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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2008
Open to Public Inspection

4	For the 200	8 calendar year, or tax year beginning 3/01/08, and ending 2/28/09	<u> </u>	
<u>B</u>	Check if applicat		D Emp	loyer identification number
	Address change	use IRS Action Center, Inc.		
\Box	Name change	print or Doing Business As	72	<u>-1306717</u>
Ħ	Initial return	type. Number and street (or P O box if mail is not delivered to street address) Room/s		phone number
╡		See Specific 228 St. Charles Avenue 103	35 50	<u>4-596-2100</u>
\dashv	Termination	Instruc- City or town, state or country, and ZIP + 4	G Gross red	peipts \$ 771,152
ᆜ	Amended return			
	Application pend	F Name and address of principal officer	1	s a group return for
		James Perry 228 St. Charles Avenue Suite 1035	H(b) Are a	
		New Orleans LA 70113	ındu	
$\overline{}$	Tax-exempt		II NO	o," attach a list (see instructions)
÷	Website:		H(c) Gm	p exemption number
ĸ	Type of organiz		4005	M State of legal domicile L.Z
	Part I	Summary		III Otate or legar connecte
	<u> </u>	ly describe the organization's mission or most significant activities		
_	\ c	onduct civil rights, social action and advocacy programs.		
20		, , , , , , , , , , , , , , , , , , ,		
rna				
SEVENCE - Activities & Governance	2 Chec	ck this box 🕨 🗍 if the organization discontinued its operations or disposed of more than 25% of its	s assets	
35	3 Num	ber of voting members of the governing body (Part VI, line 1a)	3	9
9×.Şe	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)	4	0
***	5 Tota	I number of employees (Part V, line 2a)	5	10
Ac'ë	6 Tota	I number of volunteers (estimate if necessary)	6	0
1	7a Tota	I gross unrelated business revenue from Part VIII, line 12, column (C)	7a_	
Ł	b Net	unrelated business taxable income from Form 990-T, line 34	7b	C
Þ			Prior Year	Current Year
20	8 Conf	tributions and grants (Part VIII, line 1h)	700,367	689,958
E E	9 Prog	gram service revenue (Part VIII, line 2g)	31,740	30 600
R	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	31,740	30,680 50,514
Ď	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	732,107	
_		nts and similar amounts paid (Part IX, column (A), lines 1-3)	732,107	10,705
		efits paid to or for members (Part IX, column (A), line 4)		10,703
	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	284,178	405,219
sesued	16a Profe	ressional fundraising fees (Part IX, column (A), line 11e)		100,111
Den	b Tota	Il fundraising expenses (Part IX, column (D), line 25)		
Ä	{	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	383,465	261,365
`	1	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	667,643	
3	19 Revi	enue less expenses Subtract line 18 from line 12	64,464	
S o	Ses	E	Beginning of Year	End of Year
Kasels or	[20 Tota	al assets (Part X, line 16)	736,525	
Ž		al liabilities (Part X, line 26)	3,059	
<u> </u>		assets or fund balances Subtract line 21 from line 20	733,466	852,351
	Part II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and staten and belief. It is true correct, and complete Declaration of preparer (other than officer) is based on all information of		
0:				··, ····
	ign	Vario		
н	ere	Signature of officer Seth Wring out a CO-Director	Date	12/1/03
		Type or print name and title		12/1/0/
_			T about 6	Preparer's identifying number
P	aid	Preparer's Date	Check if self-	(see instructions)
	reparer's	signature 12/01/09		□ P00228955
	se Only	Firm's name (or yours BRUNO TERVALON LLP CPAS	EIN	▶ 72-0877929
		if self-employed 4298 Elysian Fields Ave	Phone	
_		non orreadily an ional	no ▶	504-284-8733
_	<u> </u>	scuss this return with the preparer shown above? (see instructions) vacy Act and Paperwork Reduction Act Notice, see the separate instructio		X Yes No.
υA	v. rui Pilv	racy Act and Paperwork Reduction Act Notice, see the separate instructio	15	Form 330 (2008)

DAA

Part IV

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			_
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		_X_
0	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		<u> </u>
b				
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			٠,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			32
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		$\frac{x}{x}$
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III	21	х	
22 23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
23	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
£4a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
•	to defease any tax-exempt bonds?	24c		
d		24d		_
25a	· · · · · · · · · · · · · · · · · · ·			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Г	aan	(2000)

