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

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

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

OMB No 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**NATIONAL FAIR HOUSING ALLIANCE**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1101 VERMONT AVENUE, NWRoom/suite
710

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20005**F** Name and address of principal officer**1101 VERMONT AVENUE, NW, #710, WASHINGTON, D****D** Employer identification number**52-1676364****E** Telephone number**202-898-1661****G** Gross receipts \$**5,885,129.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.NATIONALFAIRHOUSING.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1988** **M** State of legal domicile: **DC****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities WORKS TO ELIMINATE HOUSING DISCRIMINATION AND TO ENSURE EQUAL HOUSING OPPORTUNITY FOR ALL						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3		21			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		21			
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		24			
6	Total number of volunteers (estimate if necessary)	6		0			
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.			
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		2,363,909.		2,879,080.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		514,389.		778,016.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		133,829.		229,583.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		655,789.		620,396.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,667,916.		4,507,075.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		2,123,819.		2,437,342.		
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,221.		0.		0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)		2,748,318.		2,944,509.		
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		4,872,137.		5,381,851.		
19	Revenue less expenses. Subtract line 18 from line 12		<1,204,221.>		<874,776.>		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		4,706,058.		3,717,217.		
22	Net assets or fund balances - Subtract line 21 from line 20		1,676,063.		1,351,589.		
			3,029,995.		2,365,628.		

Part II 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.

Sign Here	Signature of officer	Date			
	<i>Catherine Cloud</i> Catherine Cloud, Senior Vice President	5/30/2013			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ELLEN E. HORNER, CPA	<i>Ellen E. Horner, CPA</i>	5/29/13		P00120726
	Firm's name	Firm's EIN			
	CHAPIN, OWEN & SANDSTROM, P.A.	52-1249777			
	Firm's address	Phone no.			
	3901 NATIONAL DRIVE SUITE 260 BURTONSVILLE, MD 20866-1189	301-421-1330			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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SCANNED JUN 27 2013

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

WORKS TO ELIMINATE HOUSING DISCRIMINATION AND TO ENSURE EQUAL HOUSING OPPORTUNITY FOR ALL PEOPLE THROUGH LEADERSHIP, EDUCATION AND OUTREACH, MEMBERSHIP SERVICES, PUBLIC POLICY INITIATIVES, ADVOCACY AND ENFORCEMENT.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 1,848,677. including grants of \$ _____) (Revenue \$ 269,716.)**EDUCATION**

EDUCATE CONSUMERS AND HOUSING INDUSTRY ON RENTAL, REAL ESTATE SALES, LENDING, INSURANCE AND OTHER FAIR HOUSING ISSUES.

4b (Code _____) (Expenses \$ 1,366,195. including grants of \$ _____) (Revenue \$ 54,355.)**ENFORCEMENT**

CONDUCT SYSTEMIC INVESTIGATIONS OF FAIR HOUSING ISSUES AND VIOLATIONS.

4c (Code _____) (Expenses \$ 824,772. including grants of \$ _____) (Revenue \$ 7,243.)**DEVELOPING FAIR HOUSING CENTERS**

NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSING ORGANIZATION IN THE INDIANAPOLIS AREA AND BEGAN THE ESTABLISHMENT OF A NEW ORGANIZATION IN THE GREATER DENVER AREA.

4d Other program services (Describe in Schedule O)(Expenses \$ 845,634. including grants of \$ _____) (Revenue \$ 1,083,910.)**4e** Total program service expenses **▶ 4,885,278.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	25	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	24	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	21													
b Enter the number of voting members included in line 1a, above, who are independent		21												
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?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?													X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?													X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?													X	
b Each committee with authority to act on behalf of the governing body?														X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b 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?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?														X	
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														X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?														X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done														X	
13 Did the organization have a written whistleblower policy?														X	
14 Did the organization have a written document retention and destruction policy?														X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official														X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)														X	
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?															X
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?															

