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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

4a

(Code) (Expenses \$ 3,868,096 including grants of \$) (Revenue \$ 3,741,367)

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

3,868,096

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	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, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	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, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
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
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources 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?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent	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	Yes
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	Yes
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	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		
8a	The governing body?	8a	Yes
8b	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? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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)		
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	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 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
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization JOHN WEST 1819 PEACHTREE ROAD NE STE 450 atlanta,GA 30309 (404) 364-2900

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHET BRADEEN DIRECTOR	1 1 0	X						0	25,501	6,591
(2) BRYANT G COATS ceo/director	1 39 0	X		X				0	852,758	40,568
(3) ROBERT B COATS JR DIRECTOR	0 0 0	X						0	55,712	14,500
(4) JAMES D LOFTIN JR DIRECTOR	1 1 0	X						0	26,455	23,068
(5) CHARLES NORTHCUTT secretary/director	1 1 0	X		X				0	25,362	14,500
(6) HOWARD OAKES DIRECTOR	1 1 0	X						0	26,684	23,068
(7) WILLIAM P WALKER CHAIRMAN	1 9 9	X						0	100,880	14,500
(8) GORDON J SIMMONS coo/director	1 39 9	X		X				0	714,851	17,500
(9) John T Carssow director	1 1 0	X						0	28,750	23,068
(10) ALISON DRUMMOND DIRECTOR	1 1 0	X						0	25,000	23,068
(11) JOHN WEST CFO/VICE PRESIDENT	2 38 0			X				0	640,219	40,568
(12) CHASE NORTHCUTT VICE PRESIDENT	19 20 5			X				0	342,804	40,568
(13) nick n sulaiman VICE PRESIDENT	1 39 0			X				0	280,100	34,718
(14) HEATHER-DAWN ASHLEY SENIOR VICE PRESIDENT	15 25 0			X				0	137,600	15,591

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	3,282,676	331,876

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMBLING MANAGEMENT COMPANY, 348 ENTERPRISE DRIVE VALDOSTA GA 31601	management fee	191,549

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 ►1

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	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	3,741,037	3,741,037			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	3,741,037				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	330			330
4		Income from investment of tax-exempt bond proceeds	0				
5		Royalties	0				
6a		(i) Real					
		(ii) Personal					
b		Gross rents					
b		Less rental expenses					
c		Rental income or (loss)	0	0			
d		Net rental income or (loss)	0				
7a		(i) Securities					
		(ii) Other					
b		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	3,741,367	3,741,037			330	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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.	498,380	498,380		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	0			
10	Payroll taxes.	49,975	49,975		
11	Fees for services (non-employees):				
a	Management.	183,668	183,668		
b	Legal.	29,523	29,523		
c	Accounting.	74,636	74,636		
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	9,976	9,976		
13	Office expenses.	109,870	109,870		
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.	1,151,007	1,151,007		
21	Payments to affiliates.	52,124	52,124		
22	Depreciation, depletion, and amortization.	683,432	683,432		
23	Insurance.	181,306	181,306		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BAD DEBT EXPENSE	21,799	21,799		
b	MAINTENANCE & SUPPLIES	167,755	167,755		
c	UTILITIES EXPENSE	381,866	381,866		
d	CONTRACTS	114,827	114,827		
e	All other expenses	157,952	157,952		
25	Total functional expenses. Add lines 1 through 24e.	3,868,096	3,868,096	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).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		168,639	1	584,813
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,058,226	4	885,786
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		43,080	9	69,800
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a21,140,255			
	b	Less accumulated depreciation	10b3,955,988	13,580,852	10c	17,184,267
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		695,458	14	1,049,602
	15	Other assets See Part IV, line 11		2,075,868	15	2,707,309
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17,622,123	16	22,481,577
Liabilities	17	Accounts payable and accrued expenses		107,400	17	294,154
	18	Grants payable		0	18	0
	19	Deferred revenue		1,303,325	19	1,207,165
	20	Tax-exempt bond liabilities		10,363,350	20	21,981,912
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		6,772,729	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		340,309	25	390,067
	26	Total liabilities. Add lines 17 through 25		18,887,113	26	23,873,298
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), check here ☒ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		-1,264,990	32	-1,391,721
	33	Total net assets or fund balances		-1,264,990	33	-1,391,721
	34	Total liabilities and net assets/fund balances		17,622,123	34	22,481,577