-		ŗ······	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		_X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	ı		
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
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		х
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			ľ
	VI	37		X

Form **990** (2008)

Pa	rt V ² Statements Regarding Other IRS Filings and Tax Compliance					uge t
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table				
	gaming (gambling) winnings to prize winners?	1 1		1c	<u> </u>	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
_	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	у				
L	this return?			3a	<u> </u>	X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	annt.		3b	<u></u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti- over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-				
	account)?	,iai		4a		x
b				-4a		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bai	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	İ	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			5c	L.	
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	ın				
	\$75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	1 1		7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers- benefit contract?	onai		7.		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7e		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7f 7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			/ <u>9</u> _		
	required?			7h		х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	on				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor					
	organization, have excess business holdings at any time during the year?	-		8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter	, ,				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	, ,				
а	Gross income from members or shareholders	_11a	<u> </u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1		12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management						
						Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	е					
	circumstances, processes, or changes in Schedule O. See instructions		ı				
1a	Enter the number of voting members of the governing body	1a	9	9			
b	Enter the number of voting members that are independent	1b	7	<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship will	th					
	any other officer, director, trustee, or key employee?				2	1	x
3	Did the organization delegate control over management duties customarily performed by or under the dire	ect					
	supervision of officers, directors or trustees, or key employees to a management company or other person				3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 9		s fil	ed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers			<u> </u>		
	of the governing body?				7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin						
	the year by the following	3					
а	The governing body?				8a	x	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9a	Does the organization have local chapters, branches, or affiliates?				9a		x
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapter	ters.			_ 		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	,			9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	ations	3		"		_
	must describe in Schedule O the process, if any, the organization uses to review the Form 990				10		x
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at					_=_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		х
Sec	tion B. Policies						
						Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could gir	ve					
	rise to conflicts?				12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	,					
	describe in Schedule O how this is done				12c	x	
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de	cision					
а	The organization's CEO, Executive Director, or top management official?				15a	x	
b	Other officers or key employees of the organization?				15b	х	
	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	ſ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegua	ard					
	the organization's exempt status with respect to such arrangements?				16b	ļ	
Sec	tion C. Disclosure				1 1 2 2		
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501	(c)(3)s	s or	ıly)			
	available for public inspection. Indicate how you make these available. Check all that apply			••			
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ct of in	itere	est			
-	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and re-	cords o	of th	ne			
	organization						

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	rganization did not compei (B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average hours per week					hatap Tg. <u>∓</u>		Reportable compensation from	Reportable compensation from related	Estimated amount of	
	Week		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Cynthia Coll President	ins							0	0		
Shelia Matut	e	+			H	1					
Vice. Pres.]							0	0	0	
Kecia Branch	1									 	
Board Member								0	0	. 0	
Ramona Ferna	ndez										
Board Member				<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>		0	0	0	
Lucinda Flow	ers										
Treasurer			<u> </u>			_	<u> </u>	0	0	0	
David Finger	1									_	
Board Member			⊢		<u> </u>		_		0	0	
Andre Perry										•	
Board Member	<u> </u>			ļ	-	+	_	0	0	0	
Nathan Shroy Board Member	ler.							o	0	0	
Gary William	ng	+			 -	╁—			0		
Secretary								0	o	0	
beeredary								<u></u>			
										····	

Par		. Officers, Directors, Trus	tees	, Ke	y En	plo	yees.	and	d Highest Compensated E	mployees (continued)			
	` (A)	(B)		<i>(</i>		C)			(D)	(E)		(F)	
-	Name and title	Average hours per week	Individual trustee or director	_	Officer	Key employee	a Highest c	_	Reportable compensation from the	Reportable compensation from related organizations	am c comp	imated ount of other ensation	
			trustee	Institutional trustee		oyee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the nization related nizations	
_													
											-		
1b	Total							>					
2	Total number of indivorganization ▶ 0	viduals (including those in 1	a) wi	no re	ceiv	ed m	nore t	han	\$100,000 in reportable com	pensation from the			
3	Did the organization	list any former officer, direc	ctor c	or tru	stee	, key	emp	loye	ee, or highest compensated			Yes	
4	For any individual lis		f repo	ortab	le co	mpe	ensat	on a	and other compensation from		3	+-	X
5	ındıvıdual	related organizations great d on line 1a receive or accru						•	complete Schedule J for su	ich	4	_	x
	services rendered to	the organization? If "Yes,"									5	<u>l</u>	Х
1	tion B. Independent Complete this table to compensation from to	for your five highest comper	 nsate	ed inc	lepe	nder	nt cor	ntrac	ctors that received more that	n \$100,000 of			
		(A) Name and business address						_	Descrip	(B) tion of services		(C) Compensa	ation
									· · · · · ·				
2	Total number of inde	ependent contractors (includent the organization ►	ling t	hose	ın 1) wh	o rec	eıve	d more than \$100,000 in			0	
DAA											Fc	rm 990	(2008)

