efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493042007200 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number B Check if applicable Georgia Association of Housing and Redevelopment Authorities ☐ Address change 58-1210687 % Loretha Thomas ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (706) 312-3115 City or town, state or province, country, and ZIP or foreign postal code Augusta, GA $\,$ 30901 G Gross receipts \$ 500,793 Name and address of principal officer H(a) Is this a group return for LORETHA THOMAS ☐Yes **☑**No subordinates? 1435 Walton Way H(b) Are all subordinates Augusta, GA 3090: ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www garha org L Year of formation 1974 **M** State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities To foster and promote the interest of public housing and redevelopment in the state of Georgia and thereby promote the good and general Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a ٥ **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 60,498 64,831 Ravenua 436,521 432,369 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,757 3,569 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,000 24 526,776 500,793 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 30,750 34,250 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 420,395 437,870 451,145 472,120 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 75,631 Revenue less expenses Subtract line 18 from line 12 . 28,673 Assets or displaying Beginning of Current Year End of Year 512,731 525,911 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 20,819 5,325 Net assets or fund balances Subtract line 21 from line 20 491,912 520,586 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here ORETHA THOMAS President Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2					
Pa	till Statement	of Program Service Acc	complishments							
	Check If Sche	dule O contains a response of	note to any line in this Part III		🗆					
1	Briefly describe the o	organization's mission	·							
	ster and promote the ncome families in Geol		redevelopment in the State of G	Georgia and thereby promote the g	ood and general welfare of					
2	-	, -	gram services during the year w							
	the prior Form 990 o	🗌 Yes 🗹 No								
	•	ese new services on Schedule								
3	Did the organization	cease conducting, or make si	gnificant changes in how it condi	ucts, any program						
	services?									
	If "Yes," describe these changes on Schedule O									
4	Section 501(c)(3) an		required to report the amount of	largest program services, as meas of grants and allocations to others,						
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data				,					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data									
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data									
4d	Other program servi									
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)					
4e	Total program serv	vice expenses ►								
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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 2	5	Yes	
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			

Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Nο 11a

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Nο

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο

12b

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19

20a

20b

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Yes

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No

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Pai	Checklist of Required Schedules (continued)			
			Yes	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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Statements Regarding Other IRS Filings and Tax Compliance Part V 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 . 1a 6

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N No Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines ✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		Yes	No_
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		Vaa	
a b	The governing body?	8a 8b	Yes Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	165	No.
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue		- \	110
	iction by Folicies (This Section & requests information about policies not regarded by the Internal Nevenu	1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	-
b	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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17 18	List the States with which a copy of this Form 990 is required to be filed. Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available.			
	☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶RANDELL B WIGGINS JR 1435 Walton Way Augusta, GA 30901 (706) 312-3115			

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

Calcal Content Calc	(A) Name and Title	(B) Average hours per week (list any hours for related	•	ne b	ox, i n of tor/t	t ch unle: ficer	ss pers and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the	
X		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee ee	Former	(W- 2/1099- MISC)			
X					×				0	0	0	
National Bolivaria Nationa					x				0	0	0	
X					х				0	0	0	
X					х				0	0	0	
X					х				0	0	0	
X					х				0	0	0	
(9) CANDICE DRAKE 10 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					х				0	0	0	
(9) CANDICE DRAKE 0 0 0					х				0	0	0	
					х				0	0	0	
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									ntinued)	
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t cho unles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
										_

1h Suh-Total										

c Tota	1b Sub-Total											
	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 ▶											
											10	

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on

3

	line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mnenestion	1

	navidual	4	No				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No				
S	ection 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 is tay year.						

	services rendered to the organization? If "Yes," complete Schedule J for such person		i	No						
Se	Section B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		nsation							
	(A) Name and business address	(B) Description of services	(C Comper							

30	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						

Name and business address	Description of services	Compensation		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 o				

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compensation from the organization >

