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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

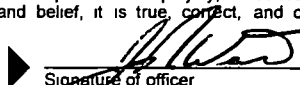
2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization RHA/AFFORDABLE HOUSING II, INC.		D Employer identification number 58-2392012
		Doing Business As		E Telephone number (404) 364-2939
		Number and street (or P O box if mail is not delivered to street address) Room/suite 3060 PEACHTREE ROAD, N.E. 900		
		City or town, state or country, and ZIP + 4 ATLANTA, GA 30305		
F Name and address of principal officer BRYANT G. COATS SAME AS C ABOVE		G Gross receipts \$ 3,374,946.		
		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)		
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ N/A		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1998 M State of legal domicile GA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO DEVELOP, OWN, AND OPERATE LOW-INCOME HOUSING FACILITIES; AND TO PERFORM ALL OTHER ACTS NECESSARY OR INCIDENTAL TO THE ABOVE.			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6	
Revenue	5 Total number of employees (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
	7b Net unrelated business taxable income from Form 990-B, line 34	7b		
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	0.	0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,555,826.	3,372,539.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,091.	2,407.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,560,917.	3,374,946.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)	477,619.	430,845.	
	b Total fundraising expenses, Part IX, column (D), line 25	0.	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,927,461.	2,449,756.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,405,080.	2,880,601.	
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	155,837.	494,345.	
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21 Total liabilities (Part X, line 26)	14,246,118.	15,352,862.	
	22 Net assets or fund balances Subtract line 21 from line 20	14,713,001.	15,325,400.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  Date 11/15/10		Type or print name and title John West, CFO	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 REZNICK GROUP, P.C. 2002 SUMMIT BOULEVARD, SUITE 1000 ATLANTA, GA 30319-1470	11/12/2010	☐	P00716330 EIN ▶ 52-1088612 Phone no ▶ 404-847-9447

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

TO DEVELOP, OWN, AND OPERATE LOW-INCOME HOUSING FACILITIES; AND TO
PERFORM ALL OTHER ACTS NECESSARY OR INCIDENTAL TO THE ABOVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 2,880,601 including grants of \$ _____) (Revenue \$ 3,374,946)
OWNERSHIP AND OPERATION OF EXISTING LOW-INCOME HOUSING UNITS

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 2,880,601.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors?	☐	☒
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	☐	☒
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	☐	☐
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	☐	☒
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
9 Did the organization report an amount in Part X, line 21, 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	☐	☒
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	☐	☒
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	☒	☐
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	☐	☐
• 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	☐	☐
• 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	☐	☐
• 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	☐	☐
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	☐	☐
• 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? If "Yes," complete Schedule D, Part X	☐	☐
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	☒	☐
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	☐	☒
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	☐	☒
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	☐	☒
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	☐	☒
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	☐	☒
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	☐	☒
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	☐	☒

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ GA, NC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOHN WEST 3060 PEACHTREE RD N.E., STE 900; ATL, GA, 30305
 404-364-2900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHET BRADEEN DIRECTOR	1.00	X						0.	26,560.	0.
BRYANT G. COATS CEO/DIRECTOR	2.00	X		X		X		0.	791,687.	0.
ROBERT B. COATS, JR. CHAIRMAN	1.00	X						0.	597,500.	0.
JAMES D. LOFTIN, JR. DIRECTOR	1.00	X						0.	26,408.	0.
CHARLES NORTHCUTT SECRETARY/DIRECTOR	1.00	X		X				0.	26,510.	0.
HOWARD OAKS DIRECTOR	1.00	X						0.	27,770.	0.
WILLIAM P. WALKER DIRECTOR	1.00	X						0.	31,416.	0.
GORDON J. SIMMONS COO/DIRECTOR	1.00	X		X		X		0.	702,801.	0.
JOHN T. CARSSOW DIRECTOR	1.00	X						0.	29,250.	0.
JOHN WEST CFO/VICE PRESIDENT	2.00			X		X		0.	588,931.	0.
CHASE NORTHCUTT VICE PRESIDENT	3.00			X		X		0.	226,000.	0.
NICK N. SULAIMAN VICE PRESIDENT	2.00			X		X		0.	177,901.	0.