Pa	rt V	ll Staten	nent of Rev	enue						
•	٠	•	•				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
S S	1a	Federated can	npaigns	1a				revenue		512, 513, or 514
ant	h	Membership d		1b						
p,E		Fundraising ev		1c						
ifts Ir a	4	Related organi		1d						
S,E	٥	Government grants		1e		351,034				
sir	e	All other contribution		_ e		751,054				
Contributions, gifts, grants and other similar amounts		and similar amounts	1	1f	-	38,924				
d ii	_	Noncash contribution	ι	-		750, 324				
ao	g	Total. Add line		d-11 3	,		689,958			
	- 11	_TOtal. Add line	5 1a-11			Busn. Code	003,330		······································	
Program Service Revenue	2a					Busii. Code				
Şev.	b									
ce	C					-				
ervi	d					-				
E S	u						·			
gra	f	All other progra	am senvice reve	anue		<u></u>			 -	
Pro	q	Total. Add line		Jiiuc		—			· · · · · · · · · · · · · · · · · · ·	
_	3	Investment inc		dıvıde	nds, interes					
		other similar ai			,	→	30,680	30,680		
	4		vestment of ta	x-exem	not bond pr	oceeds ►				
	5	Royalties			•	•				
		•	(ı) Real		(11) 8	Personal				
	6a	Gross Rents								
	b	Less rental exps		·						
	С	Rental inc or (loss)								
	_d	Net rental inco	me or (loss)			>				
	7a	Gross amount from sales of assets	(ı) Securiti	es	(11) Other				
		other than inventory								
	b	Less cost or other			ŀ					
		basis & sales exps			ļ					
	С	Gain or (loss)								
	d	Net gain or (los								· · · · · · · · · · · · · · · · · · ·
	8a	Gross income fro	om fundraising ev	ents						
nue		(not including \$								
₽Ve			eported on line 10	-						
Ř		See Part IV, line			9					
Other Revenue	i	Less direct ex								
0		Net income or			g events	<u> </u>				
	Ja	Gross income from See Part IV, line			J					
	h	Less direct ex		ŀ	<u> </u>					
		Net income or	•			•				
		Gross sales of		-	ATVICO .					
		returns and all								
	ь	Less cost of g	oods sold	t						
		Net income or		es of in	ventory	•			•	
			ellaneous Revenu			Busn. Code	_			
	11a	Case Sett	lement				50,514	50,514		
	b									
	С									
	d	All other reven	ue							
	е	Total. Add line	s 11a–11d			•	50,514			
	12	Total Revenue	e. Add lines 1h,	2g, 3,	4, 5, 6d, 7d	d, 8c,				
		9c, 10c, and 1	1e				771,152	81,194	0	0

Part IX . Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

-	All other organizations must	complete column (A) but are			D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		- CAPOLISOS	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	10,705	10,705		
3	Grants and other assistance to governments,		20,703		
•	organizations, and individuals outside the				
	U S See Part IV. lines 15 and 16				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				н.
J	trustees, and key employees	78,710		78,710	
6		70,710		10,110	
O	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	252,430	252 420		
7	Other salaries and wages	252,450	252,430		
8	Pension plan contributions (include section 401(k)	2 500		2 500	
_	and section 403(b) employer contributions)	2,500	20 41	2,500	
9	Other employee benefits	43,452	30,417	13,035	
10	Payroll taxes	28,127	19,689	8,438	·
11	Fees for services (non-employees)				
a	Management				
b	Legal	0.000			·
C	Accounting	9,700		9,700	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	3,172		3,172	
12	Advertising and promotion	40,917	28,642	12,275	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	39,080	19,540	19,540	
17	Travel	49,896	34,927	14,969	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,576		2,576	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Tester Expense	20,875	20,875		
b	Speaker Fees	18,920	18,920		
С	Contract Labor	17,776	17,776	-	
d	Telephone	10,809	7,566	3,243	
e	Supplies	7,121		7,121	
f	All other expenses	40,523	24,060	16,463	
25	Total functional expenses. Add lines 1 through 24f	677,289	485,547	191,742	
26	Joint Costs. Check here Inf following	,200			-
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA		<u></u>			Form 990 (2000

