or membership or fundraising solicitations for related organization(s)			1j		No
m Performance of services or membership or fundraising solicitations by related organization(s)	k	_ease of facilities, equipment, or other assets from related organization(s)	1k		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 1	erformance of services or membership or fundraising solicitations for related organization(s)	11		No
o Sharing of paid employees with related organization(s)	m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
p Reimbursement paid to related organization(s) for expenses	n s	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
			10		No
q Reimbursement paid by related organization(s) for expenses	р	Reimbursement paid to related organization(s) for expenses	1 p		No
	q	Reimbursement paid by related organization(s) for expenses	1 q		No

k Lease of facilities, equipment, or other assets from related organization(s) $\dots \dots \dots \dots$		1k No
l Performance of services or membership or fundraising solicitations for related organization(s) \dots		. 1l No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)		1m No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n No
o Sharing of paid employees with related organization(s)		1o No
p Reimbursement paid to related organization(s) for expenses		1p No
q Reimbursement paid by related organization(s) for expenses		1q No
r Other transfer of cash or property to related organization(s)		1r No
f s Other transfer of cash or property from related organization(s)		1s No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete th	line, including covered relationships and transaction thresholds.	
(a) Name of related organization		(d) ning amount involved
(1)RESOURCE HOUSING GROUP	B 1,260,000 CONTRIBUTION	
-		

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partne was not a related organization. See instructions regarding exclusions	rship through w	hich the ovestment p	rganization co artnerships.	nduc	ted more thar	five perce	ent of its acti	vities (measu	red b	oy total assets	or gross	rever	nue) that
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Ar oı	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	ıg [(k) Percentage ownership
	1		sections 512- 514) Yes		No			Yes N			Yes	No	
												H	
												Ш	
										Schedul	e R (Forn	n 99	0) 2019

Schedule R (Fo	rm 990) 2019		Page 5
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	

1819 PEACHTREE RD NE STE 520

ATLANTA, GA 30309 58-2472789

Software ID:

Software Version:

EIN: 59-1347774

Name: RHG HOUSING FOUNDATION INC

FKA HOWELL'S CHILD CARE CENTER INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related		1		1	1		
(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	Sectio (b)(contr	g) on 512 (13) crolled tity?
						Yes	No
	DISABLED CARE	NC	501(C)(3)	11B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 56-1360087							
	RE RENTAL	GA	501(C)(3)	PF	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2516555						1	
	SUPPORTING ORG	NC	501(C)(3)	12A	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 06-1680816							
	RE RENTAL	GA	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2131548						1	
	RE RENTAL	GA	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2440916						I	
	HEALTHCARE MGMT	GA	501(C)(3)	12B	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2366152							
	SUPPORTING ORG	TN	501(C)(3)	12B	RESIDENTIAL		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2270723					HEALTHCARE AFFILIATES	ا ڏ	
_========	RE RENTAL	GA	501(C)(3)	10	N/A		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2392012							
	DISABLED CARE	NC	501(C)(3)	10	RESIDENTIAL		No
1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-1804051					HEALTHCARE AFFILIATES	ا ذ	
	RE RENTAL	GA	501(C)(3)	10	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) Legal (e) (h) (d) (g) Share of end-Disproprtionate (a) Name, address, and EIN of Predominant income(related, (i) Code V-UBI amount in (k) Domicile Direct Share of total or Primary activity allocations? Percentage Managing (State Controlling income of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country) 512-514) Yes No Yes No AUGUSTA HILLS APT I LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 58-2530575 AVENT FERRY DEVELOPMENT LLC RE DEVELOPMENT N/A NC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 80-0644057 BLAKELY COMMONS LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-8783507 CANDLER FORREST APARTMENTS RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 20-2576823 CANDLER PARTNERS LP RE MANAGEMENT GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-4533993 CAROLINA OAKS GP LLC RE DEVELOPMENT SC N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-4923580 CAROLINA OAKS VILLAGE LP RE RENTAL SC N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-4915818 CONSTITUTION AVENUE RE RENTAL N/A GΑ APARTMENTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-0960401 CONSTITUTION AVENUE RE DEVELOPMENT GΑ N/A DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-0960345 DOTHAN PEAKS DEVELOPMENT RE DEVELOPMENT N/A ΑL 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-1001170 FIVE FORKS MEMORY CARE LLC RE DEVELOPMENT GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 GABLE OAKS DEVELOPMENT LLC RE DEVELOPMENT SC N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-4798230 GATES PARK CROSSING HFOP RE RENTAL GΑ N/A APTS LP 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 20-2576768 GATES PARK CROSSING HFS RE RENTAL N/A GΑ APTS LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-2631908 GREENSBORO MILL RE DEVELOPMENT GΑ N/A DEVELOPMENT LP 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309