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

[illegible]

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 2		

Part VIII Statement of Revenue

58-2392012

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f				0.			
Program Service Revenue	2a RENT FROM LOW-INCOME UNITS			Business Code			
					3,372,539	3,372,539	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g Total. Add lines 2a-2f				3,372,539.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				2,407		2,407
	4 Income from investment of tax-exempt bond proceeds				0		
	5 Royalties				0		
				(i) Real (ii) Personal			
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0		
				(i) Securities (ii) Other			
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)				0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18			a			
	b Less direct expenses			b			
	c Net income or (loss) from fundraising events				0.		
	9a Gross income from gaming activities See Part IV, line 19			a			
b Less direct expenses			b				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances			a				
b Less cost of goods sold			b				
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d				0			
12 Total Revenue. See instructions				3,374,946	3,372,539		2,407

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	397,629.	397,629.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	0.			
10 Payroll taxes	33,216.	33,216.		
11 Fees for services (non-employees)				
a Management	276,050.	276,050.		
b Legal	47,251.	47,251.		
c Accounting	52,826.	52,826.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	8,320.	8,320.		
13 Office expenses	93,220.	93,220.		
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	596,529.	596,529.		
21 Payments to affiliates	80,368.	80,368.		
22 Depreciation, depletion, and amortization . . .	439,118.	439,118.		
23 Insurance	150,111.	150,111.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE -----	11,028.	11,028.		
b ADMINISTRATIVE -----	35,030.	35,030.		
c UTILITIES EXPENSE -----	229,752.	229,752.		
d CONTRACTS -----	112,396.	112,396.		
e GARBAGE REMOVAL -----	52,174.	52,174.		
f All other expenses -----	265,583.	265,583.		
25 Total functional expenses. Add lines 1 through 24f	2,880,601.	2,880,601.	0.	0.
26 Joint Costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	151,619.	1	285,649.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	188,557.	4	187,500.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,197.	9	47,673.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 16,451,472.		
	b Less accumulated depreciation	10b 2,036,132.		
		13,428,127.	10c	14,415,340.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets	53,054.	14	19,546.
15 Other assets See Part IV, line 11	386,564.	15	397,154.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,246,118.	16	15,352,862.	
Liabilities	17 Accounts payable and accrued expenses	176,616.	17	75,758.
	18 Grants payable		18	
	19 Deferred revenue	19,645.	19	134,508.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	14,338,665.	23	14,936,169.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	178,075.	25	178,965.
	26 Total liabilities. Add lines 17 through 25	14,713,001.	26	15,325,400.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	-466,883.	32	27,462.
	33 Total net assets or fund balances	-466,883.	33	27,462.
	34 Total liabilities and net assets/fund balances	14,246,118.	34	15,352,862.

Form 990 (2009)

Part XI Financial Statements and Reporting

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

Form **990** (2009)

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	3,875,126	3,795,224	3,817,312	3,560,917	3,374,946	18,423,525
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,875,126	3,795,224	3,817,312	3,560,917	3,374,946	18,423,525
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						18,423,525

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	3,875,126	3,795,224	3,817,312	3,560,917	3,374,946	18,423,525
10 a 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						
c 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 (Explain in Part IV) <u>ATCH 1</u>	56,954					56,954
13 Total support. (Add lines 9, 10c, 11, and 12)	3,932,080	3,795,224	3,817,312	3,560,917	3,374,946	18,480,479
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.69 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00 %

19 a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒ **X**

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructionsATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	56,954					56,954
TOTAL	<u>56,954</u>					<u>56,954</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

RHA/AFFORDABLE HOUSING II, INC.

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

58-2392012

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

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

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,512,632.		1,512,632.
b Buildings		14,539,435.	1,986,371.	12,553,064.
c Leasehold improvements				
d Equipment		57,276.	7,796.	49,480.
e Other		342,129.	41,965.	300,164.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				14,415,340.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED INTEREST PAYABLE	60,276.
TENANT SECURITY DEPOSITS	95,048.
ACCRUED REAL ESTATE TAXES	23,641.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	178,965.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements
----------------	---

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,374,946
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,880,601
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	494,345
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	494,345

Part XII	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
----------	--

Reconciliation of Revenues per Audited Financial Statements with Revenues per Return			
1	Total revenue, gains, and other support per audited financial statements	1	3,374,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,374,946.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,374,946.

Part XIII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
------------------	---

Reconciliation of expenses for audited financial statements with expenses per return				
1	Total expenses and losses per audited financial statements		1	2,880,601.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,880,601.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,880,601.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV · Supplemental Information *(continued)*

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

RHA/AFFORDABLE HOUSING II, INC.

Employer identification number

58-2392012

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

58-2392012

RHA/AFFORDABLE HOUSING II, INC.

ATTACHMENT 2

DESCRIPTION OF CONTROL OF MANAGEMENT DUTIES

PART VI SECTION A #3

THE PROPERTIES ARE MANAGED BY AMBLING MANAGEMENT COMPANY, AN UNRELATED PARTY OF THE CORPORATION, PURSUANT TO A MANAGEMENT AGREEMENT APPROVED BY HUD. THE CURRENT MANAGEMENT AGREEMENTS PROVIDE FOR A MANAGEMENT FEE AS A PERCENTAGE OF MONTHLY COLLECTIONS. THE MANAGING AGENT ALSO RECEIVES A FEE FOR MONTHLY ACCOUNTING, RECORD KEEPING, AND DATA PROCESSING OF \$3.50 PER UNIT PER MONTH, AND A MONTHLY INFORMATION TECHNOLOGY FEE OF \$2.50 PER UNIT PER MONTH.