FX	111 /	Daiance Oneet	1 (4)				
-			(A) Beginning of year		(B) End of		
	1	Cash—non-interest bearing	43,986	1		33,	890
	2	Savings and temporary cash investments	20,720	2			050
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	509	4		8.	610
ts	5	Receivables from current and former officers, directors, trustees, key					
	-	employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L	ĺ	6			
	7	Notes and loans receivable, net		7			
set	8	Inventories for sale or use		8			
Assets	9	Prepaid expenses and deferred charges	_	9			
	10a	Land, buildings, and equipment cost basis			*****		
		Less accumulated depreciation Complete					
		Part VI of Schedule D		10c			
	11	Investments—publicly traded securities		11		33,	175
	12	Investments—other securities See Part IV, line 11	692,030	12		12,	
	13	Investments—program-related See Part IV, line 11		13			_
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	736,525	16		67,	
Liabilities	17	Accounts payable and accrued expenses	2,333	17		L5,	<u>354</u>
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow account liability Complete Part IV of Schedule D		21			
Ħ	22	Payables to current and former officers, directors, trustees, key					
iab		employees, highest compensated employees, and disqualified					
٦		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable	706	24			
	25	Other liabilities Complete Part X of Schedule D	726	25			254
	26	Total liabilities. Add lines 17 through 25	3,059	_26	-	L5,	354
nces		Organizations that follow SFAS 117, check here X and					
ŭ	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	733,466	27	01	52,	2 5 1
ä	27 28	Temporarily restricted net assets	755,400	27	<u> </u>	<i>,</i> , .	<u> </u>
	29	Permanently restricted net assets		29			
Fund Bala	23	Organizations that do not follow SFAS 117, check here ▶		23			
Ē		and complete lines 30 through 34.					
ō	30	Capital stock or trust principal, or current funds	İ	30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
155	32	Retained earnings, endowment, accumulated income, or other funds		32			
et A	33	Total net assets or fund balances	733,466	33	8!	52,	351
Ž	34	Total liabilities and net assets/fund balances	736,525			57,	
	art)			<u> </u>			
						Yes	No
1	Ac	counting method used to prepare the Form 990 🔲 Cash 🔀 Accrual	Other				
2	a W	ere the organization's financial statements compiled or reviewed by an independent a	accountant?		2a		X
t	W	ere the organization's financial statements audited by an independent accountant?			2b		X
•	lf"	Yes" to lines 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight of				
		e audit, review, or compilation of its financial statements and selection of an indepen			2c		
3		a result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in			1	
		e Single Audit Act and OMB Circular A-133?			3a	-	
	o If"	Yes," did the organization undergo the required audit or audits?			3b	990	

SCHEDULE A

(Form 990' or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Greater New Orleans Fair Housing Action Center, Inc.

Employer identification number 72-1306717

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). (see instructions) 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 b Type II c Type III—Functionally Integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (II) EIN (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization in col (i) listed in your the organization in organization in col support above or IRC section col (i) of your (I) organized in the governing document? (see instructions)) support? US? No Yes No Yes

Section C. Computation of Public Support Pe	rcentage

Gross receipts from related activities, etc. (see instructions)

Total support. Add lines 7 through 10

organization, check this box and stop here

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	
----	--	--

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3 % support test—2008. 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

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

33 1/3 % support test—2007. 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—2008. 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

10%-facts-and-circumstances test-2007. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

12

14

15

2,405,221

89.2894

11

12

13

239 12/01/2009 9 05 AM Schedule A (Form 990 or 990-EZ) 2008 Greater New Orleans Fair Housing 72-1306717 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 7a received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16