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,741,367
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,868,096
3	Revenue less expenses Subtract line 2 from line 1	3	-126,729
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,264,990
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,391,721

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	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	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization RHAAFFORDABLE HOUSING II INC	Employer identification number 58-2392012
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☒	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 ▶						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
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	3,374,946	3,444,505	3,723,328	3,320,868	3,741,367	17,605,014
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	3,374,946	3,444,505	3,723,328	3,320,868	3,741,367	17,605,014
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6.)						17,605,014

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	3,374,946	3,444,505	3,723,328	3,320,868	3,741,367	17,605,014
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b						0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,374,946	3,444,505	3,723,328	3,320,868	3,741,367	17,605,014
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization RHAAFFORDABLE HOUSING II INC	Employer identification number 58-2392012
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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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

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

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

b

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

3b
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,589,885		1,589,885
b Buildings		18,807,545	3,557,739	15,249,806
c Leasehold improvements				
d Equipment		268,270	142,945	125,325
e Other		474,555	255,304	219,251
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,184,267

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,741,367
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 XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,741,367
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,741,367

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,840,763
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,840,763
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	27,333
c	Add lines 4a and 4b	4c	27,333
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,868,096

Part XIII

Supplemental Information

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

Return Reference	Explanation
OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS	SCHEDULE D PART XIII #4B EXPENSES INCLUDED ON THE RETURN THAT ARE NOT INCLUDED IN THE AUDITED FINANCIAL STATEMENTS CONSISTS OF \$27,333 payment to affiliates

[illegible]

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
RHAAFFORDABLE HOUSING II INC

Employer identification number
58-2392012

Part I

Questions Regarding Compensation

	Yes	No
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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3) and 501(c)(4) organizations only 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	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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	7	No
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)BRYANT G COATS ceo/director	(i)	0	0	0	0	0	0	0
	(ii)	554,718	194,900	103,140	17,500	23,068	893,326	0
(2)GORDON J SIMMONS coo/director	(i)	0	0	0	0	0	0	0
	(ii)	462,600	149,400	102,851	17,500	0	732,351	0
(3)JOHN WEST CFO/VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	397,488	138,810	103,921	17,500	23,068	680,787	0
(4)CHASE NORTHCUTT VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	212,804	130,000	0	17,500	23,068	383,372	0
(5)nick n sulaiman VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	200,100	80,000	0	11,650	23,068	314,818	0
(6)HEATHER-DAWN ASHLEY SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	119,600	18,000	0	9,000	6,591	153,191	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
RHAAFFORDABLE HOUSING II INC

Employer identification number
58-2392012

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SC STATE HOUSING FINANCE AND DEV	59-1585639	83712EFZ2	05-06-2011	4,825,750	refin and renovate 2 housing proj		X		X		X
B	public finance authority	27-3866124	74442HAB9	05-30-2012	5,388,350	refin and renovate 2 housing proj		X		X		X
C	public finance authority	27-3866124	74442HAH6	05-23-2013	7,532,050	ACQUIRE, REFIN & IMPROVE HSG PROJ		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	4,825,750		5,388,351		7,164,243			
4	Gross proceeds in reserve funds	482,575		190,934		229,860			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	95,856		104,433		137,946			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	4,089,095		4,847,242		6,518,394			
11	Other spent proceeds	0		195,208		94,399			
12	Other unspent proceeds	158,224		50,534		183,644			
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?	X		X		X			
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
the organization's general counsel monitors compliance with section 103	
related matters he is a former bond counsel with more than 25 years' experience as bond counsel	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization RHAAFFORDABLE HOUSING II INC	Employer identification number 58-2392012
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990 Schedule O, Supplemental Information