DESCRIPTION OF CONFLICT OF INTEREST POLICY

PART VI SECTION B #12C

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

DESCRIPTION OF COMPENSATION DETERMINATION

PART VI SECTION B #15A & #15B

THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT, CHAIRMAN, OFFICERS, AND DIRECTORS BEGINS WITH AN INDEPENDENT COMPENSATION CONSULTANT. THE COMPENSATION CONSULTANT PREPARES A REPORT OF THE MARKET RATE OF COMPENSATION FOR EACH OF THE EXECUTIVE POSITIONS. THE REPORT IS

Name of the organization

RHA/AFFORDABLE HOUSING II, INC.

Employer identification number

58-2392012

ATTACHMENT 2 (CONT'D)

THEN GIVEN TO THE COMPENSATION COMMITTEE WHO, TOGETHER WITH THE SENIOR MANAGEMENT, EVALUATES THE PERFORMANCE OF THE EXECUTIVES AND THE COMPANY. 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.

DESCRIPTION OF AVAILABILITY OF DOCUMENTS

PART VI SECTION C #19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

DESCRIPTION OF REVIEW PROCESS FOR FORM 990

PART VI SECTION B #11A

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

DESCRIPTION OF FAMILY RELATIONSHIPS

PART VI SECTION A #2

ROBERT B. COATS, JR. IS THE FATHER OF BRYANT G. COATS.
CHARLES NORTHCUTT IS THE FATHER OF CHASE NORTHCUTT.

Name of the organization

RHA/AFFORDABLE HOUSING II, INC.

Employer identification number

58-2392012

ATTACHMENT 2 (CONT'D)

NOTE RE RELATED ORGANIZATIONS.

IN ADDITION TO THE ENTITIES LISTED IN SCHEDULE R, THE ORGANIZATION IS
RELATED TO ALL ORGANIZATIONS INCLUDED IN GROUP EXEMPTION 8555 BECAUSE ALL
OF THOSE ORGANIZATIONS HAVE THE SAME BOARD OF DIRECTORS AS DOES THIS
ORGANIZATION.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMBLING MANAGEMENT COMPANY 348 ENTERPRISE DRIVE VALDOSTA, GA 31601	MANAGEMENT	327,886.
REHAB CONSTRUCTION SPECIALISTS, LLC 5665 ATLANTA HIGHWAY, SUITE 103 ALPHARETTA, GA 30004	REHAB CONSTRUCTION	103,640.
TOTAL COMPENSATION		<u>431,526.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
► Attach to Form 990. ► See separate instructions.

Open to Public
Inspection

Name of the organization

RHA/AFFORDABLE HOUSING II, INC.

Employer identification number

58-2392012

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PICKENS AFFORDABLE HOUSING, LLC 75-3141035 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	RE RENTAL	SC	115,685.	2,328,641.	N/A
NORTH AUGUSTA AFFORDABLE HOUSING, LLC 75-3141033 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	RE RENTAL	SC	94,241.	2,818,053.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
RESOURCE HEALTHCARE OF AMERICA, INC. 58-1848245 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	HEALTHCARE	GA	501 (C) (3)	11B	N/A
RESIDENTIAL HEALTHCARE AFFILIATES, INC. 06-1680816 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	HEALTHCARE	NC	501 (C) (3)	11A	N/A
RHA/NORTH CAROLINA MR, INC. 58-1804051 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	DISABLED CARE	NC	501 (C) (3)	9	N/A
RHA/SULLIVAN, INC. 58-1859039 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	ELDERLY CARE	TN	501 (C) (3)	9	N/A
RHA HEALTH SERVICES, INC. 58-1863838 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	DISABLED CARE	NC	501 (C) (3)	9	N/A
RHA SHARED RISK FUNDING, INC. 58-2270723 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	SUPPORT ORG.	TN	501 (C) (3)	11B	N/A
RHA/HOUSING, INC. 58-2131548 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	RE RENTAL	GA	501 (C) (3)	9	N/A