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►DC**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**
KATHLEEN BURNS - 202-898-1661
1101 VERMONT AVENUE, NW, SUITE 710, WASHINGTON, DC 20005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANNA L. SMITH PRESIDENT	40.00			X				178,805.	0.	25,355.
(2) CATHY CLOUD SENIOR VICE PRESIDENT	40.00			X				172,047.	0.	15,215.
(3) LISA RICE VICE-PRESIDENT	40.00			X				165,399.	0.	18,269.
(4) DEIDRE SWESNIK DIRECTOR OF ENFORCEMENT	40.00					X		113,676.	0.	10,239.
(5) DEBBY GOLDBERG DIRECTOR OF SPECIAL PROJECTS	40.00					X		109,190.	0.	20,310.
(6) JIM MCCARTHY CHAIR	2.00	X						0.	0.	0.
(7) NANCY HAYNES 1ST VICE CHAIR	2.00	X						0.	0.	0.
(8) VINCENT CURRY 2ND VICE CHAIR	2.00	X						0.	0.	0.
(9) AMY SCHAUER NELSON SECRETARY	2.00	X						0.	0.	0.
(10) ERIN KEMPLE TREASURER	2.00	X						0.	0.	0.
(11) VINCENT LARKINS AT-LARGE MEMBER	2.00	X						0.	0.	0.
(12) KEENYA ROBERTSON AT-LARGE MEMBER	2.00	X						0.	0.	0.
(13) DAVID BAADE DIRECTOR	2.00	X						0.	0.	0.
(14) DANIEL BUSTAMANTE DIRECTOR	2.00	X						0.	0.	0.
(15) DENISE CATO DIRECTOR	2.00	X						0.	0.	0.
(16) NICHOLE COLLIER DIRECTOR	2.00	X						0.	0.	0.
(17) DAVID WAYNE DAWSON, JR. DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN PETRUSZAK DIRECTOR	2.00	X						0.	0.	0.
(19) LILA HACKETT DIRECTOR	2.00	X						0.	0.	0.
(20) BERNARD KLEINA DIRECTOR	2.00	X						0.	0.	0.
(21) GEORGE LIPSITZ DIRECTOR	2.00	X						0.	0.	0.
(22) CAROLINE PEATTIE DIRECTOR	2.00	X						0.	0.	0.
(23) JAMES PERRY DIRECTOR	2.00	X						0.	0.	0.
(24) KATHERINE STARK DIRECTOR	2.00	X						0.	0.	0.
(25) GAIL WILLIAMS DIRECTOR	2.00	X						0.	0.	0.
(26) LAUREN WALKER DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								739,117.	0.	89,388.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								739,117.	0.	89,388.

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 **5**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
FAIR HOUSING CENTER OF CENTRAL INDIANA 615 N. ALABAMA ST, INDIANAPOLIS, IN 46204	CONSULTING: NEW ORGANIZATION DEVELOP	512,166.
THE CAUSEWAY AGENCY 21 CHARLES STREET, WESTPORT, CT 06880	CONSULTING FOR MEDIA ADV CAMPAIGN	400,393.
DENVER METRO FAIR HOUSING CENTER 3401 QUEBEC ST, DENVER, CO 80207	CONSULTING: NEW ORGANIZATION DEVELOP	125,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	19,025.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2744394.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	115,661.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2879080.			
Program Service Revenue	2 a CONSULTING FEES	Business Code	900099	723,176.	723,176.		
	b REGISTRATION FEES		900099	54,840.	54,840.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			778,016.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			95,746.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				133,837.			133,837.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
b Less direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a ENFORCEMENT/SETTLEMENT		900099	599,203.	599,203.			
b MISC		900099	21,193.	21,193.			
c							
d All other revenue							
e Total. Add lines 11a-11d			620,396.				
12 Total revenue. See instructions.			4507075.	1398412.		0. 229,583.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	577,576.	514,534.	59,731.	3,311.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,464,566.	1,304,682.	151,489.	8,395.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	66,790.	59,499.	6,907.	384.
9 Other employee benefits	328,410.	292,565.	33,963.	1,882.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	102,665.	87,717.	14,948.	
c Accounting	17,285.	14,768.	2,517.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,695,598.	1,689,582.	6,016.	
12 Advertising and promotion				
13 Office expenses	164,240.	115,978.	48,244.	18.
14 Information technology				
15 Royalties				
16 Occupancy	338,795.	307,535.	30,239.	1,021.
17 Travel	397,479.	356,789.	40,623.	67.
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	48,635.	44,146.	4,342.	147.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL & REPA	53,599.	6,700.	46,899.	
b SOFTWARE	33,296.	16,433.	16,863.	
c TESTING	28,240.	28,240.		
d BOOKS & VIDEOS	24,811.	23,684.	631.	496.
e All other expenses	39,866.	22,426.	16,940.	500.
25 Total functional expenses. Add lines 1 through 24e	5,381,851.	4,885,278.	480,352.	16,221.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	801,319.	2	414,923.
	3 Pledges and grants receivable, net	22,818.	3	39,188.
	4 Accounts receivable, net	229,990.	4	209,754.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	70,955.	9	89,029.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 620,156.		
	b Less: accumulated depreciation	10b 388,392.	10c	231,764.
	11 Investments - publicly traded securities	3,273,016.	11	2,704,998.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	27,561.	15	27,561.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,706,058.	16	3,717,217.	
Liabilities	17 Accounts payable and accrued expenses	699,576.	17	597,034.
	18 Grants payable		18	
	19 Deferred revenue	600,476.	19	397,800.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	376,011.	25	356,755.
	26 Total liabilities. Add lines 17 through 25	1,676,063.	26	1,351,589.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,751,949.	27	2,242,452.
	28 Temporarily restricted net assets	278,046.	28	123,176.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,029,995.	33	2,365,628.
	34 Total liabilities and net assets/fund balances	4,706,058.	34	3,717,217.