Return Reference	Explanation
description of control of management duties	
description of conflict of interest policy	part vi section b #12c the conflicts of interest policy is reviewed with the directors annually The directors are each asked to fill out forms which ask if a conflict exists or not and 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 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 adopts 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 #11B 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 , SINCE DECEASED, WAS THE FATHER OF BRYANT G COATS CHARLES NORTHCUTT IS THE FATHER OF CHASE NORTHCUTT 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
description of new significant program services	PART III QUESTION 2 ON MAY 23, 2013 THE ORGANIZATION PURCHASED AND COMMENCED OPERATING VAUGHN TOWERS APARTMENTS, AN AFFORDABLE, 100% SECTION 8 ELDERLY AND DISABLED PROJECT LOCATED IN DOTHAN, ALABAMA

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
RHAAFFORDABLE 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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PICKENS AFFORDABLE HOUSING LLC 1819 PEACHTREE RD NE STE 450 Atlanta, GA 30309 75-3141035	re rental	SC	-61,125	2,402,308	na
(2) NORTH AUGUSTA AFFORDABLE HOUSING LLC 1819 PEACHTREE RD NE STE 450 Atlanta, GA 30309 75-3141033	re rental	SC	-49,523	3,720,308	na
(3) asheboro affordable housing llc 1819 PEACHTREE RD NE STE 450 ATLANTA, GA 30309 75-3141041	RE RENTAL	NC	-44,007	3,977,475	na
(4) WINSTON AFFORDABLE HOUSING LLC 1819 PEACHTREE RD NE STE 450 ATLANTA, GA 30309 75-3141040	RE RENTAL	NC	-15,697	4,435,143	NA
(5) COLUMBIA AFFORRDABLE HOUSING LLC 1819 PEACHTREE RD NE STE 450 ATLANTA, GA 30309 75-3141029	re rental	TN	-17,015	2,479,210	na
(6) DOTHAN AFFORDABLE HOUSING LLC 1819 PEACHTREE ROAD NE STE 450 ATLANTA, GA 30309 46-1145008	RENTAL RE	AL	-59,572	4,376,447	NA

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RHAHOUSING INC	M	245,603	AMOUNT PAID
(2) ASHEBORO AFFORDABLE HOUSING LLC	D	260,835	AMOUNT PAID
(3) AGILE CONSTRUCTION COMPANY LLC	D	6,836,557	GUARANTY AMOUNT