18 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

17 18

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support tests—2007. 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 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A.(Form 990 or 990-EZ) 2008 Greater New Orleans Fair Housing

72-1306717

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

148,670

SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization Employer identification number Greater New Orleans Fair Housing Action Center, Inc. 72-1306717 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-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 Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

_ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched		ew Offeans Fa			06/1/			F	Page 2
_Pa	rt III Organizations Maintaining	Collections of Art, I	Historical Treas	sures, or Other	Similar As	sets (c	ontinu	ied)	
3	Using the organization's accession and other retems (check all that apply)	ecords, check any of the fo	llowing that are a sig	inificant use of its col	lection				
а	Public exhibition	d Loan o	or exchange program	าร					
b	Scholarly research	e Other							
С	Preservation for future generations					_			
4	Provide a description of the organization's colle	ctions and explain how the	y further the organiz	ation's exempt purpo	se in				
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, his	torical treasures, or	other similar		\Box	es/	П	No
Pa	rt IV Trust, Escrow and Custodi				d "Vec" to			U_	NO
1 40	Part IV, line 9, or reported a				u 165 lo	Cillia	33U,		
	Is the organization an agent, trustee, custodian		· · · · · · · · · · · · · · · · · · ·						
14	included on Form 990, Part X?	or other intermediary for c	oranbullons or other	assets not		\Box	.		NI-
h	•	d complete the following to	abla			י ט	es .	Ш	No
D	If "Yes," explain the arrangement in Part XIV an	u complete the following to	able				A =====	_	
_	Danisha kalana				-		Amoun	ι	
	Beginning balance				1c				
	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				<u>1f</u> _				
	Did the organization include an amount on Form	n 990, Part X, line 21?				\ Y	es es	\sqcup	No
	If "Yes," explain the arrangement in Part XIV						_		
<u>Pa</u>	rt V Endowment Funds. Comple	ete if organization an	swered "Yes" to	Form 990, Par	t IV, line 10) <u>. </u>			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	rs back	(e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions								
С	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities						······································		
	and programs								
f	Administrative expenses						······································		
g	End of year balance								•••••
2	Provide the estimated percentage of the year e	nd halanaa hald aa		1	<u>. </u>				
	Board designated or quasi-endowment								
a	<u> </u>	%							
D									
	Term endowment ▶ %								
за	Are there endowment funds not in the possessi	on of the organization that	are neid and admini	stered for the			ı		
	organization by							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organizations li						3b		
4	Describe in Part XIV the intended uses of the o				_				
<u>Pa</u>	rt VI Investments—Land, Buildin	ngs, and Equipment	t. See Form 990	<u>), Part X, line 10</u>			_		
	Description of investment	(a) Cost or other basis	(b) Cost or other	, ,	preciation	1 ((d) Book	value	
		(investment)	basis (other)		1			
1a	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment					1			
	Other					1			
	l. Add lines 1a-1e (Column (d) should equal For	m 990, Part X. column (B)	, line 10(c))	· · · · · · · · · · · · · · · · · · ·		\top			
	, , , , , , , , , , , , , , , , , , , ,	ζ_/	(-//		9,	chedule	D (For	n 990'	2000

Schedule D (Form 990) 2008 Greater New Orleans Fa		/2-1306/1/	Page 3
Part VII Investments—Other Securities. See Form 990 (a) Description of security or category	(b) Book value	(c) Method of	Luchuotes
(a) Lescription of security of category (including name of security)	(b) Book value	Cost or end-of-year	
Financial derivatives and other financial products			
Closely-held equity interests			
Other	742,030	Market	
		= =· ·	
			· · <u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	742,030		
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-yea	ar market value
			· · · · · · · · · · · · · · · · · · ·
	-		
			· · · · · · · · · · · · · · · · · · ·
		 · , , , , , , , , , , , , , , , , , , ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
	-		
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 25	j.		
(a) Description of liability	(b) Amount		
Federal income taxes			
<u> </u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
In Part XIV, provide the text of the footnote to the organization's financial staten	nents that reports the organi	zation's liability for	