Part		Statement of	Revenue									rage 3
		Check if Schedul	e O contains	a respo	nse or note to an	1	Part VIII					
						(A) Total reve	enue	Rela ex fur	(B) ated or empt action venue	(C) Unrelated business revenue	(D) Revenu excluded tax under so 512 - 5	from ections
18	1:	a Federated campaigi	ns	1a				161	renue		312 - 3	
ints unts		b Membership dues		1 b	62,331							
Gra mo		c Fundraising events		1c								
Gifts, Grants illar Amounts		d Related organizatio	ns	1d								
n]3 ⊆		e Government grants (co	ontributions)	1e								
ons. Sin		f All other contributions, and similar amounts no			2.500							
Contributions, Gifts, Grants and Other Similar Amounts		above 9 Noncash contribution		1f	2,500							
Cont and		h Total. Add lines 1a			•	,	54,831					
					Busines		04,031					
enu(2 a	Membership Developme	ent				4:	32,369	432	,369		
Rev	b											
4Ce	C											
Ser	d	I		_								
'an	e											
Program Service Revenue		All other program se				432,369		I			I	
<u>a</u>		Total. Add lines 2a-2			<u> </u>			1				
		Investment income (ii similar amounts) .			nterest, and other	-	3,569		3,569			
		Income from investme				▶						
	5	Royalties				>						
	6 <i>a</i>	Gross rents	(ı) Real		(II) Personal	\dashv						
		Less rental expenses										
		Rental income or				_						
		(loss)				\bot						
	(Net rental income o										
	7a	Gross amount from sales of assets other than inventory	(ı) Securit	iles	(II) Other							
		Less cost or other basis and sales expenses Gain or (loss)										
		l Net gain or (loss)			•	\dashv						
enne	8a	Gross income from for (not including \$contributions reported See Part IV, line 18	ed on line 1c)	of	·							
Other Revenue		Less direct expense: Net income or (loss)	s	ь	ents							
the		Gross income from g	jaming activiti	- ,	ents Þ							
0		See Part IV, line 19		a								
		Less direct expenses Net income or (loss)		ь	es .							
		aGross sales of invent returns and allowand	tory, less		es <u> </u>							
	Ł	Less cost of goods s	sold	a b								
	(Net income or (loss)		ınvent								
	11	Miscellaneous La	Revenue		Business Code							
	ŀ											
		<u> </u>										
	C											
	ď	All other revenue .					24	+	24			
	•	Total. Add lines 11a	-11d		>		24	ı				
	12	2 Total revenue. See	Instructions				500,793		435,962			
							200,732	· I	133,302	<u> </u>	Form 990	(2018)

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Part IX	.				_
Section 5	01(c)(3) and 501(c)(4) organizations must complete all co	_		, ,	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	nts and other assistance to domestic organizations and estic governments See Part IV, line 21				
	nts and other assistance to domestic individuals. See	34,250			
	nts and other assistance to foreign organizations, foreign ernments, and foreign individuals. See Part IV, line 15 16				
4 Bene	efits paid to or for members				
	pensation of current officers, directors, trustees, and employees				
defir	pensation not included above, to disqualified persons (as ned under section $4958(f)(1)$) and persons described in ion $4958(c)(3)(B)$				
7 Othe	er salaries and wages				
	sion plan accruals and contributions (include section 401 and 403(b) employer contributions)				
9 Othe	er employee benefits				
10 Payr	roll taxes				
11 Fees	for services (non-employees)				
a Man	agement				
b Lega	al	2,000			
c Acco	ounting	4,550			
d Lobb	pying	55,000			
e Prof	essional fundraising services See Part IV, line 17				
f Inve	stment management fees				
	er (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O)				
12 Adve	ertising and promotion	250			
13 Offic	e expenses	517			
14 Info	rmation technology				
15 Roya	alties				
16 Occi	upancy				
17 Trav	rel				
,	nents of travel or entertainment expenses for any ral, state, or local public officials				
19 Conf	ferences, conventions, and meetings	373,565			
20 Inte	rest				
21 Payr	ments to affiliates				
22 Dep	reciation, depletion, and amortization				
23 Insu	rance	1,988			
misc exce expe	er expenses Itemize expenses not covered above (List cellaneous expenses in line 24e If line 24e amount ceds 10% of line 25, column (A) amount, list line 24e censes on Schedule O)				
a 					
<u>b</u>					
<u>c</u>					
<u>d</u>					
	other expenses			_	_
	al functional expenses. Add lines 1 through 24e	472,120	0	0	0
repo	ort costs. Complete this line only if the organization orted in column (B) joint costs from a combined cational campaign and fundraising solicitation				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