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 58-2392012
Name: RHAAFFORDABLE HOUSING II INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) PICKENS AFFORDABLE HOUSING LLC 1819 PEACHTREE RD NE STE 450 Atlanta, GA 30309 75-3141035	re rental	SC	-61,125	2,402,308	na
(1) NORTH AUGUSTA AFFORDABLE HOUSING LLC 1819 PEACHTREE RD NE STE 450 Atlanta, GA 30309 75-3141033	re rental	SC	-49,523	3,720,308	na
(2) asheboro affordable housing llc 1819 PEACHTREE RD NE STE 450 ATLANTA, GA 30309 75-3141041	RE RENTAL	NC	-44,007	3,977,475	na
(3) WINSTON AFFORDABLE HOUSING LLC 1819 PEACHTREE RD NE STE 450 ATLANTA, GA 30309 75-3141040	RE RENTAL	NC	-15,697	4,435,143	NA
(4) COLUMBIA AFFORRDABLE HOUSING LLC 1819 PEACHTREE RD NE STE 450 ATLANTA, GA 30309 75-3141029	re rental	TN	-17,015	2,479,210	na
(5) DOTHAN AFFORDABLE HOUSING LLC 1819 PEACHTREE ROAD NE STE 450 ATLANTA, GA 30309 46-1145008	RENTAL RE	AL	-59,572	4,376,447	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Resource Healthcare Of America Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-1848245	healthcare	TN	501(c)(3)	11B	nA		No
(1) Residential Healthcare Affiliates Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 06-1680816	healthcare	NC	501(c)(3)	11A	nA		No
(2) RHANorth Carolina MR Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-1804051	elderly care	NC	501(c)(3)	9	nA		No
(3) RHAHousing Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2131548	re rental	GA	501(c)(3)	9	nA		No
(4) RHA Health Services Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-1863838	disabled care	NC	501(c)(3)	9	nA		No
(5) RHA Shared Risk Funding Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2270723	support org	TN	501(c)(3)	11B	nA		No
(6) Military Housing of America Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2516555	re rental	GA	501(c)(3)	PF	nA		No
(7) RHA Management Services Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2366152	management	GA	501(c)(3)	11B	nA		No
(8) RHA Affordable Housing III Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2440916	re rental	GA	501(c)(3)	9	nA		No
(9) Student Housing of America Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2472789	re rental	GA	501(c)(3)	9	nA		No
(10) Howell's Child Care Center Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-1347774	disabled care	NC	501(c)(3)	9	nA		No
(11) Family Alternative Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 56-1360087	DISABLED CARE	NC	501(c)(3)	9	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bells Ferry Development LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2617779	re development	GA	na	n/a	0	0		No			No	0 %
Bells Ferry Management LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 68-0497257	re development	GA	na	n/a	0	0		No			No	0 %
The Peaks At Mlk Drive Management LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 04-3721167	re development	GA	na	n/a	0	0		No			No	0 %
Mlk Drive Development LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2531453	re development	GA	na	n/a	0	0		No			No	0 %
Augusta Hills Development I LC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2528116	re development	GA	na	n/a	0	0		No			No	0 %
Augusta Hills Apt I LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2530575	re rental	GA	na	n/a	0	0		No			No	0 %
Knoxville Peaks Apts LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 62-1837782	re rental	TN	na	n/a	0	0		No			No	0 %
Peaks At Bells Ferry LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 74-3006817	re rental	GA	na	n/a	0	0		No			No	0 %
Mlk Drive Apartments LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 47-0868032	re rental	GA	na	n/a	0	0		No			No	0 %
Heritage Green Apartments LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 47-0868029	re rental	GA	na	n/a	0	0		No			No	0 %
Holly Ridge Apartments LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 76-0706619	re rental	GA	na	n/a	0	0		No			No	0 %
Constitution Avenue Apartments LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-0960401	re rental	GA	na	n/a	0	0		No			No	0 %
Pinewood Park Partners LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-1075933	re rental	GA	na	n/a	0	0		No			No	0 %
Gates Park Crossing Hfop Apts LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-2576768	re rental	GA	na	n/a	0	0		No			No	0 %
Gates Park Crossing Hfs Apts LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-2631908	re rental	GA	na	n/a	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Candler Forrest Apartments LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-2576823	re rental	GA	na	n/a	0	0		No			No	0 %
Candler Partners LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-4533993	re management	GA	na	n/a	0	0		No			No	0 %
Pecan Apartments II LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-4786923	re rental	GA	na	n/a	0	0		No			No	0 %
Pecan Grove LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 54-2070408	re rental	GA	na	n/a	0	0		No			No	0 %
Magnolia Terrace Apartments II LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-4743371	re rental	GA	na	n/a	0	0		No			No	0 %
Mechanicsville Apartments Phase 4 LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-4640760	re rental	GA	na	n/a	0	0		No	0		No	0 %
Blakely Commons LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-8786507	re rental	GA	na	n/a	0	0		No			No	0 %
Washington Estates LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-8797503	re rental	GA	na	n/a	0	0		No			No	0 %
Loudon Investors LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 74-3254281	re rental	TN	na	n/a	0	0		No			No	0 %
Tifton Estates LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 61-1563935	re rental	GA	na	n/a	0	0		No	0		No	0 %
Constitution Avenue Development LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-0960345	re development	GA	na	n/a	0	0		No			No	0 %