61-1730373

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) Legal Domicile (h) (e) (d) Direct **(f)** Share of total (g) Share of end-Disproprtionate allocations? (k) Percentage (a) Name, address, and EIN of related organization **(b)** Primary activity Predominant income(related, unrelated, (i) Code V-UBI amount in Box 20 of Schedule K-1 Managing Partner? (State Controlling income of-year assets ownership or Foreign Entity excluded from (Form 1065) tax under Country) sections 512-514) Yes No Yes No GREENSBORO MILL GP LLC RE DEVELOPMENT N/A GΑ 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-5765855 GREENSBORO MILL LP RE DEVELOPMENT GA N/A 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309
36-4777568
HERITAGE GREEN APARTMENTS RE RENTAL
LP N/A GΑ 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309

47-0868029								
	RE DEVELOPMENT	NC	N/A					
1819 PEACHTREE ROAD NE STE 520								
ATLANTA, GA 30309 45-2941858								
HIGHLANDS OF GOLDSBORO LLC	RE RENTAL	NC	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-2942069								
HOWELL SCHOOL GP LLC	RE MANAGEMENT	AL	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-2569187								
KENDRICK'S POND LLC	RE DEVELOPMENT	AL	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-5325827								
	RE RENTAL	AL	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 45-2918393								
	RE RENTAL	TN	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 62-1837782								
LOUDON INVESTORS LP	RE RENTAL	TN	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 74-3254281								
MAGNOLIA TERRACE APARTMENTS II LP	RE RENTAL	GA	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-4743371								
	RE DEVELOPMENT	GA	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4392849								
MCCA-PSL FIVE FORKS LLC	RE DEVELOPMENT	GA	N/A					
1819 PEACHTREE ROAD NE STE 520								
ATLANTA, GA 30309 47-5113469								
MCCA-PSL WATKINS CENTRE LLC	RE DEVELOPMENT	GA	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4828593								
	RE DEVELOPMENT	GA	N/A	<u> </u>				
1819 PEACHTREE ROAD NE STE								
520 ATLANTA, GA 30309 47-4166578								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (h) (e) Lègal Domicile (g) Share of end-(a) Name, address, and EIN of Disproprtionate (i) Code V-UBI amount in Box 20 of Schedule K-1 Predominant Direct Share of total allocations? Percentage Primary activity income(related, (State Controlling income of-year assets Managing unrelated, ownership related organization or Foreign Partner? Entity excluded from (Form 1065) tax under Country) sections 512-514) Yes No Yes No MCRAE-HELENA ESTATES GP LLC RE DEVELOPMENT GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2110733 MCRAE-HELENA ESTATES LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4143102 MECHANICSVILLE APARTMENTS RE RENTAL GΑ N/A PHASE 4 LP 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-5640760 MEMORY CARE CENTERS OF RE DEVELOPMENT GΑ IN/A **AMERICA** 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-1133130 MLK DRIVE APARTMENTS LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-0868032 MLK DRIVE DEVELOPMENT LLC RE MANAGEMENT GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 58-2531453 NEWPORT NEWS SENIORS RE DEVELOPMENT VA N/A DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-5108044 NEWPORT NEWS SENIORS LP RE RENTAL VA N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 46-5075218 PEAKS AT BELLS FERRY LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 74-3006817 PEAKS AT WEST ATLANTA LLC RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 74-3010099 PEAKS OF BATON ROUGE RE DEVELOPMENT GΑ N/A DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-2842276 PEAKS OF BATON ROUGE GP LLC RE MANAGEMENT N/A GΑ 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 61-1856761 PEAKS OF BATON ROUGE LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-2967408 PEAKS OF CORNELIA RE DEVELOPMENT GΑ N/A DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 81-2868763 PEAKS OF CORNELIA GP LLC RE MANAGEMENT GΑ IN/A 1819 PEACHTREE ROAD NE STE