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
BELLS FERRY DEVELOP 58-2617779	RE DEVELOPMEN	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
BELLS FERRY MANAGEM 58-0497257	RE DEVELOPMEN	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
PEAKS AT MLK DR MAN 04-3721167	RE DEVELOPMEN	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
CONSTITUTION AVE DEV 20-0960345	RE DEVELOPMEN	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
MLK DRIVE DEVELOPMEN 58-2531453	RE DEVELOPMEN	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
AUGUSTA HILLS DEV I 58-2528116	RE DEVELOPMEN	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
AUGUSTA HILLS APT I 58-2530575	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
RHA/HOLDINGS, INC 58-1758566	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305							
EXTENDED FAMILY ENTERPRISES, INC 71-0564535	MANAGEMENT	AR	N/A	C CORP	0	0	0.0000
3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305							
COLUMBIA CREEK MANAGEMENT, INC 58-2510843	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
ONE BUCKHEAD PLAZA, SUITE 900, 3060 PEAC ATLANTA, GA 3030							
HERITAGE GREEN MANAGEMENT, INC 58-2528120	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305							
CASA MELVIO MANAGEMENT, INC 58-2528122	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305							
THE PEAKS OF KNOXVILLE, INC 58-2531450	MANAGEMENT	TN	N/A	C CORP	0	0	0.0000
3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305							
HOLLY RIDGE MANAGEMENT, INC 58-2536940	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305							

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	RHA HOUSING DEVELOPMENT, LLC	ASSET MGMT	80,368.
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Part I Continuation of Identification of Disregarded Entities

[illegible]

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

Schedule R-1 (Form 990) 2009

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

58-2392012

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?
							Yes	No		
KNOXVILLE PEAKS APT 62-1837782	RE RENTAL	TN	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
PEAKS AT BELLS FERR 74-3006817	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
PEAKS AT WEST ATLANTA 74-3010099	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
MLK DRIVE APARTMENT 47-0868032	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
HERITAGE GREEN APT 47-0868029	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
HOLLY RIDGE APARTMENT 76-0706619	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
CONSTITUTION AV APT 20-0960401	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
PINEWOOD PARK PARTN 20-1075933	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
GATE PRK CROSS HFOP 20-2576768	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
GATE PARK CROSS HFS 20-2631908	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
CANDLER FORREST APT 20-2576823	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
CANDLER PARTNERS LP 20-4533993	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
PECAN APARTMENTS II 20-4786923	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
PECAN GROVE LP 54-2070408	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
MAGNOLIA TER APT II 20-4743371	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
MECHANICSVILLE AP 4 20-5640760	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										
BLAKELY COMMONS LP 20-9783507	RE RENTAL	GA	N/A	N/A	0	0		X		X
3060 PEACHTREE RD NW STE 900										

Schedule R-1 (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
RHA CONSULTING & MANAGEMENT 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	NC	N/A	C CORP	0	0	0.0000
CONSTITUTION AVENUE MANAGEMENT 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
PINEWOOD PARK MANAGEMENT, INC. 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
H. H. B. & ASSOCIATES, INC. 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	NC	N/A	C CORP	0	0	0.0000
PECAN GROVE MANAGEMENT, I, IN 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
CANDLER FOREST MANAGEMENT 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
GATES PARK CROSSING, UTOP MAN 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
GATES PARK CROSSING, HFS MANA 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
MECHANICSVILLE MANAGEMENT, I 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
BLAKELY COMMONS MANAGEMENT 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
MAGNOLIA TERRACE MANAGEMENT, II 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
WASHINGTON ESTATES MANAGEMENT 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
TILTON ESTATES MANAGEMENT, I 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
HERITAGE HILLS GP, INC. 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
GENESIS GARDENS GP, INC. 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
PECAN GROVE MANAGEMENT, II, I 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
LOUDON MANAGEMENT, INC. 3060 PEACHTREE RD NW STE 900 ATLANTA, GA 30305	MANAGEMENT	GA	N/A	C CORP	0	0	0.0000
WAYNESBORO ESTATE MGMT, INC. 3060 PEACHTREE RD, NW STE 900 ATLANTA, GA 30305	RE MANAGEMENT	GA	N/A	C CORP	0	0	0.0000

Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	(B)	(C)
Name of other organization	Transaction type (a-f)	Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2009

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization RHA/AFFORDABLE HOUSING II, INC.	Employer identification number 58-2392012
	Number, street, and room or suite no. If a P.O. box, see instructions. 3060 PEACHTREE ROAD, N.E.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30305	

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ **JOHN WEST**

Telephone No. ▶ **404 364-2900**

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year **2009** or
 ▶ ☐ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization RHA/Affordable Housing II, Inc.	Employer identification number 58 : 2392012
	Number, street, and room or suite no. If a P.O. box, see instructions. 3060 Peachtree Road, N.W., Suite 900	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Atlanta, GA 30305	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| ☒ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **John R. West, CFO**
Telephone No. **(404) 364-2900** FAX No. **(404) 760-3443**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **November 15**, 20**10**.
- 5 For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **Audit for Fiscal Year Ended 12/31/2009 is still in process. The Form 990 is complicated by the need to obtain compensation information from numerous other non-profit organizations which are linked by a common board of directors.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CFO**Date **August 2, 2010**