Waynesboro Estates LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-8783370	re rental	GA	na	n/a	0	0		No			No	0 %
Waynesboro Estates GP LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-8783370	re management	GA	na	n/a	0	0		No			No	0 %
The Woods At Avent Ferry LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 90-0611241	re rental	NC	na	n/a	0	0		No			No	0 %
Waynesboro Estates Development LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-8783320	re development	NC	na	n/a	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Washington Estates II LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 36-4673439	re development	GA	na	n/a	0	0		No			No	0 %
RHA-Hammond Asset Manager LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 32-0311794	re management	GA	na	n/a	0	0		No			No	0 %
Agile Construction Company LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 45-3689383	re construction	GA	na	n/a	0	0		No			No	0 %
Highland of Goldsboro LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 45-2942069	re development	NC	na	n/a	0	0		No			No	0 %
Highland or Goldsboro Development LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 45-2941858	re development	NC	na	n/a	0	0		No			No	0 %
Pelham Village LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 80-0728754	re development	SC	na	n/a	0	0		No			No	0 %
Kendrick's Way Apartments LTD 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 45-2918389	re development	AL	na	n/a	0	0		No			No	0 %
Kendrick's Pond LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 45-5325827	re development	AL	na	n/a	0	0		No			No	0 %
Avent Ferry Development LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 80-0644057	re development	NC	na	n/a	0	0		No			No	0 %
Richmond overlook LP 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 32-3831834	re rental	VA	na	n/a	0	0		No			No	0 %
Richmond overlook GP LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 32-0333205	re management	VA	na	n/a	0	0		No			No	0 %
Richmond overlook Development LLC 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 35-2701984	re development	VA	na	n/a	0	0		No			No	0 %
The Peaks at West Atlanta 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 74-3010099	re rental	GA	na	n/a	0	0		No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
RHAHoldings Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-1758566	management	GA	na	c corp	0	0	0 %		No
Extended Family Enterprises Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 71-0564535	health care	AR	na	c corp	0	0	0 %		No
Columbia Creek Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2510843	re management	GA	na	c corp	0	0	0 %		No
Heritage Green Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2528120	re management	GA	na	c corp	0	0	0 %		No
The Peaks of Knoxville Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2531450	re management	TN	na	c corp	0	0	0 %		No
Holly Ridge Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2536940	re management	GA	na	c corp	0	0	0 %		No
RHA Consulting & Management Services Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 58-2574995	re management	NC	na	c corp	0	0	0 %		No
Constitution Avenue Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-0959971	re management	GA	na	c corp	0	0	0 %		No
Pinewood Park Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 47-0873390	re management	GA	na	c corp	0	0	0 %		No
Pecan Grove Management I Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-0959914	re management	GA	na	c corp	0	0	0 %		No
Candler Forrest Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-2486336	re management	GA	na	c corp	0	0	0 %		No
Gates Park Crossing HFOP Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-2486575	re management	GA	na	c corp	0	0	0 %		No
Gates Park Crossing HFS Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-2486438	re management	GA	na	c corp	0	0	0 %		No
Mechanicsville Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-4625370	re management	GA	na	c corp	0	0	0 %		No
Blakely Commons Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-8783424	re management	GA	na	c corp	0	0	0 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
Magnolia Terrace Management II Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-4743306	re management	GA	na	c corp	0	0	0 %		No
Washington Estates Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-8797461	re management	GA	na	c corp	0	0	0 %		No
Tifton Estates Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 37-1566483	re management	GA	na	c corp	0	0	0 %		No
Heritage Hills GP Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 80-0348280	re management	GA	na	c corp	0	0	0 %		No
Genesis Gardens GP Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 35-2365860	re management	GA	na	c corp	0	0	0 %		No
Pecan Grove Management II Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-4786861	re management	GA	na	c corp	0	0	0 %		No
Loudon Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 32-0239607	re management	TN	na	c corp	0	0	0 %		No
Waynesboro Estates Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-8783210	re management	GA	na	c corp	0	0	0 %		No
Avent Ferry Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 61-1616921	re management	NC	na	c corp	0	0	0 %		No
Washington Estates Management II Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 32-0312847	re management	GA	na	c corp	0	0	0 %		No
Kendrick's Way Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 36-4705144	re management	AL	na	c corp	0	0	0 %		No
Goldsboro Rha Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 38-3840846	re management	NC	na	c corp	0	0	0 %		No
Pelham Village Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 45-2386518	re management	SC	na	c corp	0	0	0 %		No
Richmond Overlook Management Inc 1819 Peachtree Rd Ne Ste 450 Atlanta, GA 30309 20-4634383	RE MANAGEMENT	VA	NA	C CORP	0	0			No