ATLANTA, GA 30309 37-1828763 Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) General (h) (e) Lègal Domicile (g) Share of end-(d) Disproprtionate (a) Name, address, and EIN of Predominant Direct Share of total allocations? Code V-UBI amount in Box 20 of Schedule K-1 Percentage Primary activity income(related, Managing (State Controlling income of-year assets unrelated, ownership related organization or Foreign Partner? Entity excluded from (Form 1065) tax under Country) sections 512-514) Yes No Yes No PEAKS OF CORNELIA LH LLC GROUND LESSOR GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-2630983 PEAKS OF CORNELIA LP RE DEVELOPMENT GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2296893 PEAKS OF DAWSONVILLE RE DEVELOPMENT N/A GΑ DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 83-4710182 PEAKS OF DAWSONVILLE GP LLC RE MANAGEMENT N/A GΑ 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 83-4690306 PEAKS OF DAWSONVILLE LP RE RENTAL N/A GΑ 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 83-4655410 PEAKS OF OAKWOOD RE DEVELOPMENT N/A GΑ DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2910723 RE MANAGEMENT PEAKS OF OAKWOOD GP LLC N/A GΑ 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 36-4838570 PEAKS OF OAKWOOD LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 81-2325773 PEAKS OF OPELOUSAS RE DEVELOPMENT GΑ N/A DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 85-1025123 PEAKS OF OPELOUSAS GP LLC RE MANAGEMENT GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 85-1046943 PEAKS OF OPELOUSAS LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 85-1058037 PEAKS OF RUSTON RE DEVELOPMENT GΑ N/A DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 85-0979601 PEAKS OF RUSTON GP LLC RE MANAGEMENT N/A GΑ 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 85-0989884 PEAKS OF RUSTON LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 85-1008142 PEAKS OF TAZEWELL RE DEVELOPMENT ΤN N/A DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 38-3927558

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) General (c) (e) Legal Domicile **(g)** Share of end-(d) Predominant Disproprtionate Direct Share of total allocations? Code V-UBI amount in Box 20 of Schedule K-1 Percentage Name, address, and EIN of Primary activity income(related, Controlling Managing (State income of-year assets ownership related organization unrelated. Partner? Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No PECAN APARTMENTS II LP RE RENTAL N/A GΑ 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 20-4786923 PECAN GROVE LP RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 54-2070408 PELHAM VILLAGE LP RE RENTAL SC N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 80-0728754 PERKINS ROAD MEMORY CARE RE DEVELOPMENT N/A LA 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-2984227 PINEWOOD PARK PARTNERS LP N/A RE RENTAL GΑ 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-1075933 PSL RHG II LLC RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 82-3959325 PSL RHG III LLC RE RENTAL GΑ N/A 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 84-2535607 INVESTOR IN ASSISTED PSL RHG LLC GΑ N/A LIVING FACILITY 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 30-1043835 RHG-HAMMOND ASSET RE MANAGEMENT GΑ N/A MANAGER LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 32-0311794 RICHMOND OVERLOOK RE DEVELOPMENT VA N/A DEVELOPMENT LLC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 35-2401984 RICHMOND OVERLOOK GP LLC RE MANAGEMENT VA N/A 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 32-0333205 RICHMOND OVERLOOK LP RE RENTAL VA N/A 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 32-3831834 THE PEAKS AT MANNING RE DEVELOPMENT SC N/A DEVELOPER LLC 1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309 82-5284960 THE PEAKS AT MANNING GP LLC RE DEVELOPMENT N/A SC 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 82-5321786 THE PEAKS AT MANNING LP RE RENTAL SC N/A 1819 PEACHTREE ROAD NE STE

ATLANTA, GA 30309 82-5354597 Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) Legal Domicile (h) Disproprtionate (e)
Predominant
income(related, (d) Direct Controlling Entity (g) Share of end-(k) Percentage (i) Code V-UBI amount in Box 20 of Schedule K-1 (a) Name, address, and EIN of **(b)** Primary activity Share of total or allocations? Managing (State or of-year assets income ownership related organization unrelated, Partner? excluded from tax under (Form 1065) Foreign Country) sections 512-514) Yes No Yes No THE PEAKS AT MLK DRIVE MANAGEMENT LLC RE DEVELOPMENT N/A GΑ 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 04-3721167 RE RENTAL THE PEAKS OF DOTHAN LP ΑL N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-1059002 THE PEAKS OF TAZEWELL LP RE DEVELOPMENT TN N/A 1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 61-1733433 THE PHOENIX AT FIVE FORKS RE RENTAL GΑ N/A LLC