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,507,075.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,381,851.
3	Revenue less expenses. Subtract line 2 from line 1	3	<874,776.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,029,995.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	210,409.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,365,628.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 2b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No

2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL FAIR HOUSING ALLIANCE

52-1676364

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
---------------	---

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

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

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,884,157.	1,693,944.	1,826,227.	2,363,909.	2,879,080.	10,647,317.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,884,157.	1,693,944.	1,826,227.	2,363,909.	2,879,080.	10,647,317.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,886,004.
6 Public support. Subtract line 5 from line 4						8,761,313.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,884,157.	1,693,944.	1,826,227.	2,363,909.	2,879,080.	10,647,317.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273,946.	137,899.	98,707.	77,856.	95,746.	684,154.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	7,019.	1,447.	397.	239.	374.	9,476.
11 Total support. Add lines 7 through 10						11,340,947.
12 Gross receipts from related activities, etc. (see instructions)					12	3,462,051.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	77.25 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	64.74 %
16a 33 1/3% support test - 2011. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. 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 ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. 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 ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. 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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART IV - OTHER INCOME: REIMBURSEMENTS-20,319, HONORARIA-500,
AND MISCELLANEOUS INCOME-374 FOR A TOTAL OF 21,193.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

NATIONAL FAIR HOUSING ALLIANCE

Employer identification number

52-1676364

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 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 ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 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 function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 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 fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		23,377.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		23,376.													
c Total lobbying expenditures (add lines 1a and 1b)		46,753.													
d Other exempt purpose expenditures		5,335,098.													
e Total exempt purpose expenditures (add lines 1c and 1d)		5,381,851.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		419,093.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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)		104,773.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	377,771.	335,476.	393,607.	419,093.	1,525,947.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,288,921.
c Total lobbying expenditures	148,863.	140,818.	43,879.	46,753.	380,313.
d Grassroots nontaxable amount	94,443.	83,869.	98,402.	104,773.	381,487.
e Grassroots ceiling amount (150% of line 2d, column (e))					572,231.
f Grassroots lobbying expenditures	36,700.	61,026.	21,939.	23,377.	143,042.

Schedule C (Form 990 or 990-EZ) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j 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			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

1 Dues, assessments and similar amounts from members	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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

NATIONAL FAIR HOUSING ALLIANCE

Employer identification number

52-1676364**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements		414,300.	200,851.	213,449.
1d Equipment		135,841.	120,580.	15,261.
1e Other		70,015.	66,961.	3,054.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				231,764.

Schedule D (Form 990) 2011

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	336,122.
(3) DEFERRED COMPENSATION	20,633.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
356,755.	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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01-23-12

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,507,075.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,381,851.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<874,776.>
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	210,409.
9	Total adjustments (net) Add lines 4 through 8	9	210,409.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<664,367.>

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

1	Total revenue, gains, and other support per audited financial statements	1	4,717,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	210,409.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	210,409.
3	Subtract line 2e from line 1	3	4,507,075.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,507,075.

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

1	Total expenses and losses per audited financial statements	1	5,381,851.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,381,851.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,381,851.