_	dule D (Form 990) 2008 Greater New Orleans Fair Housi	ng	72-130671	7	Page 4
<u>Pa</u>	rt XI Reconciliation of Change in Net Assets from Form 990 to F	inan	cial Statements		
. 1	Tòtal revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Ťotal expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1	
c	Add lines 4a and 4b	70		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	nts V	Vith Expenses per R		1
1	Total expenses and losses per audited financial statements		THE EXPONENCE POLITICAL	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u> </u>	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	-		
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	: 1			-
7	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a	Other (Describe in Part XIV)	4a			
	Add lines 4a and 4b	4b		40	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			4c 5	
	** XIV Supplemental Information			_ 5	-
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	la and	4 Part IV lines 1h		
	the Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and		4, Fait IV, IIIIES IU		
anu z	b, ratt v, mie 4, ratt X, ratt XI, mie 0, ratt XII, mies 20 and 40, and ratt XIII, mies 20 and	40			
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ons,	nes 21 or 22.	Employer Id 72-13(s or assistance, and	plete if the org no one recipier	(f) Method of valuation (book, FMV, appraisal, other)					
to Organizatic Ials in the U.S	Form 990, Part IV, lir 0.			eligibility for the grants	ited States. Com Check this box if	(e) Amount of non-cash assistance				:	
Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990.			istance, the grantees' in the United States	izations in the Uniore than \$5,000.	(d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa) assistance other)					
nd Oth	rganizatio	Housing		ants or ass grant funds	d Organi seived m pace is n	(c) IRC section if applicable					
Grants a Gover	Complete if the o	Fair	Assistance	e amount of the gr ce? intoring the use of g	vernments and cipient that recipient that recipient if additional s	(b) EIN					
	•	eater New Orleans tion Center, Inc.	ormation on Gran	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	id Other Assistance to Governments and Organizations in the United States. Complete if the organ, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipien of Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government					
SCHEDULE I (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization Gre	Part i General In	1 Does the organization me the selection criteria use 2 Describe in Part IV the contractions in the contraction of the contractions in the contraction of the contractions in the contraction of the contra	Part # Grants and Form 990, Part IV and	1 (a) Name and ad or go					

Schedule I (Form 990) 2008

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

2008

OMB No 1545-0047

× % ⊠ Open to Public Inspection olete if the organization answered "Yes" on ore recipient received more than \$5,000. Use ☐ Yes

Employer identification number 72-1306717

(h) Purpose of grant or assistance

non-cash assistance (g) Description of

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Schedule I (Form 990) 2008 Greater New Orleans Fair Housing 72-1306717

Part # Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

239 12/01/2009 9 05 AM

	Use Schedule I-1 (Form 990) if additional space is	if additional space is	needed.		ļ	
ت	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
Donation	no		5,705			
Rental	Rental Assistance		5,000			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the informatio	n required in Part I,	line 2, and any other addition	onal information.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public

Name of the organization

Greater New Orleans Fair Housing Action Center, Inc.

Employer identification number 72-1306717

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each Board Member shall annually complete, sign, and return a conflict of interest questionnaire designed to assure compliance with the policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation is determined by the Board of Directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers
Compensation for employees is determined by the Executive Director.

239 Greater New Orleans Fair Housing

Federal Statements

72-1306717 FYE: 2/28/2009

Total

Taxable Dividends from Securities

Description Dividends & Interest

Amount 30,680 30,680

Unrelated **Business Code** Exclusion Code

12/1/2009 9:04 AM

Postal Code

239 Greater New Orleans Fair Housing 72-1306717 FYE: 2/28/2009	Federal Statements	tements		12/1/2009 9:04 AM
	Form 990, Part IX, Line 24f - All Other Expenses	- All Other Expenses		,
Description	Total Expenses	Program Service	Management & General	Fund Raising
Venue Staff Appreciation Catering Miscellaneous	\$ 6,227 4,846 4,680	\$ 6,227 3,392 3,664 3,166	\$ 1,454 1,016 1,282	W.
Equipment Staff Training Penalty & Interest Postage Web Hosting	4,236 3,550 3,121 2,312 2,219	2, 965 3, 550	1,271 3,121 2,312 2,219	
Dues & Subscriptions Printing Computer Maintenance Service Charges	2,172 1,566 574 572	1,096	2,172 470 574 572	
Total	\$ 40,523	\$ 24,060	\$ 16,463	√√
	•			