525.911

5,325

5.325

520,586

520,586

525,911

Form **990** (2018)

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512.731

14,219

6.600

20.819

491,912

491,912

512,731

Form 990 (2018)

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

	Beginning of year		End of year
1 Cash-non-interest-bearing	118,733	1	148,096
2 Savings and temporary cash investments	366,403	2	352,561
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	17,643	4	11,200

	۔ ا	rieuges and grants receivable, net				- 3	
	4	Accounts receivable, net			17,643	4	11,200
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L		6			
et	7	Notes and loans receivable, net				7	
Assets	8					8	
	9				9,952	9	14,054
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	l b	Less accumulated depreciation	10b	_		100	

ets	7	contributing employees and sponsoring organizations are the contribution of the contri		6			
se	8	Inventories for sale or use		8			
Ass	•	inventories for sale of use		•			
7	9	Prepaid expenses and deferred charges			9,952	9	14,054
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10b			10 c	
	11	Investments—publicly traded securities .			11		
	12 Investments—other securities See Part IV, line 11				12		
	13	13 Investments—program-related See Part IV, line 11				13	
	14	Intangible assets		14			

Form	990 (2018)				Page 12
Pa	Reconcilliation 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			500,793
2	Total expenses (must equal Part IX, column (A), line 25)	2			472,120
3	Revenue less expenses Subtract line 2 from line 1	3		28	
4	1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				491,912
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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			520,586
Pa	rt 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Form **990** (2018)

Additional Data

Software ID: 18007411

Software Version: ta18mefv1.0 EIN: 58-1210687

Name: Georgia Association of Housing and Redevelopment

Authorities

Form 990 (2018)

Form 990, Part III, Line 4a:

The Organization provides membership services to public housing and redevelopment authorities through networking, conferences, training, and services to affiliated vendors. The estimated number of agencies served is 180 and approximately 50 vendors. The objective to provide a clearinghouse of ideas and experiences toward a more completed understanding of public housing and community development in Georgia was achieved based on member satisfaction.

Form 990, Part III, Line 4b:

approximately 1500 participants over approximately 30 days in the current year

The Organization provides training and educational conferences, meetings, workshops, and seminars to members to foster general policies related to planning, construction,

administration, and management relative to public housing, assisted housing, urban development and community development. These training sessions served

Form 990, Part III, Line 4c: The Organization provides scholarships to high school and adult recipients who reside in public or assisted housing. The Organization awarded more than a dozen scholarships during the current year at a cost of \$34,250

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

n 527

2018

OMB No 1545-0047

DLN: 93493042007200

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Georgia Association of Housing and Redevelopment Authorities 58-1210687 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -(

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Part IV

Return Reference

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

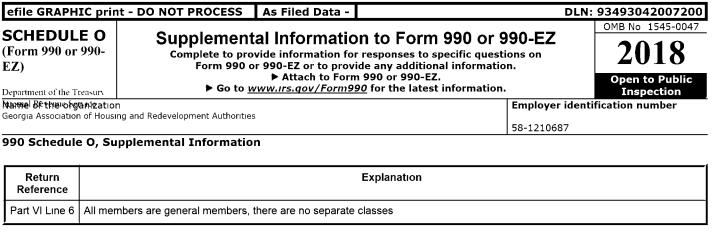
During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

DLN: 93493042007200 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Georgia Association of Housing and Redevelopment Authorities 58-1210687 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page 2
Part III Grants and Other Assistance t Part III can be duplicated if addit		ls. Complete if the orga	nızatıon answered "Yes'	on Form 990, Part IV, line 22	•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Educational Scholarships	22	34,250			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Informat	tion. Provide the info	ormation required in F	Part I, line 2; Part III	, column (b); and any other a	dditional information.

Schedule I (Form 990) 2018



Return Explanation

990 Schedule O, Supplemental Information

Reference

Part VI Line
11b

The Treasurer provides a copy of the Form 990 and all related schedules to

990 Schedule O, Supplemental Information Return Explanation Reference

Part VI Line the Officers for their approval prior to submission

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Part VI Line Documents are available upon written request