1819 PEACHTREE ROAD NE STE								
520 ATLANTA, GA 30309 47-5177267								
	RE RENTAL	GA	N/A					
1819 PEACHTREE ROAD NE STE								
520 ATLANTA, GA 30309 47-4398799								
THE PHOENIX AT WATKINS CENTRE LLC	RE RENTAL	GA	N/A					
1819 PEACHTREE ROAD NE STE 520								
ATLANTA, GA 30309 47-4767735								
THE WOODS AT AVENT FERRY LLC	RE RENTAL	NC	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309								
90-0611241 TIFTON ESTATES LP	RE RENTAL	GA	N/A					
1819 PEACHTREE ROAD NE STE								
520 ATLANTA, GA 30309 61-1563935								
	RE RENTAL	GA	N/A					
1819 PEACHTREE ROAD NE STE								
520 ATLANTA, GA 30309 36-4673439								
WASHINGTON ESTATES LP	RE RENTAL	GA	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 20-8797503								
WATKINS CENTRE MEMORY CARE LLC	RE DEVELOPMENT	GA	N/A					
1819 PEACHTREE ROAD NE STE 520 ATLANTA, GA 30309 47-4803177								
WAYNESBORO ESTATES DEVELOPMENT II LLC	RE DEVELOPMENT	GA	N/A					
1819 PEACHTREE ROAD NE STE 520								
ATLANTA, GA 30309 82-5442774								
WAYNESBORO ESTATES DEVELOPMENT LLC	RE DEVELOPMENT	GA	N/A					
1819 PEACHTREE ROAD NE STE 520								
ATLANTA, GA 30309 20-8783320								
WAYNESBORO ESTATES GP LLC	RE MANAGEMENT	GA	N/A					
1819 PEACHTREE ROAD NE STE 520								
ATLANTA, GA 30309 20-8783370								
WAYNESBORO ESTATES II LP	RE RENTAL	GA	N/A					
1819 PEACHTREE ROAD NE STE 520								
ATLANTA, GA 30309 82-5493674								

(c) General (g) Share of end-Legal Disproprtionate (a) (b) Predominant Domicile Share of total Direct Code V-UBI amount in Managing allocations? Percentage Name, address, and EIN of Primary activity income(related, (State Controlling income of-vear assets Box 20 of Schedule K-1 Partner? ownership related organization

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

		Foreign Country)		tax under sections 512-514)				(Form 1065)			
				512-514)		Yes	No		Yes	No	
WAYNESBORO ESTATES LP	RE RENTAL	GA	N/A								

unrelated,

Entity

520

20-8783210

1819 PEACHTREE ROAD NE STE ATLANTA, GA 30309

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (b) (c) (d) (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity income ownership (b)(13)year (state or foreign assets controlled or trust) entity? country) Yes No N/A lc. COLUMBIA CREEK MANAGEMENT INC RE MANAGEMENT GA No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2510843 CONSTITUTION AVENUE MANAGEMENT INC RE MANAGEMENT GΑ N/A No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-0959971 DOTHAN PEAKS MANAGEMENT INC RE MANAGEMENT AL ln/a lc No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-1001114 U GATES PARK CROSSING HFOP MANAGEMENT RE MANAGEMENT GΑ N/A No INC 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486575 GATES PARK CROSSING HFS MANAGEMENT RE MANAGEMENT GΑ N/A Νo 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-2486438 HERITAGE GREEN MANAGEMENT INC RE MANAGEMENT GΑ N/A No lc 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-2528120 KENDRICK'S WAY MANAGEMENT INC N/A RE MANAGEMENT ΑL No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 36-4705144 c MECHANICSVILLE MANAGEMENT INC GΑ N/A RE MANAGEMENT No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4625370 PECAN GROVE MANAGEMENT II INC N/A lc. RE MANAGEMENT GA No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 20-4786861 PELHAM VILLAGE MANAGEMENT INC RE MANAGEMENT SC N/A No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 45-2386518 PINEWOOD PARK MANAGEMENT INC RE MANAGEMENT GΑ N/A Νo 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 47-0873390 RE MANAGEMENT N/A lc RHG GP MANAGEMENT INC GΑ No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 82-5249654 RHGHOLDINGS INC HOLDING COMPA GΑ N/A Nο 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309 58-1758566 С THE PEAKS OF KNOXVILLE INC RE MANAGEMENT TN N/A No 1819 PEACHTREE RD NE STE 520 ATLANTA, GA 30309

58-2531450

ATLANTA, GA 30309 46-2248397

VALOR GROVE MANAGEMENT INC

1819 PEACHTREE RD NE STE 520

RE MANAGEMENT

AL

N/A

lc

No