Part XIV Supplemental Information

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

PART X, LINE 2: BASED ON AN ANALYSIS OF IDENTIFIED TAX POSITIONS,

MANAGEMENT DETERMINED THAT SUCH WERE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES BASED ON THE TECHNICAL MERITS OF EACH POSITION. FURTHERMORE, BASED ON THIS ANALYSIS, MANAGEMENT DETERMINED THAT ALL IDENTIFIED POSITIONS SHOULD BE FULLY RECOGNIZED IN THE RESPECTIVE FINANCIAL STATEMENTS CONSISTENT WITH THE MEASUREMENT CRITERIA UNDER ASC 740, INCOME TAXES.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN(LOSS) ON INVESTMENTS 210,409.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

NATIONAL FAIR HOUSING ALLIANCE

Employer identification number

52-1676364

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director Explain in Part III

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHANNA L. SMITH	(i) 178,805.	0.	0.	10,534.	14,821.	204,160.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 CATHY CLOUD	(i) 172,047.	0.	0.	9,447.	5,768.	187,262.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 LISA RICE	(i) 165,399.	0.	0.	8,605.	9,664.	183,668.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

NATIONAL FAIR HOUSING ALLIANCE

Employer identification number
52-1676364

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)
---------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KATHLEEN BURNS	FAMILY MEMBER OF SH	113,175.	EMPLOYMENT/		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KATHLEEN BURNS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF SHANNA L. SMITH, PRESIDENT

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT/COMPENSATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

NATIONAL FAIR HOUSING ALLIANCE

Employer identification number
52-1676364

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE THROUGH LEADERSHIP, EDUCATION AND OUTREACH, MEMBERSHIP SERVICES,
PUBLIC POLICY INITIATIVES, ADVOCACY AND ENFORCEMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY

PROMOTE FAIR HOUSING AND PROVIDE EDUCATIONAL AND RESOURCE SERVICES.

EXPENSES \$ 280,745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 973.

TRAINING & CONSULTING

TRAINING OF PUBLIC AND PRIVATE FAIR HOUSING ORGANIZATIONS AND HOUSING
INDUSTRY TO PROMOTE FAIR RENTAL, SALES, LENDING, AND INSURANCE
PRACTICES THROUGHOUT THE NATION.

EXPENSES \$ 272,651. INCLUDING GRANTS OF \$ 0. REVENUE \$ 506,412.

COMMUNITY DEVELOPMENT

NFHA PROVIDED GRANT FUNDS TO LOCAL COMMUNITY DEVELOPMENT ORGANIZATIONS
IN ORDER TO MAKES HOMES MORE ACCESSIBLE TO PERSONS WITH DISABIITIES.

EXPENSES \$ 164,156. INCLUDING GRANTS OF \$ 0. REVENUE \$ 550,000.

MEMBERSHIP SERVICES

PROVIDE NFHA MEMBERS WITH ADVICE & OTHER ASSISTANCE.

EXPENSES \$ 128,082. INCLUDING GRANTS OF \$ 0. REVENUE \$ 26,525.

FORM 990, PART VI, SECTION A, LINE 6: NFHA HAS THREE MEMBERSHIP

CATEGORIES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

NATIONAL FAIR HOUSING ALLIANCE

Employer identification number

52-1676364

OPERATING MEMBERS - ARE NONPROFIT CORPORATIONS OR ORGANIZATIONS PRIMARILY ENGAGED IN THE ACHIEVEMENT OF FAIR HOUSING, AND WHICH (1) INVESTIGATE ALLEGED VIOLATIONS OF FAIR HOUSING LAW AND ASSIST OR FILE MERITORIOUS COMPLAINTS ON BEHALF OF OR IN CONJUNCTION WITH VICTIMS OF HOUSING DISCRIMINATION BEFORE ADMINISTRATIVE AGENCIES OR COURTS; (2) MAINTAIN FULL TIME STAFF DEDICATED TO COMPLAINT INTAKE, INVESTIGATION AND TESTING OF FAIR HOUSING ALLEGATIONS; (3) SUBSCRIBE TO THE PURPOSE OF NFHA AS STATED ABOVE; (4) MAKE APPLICATION FOR OPERATING MEMBERSHIP; AND (5) PAY ALL ANNUAL DUES AS SET BY THE BOARD OF DIRECTORS. APPLICATIONS FOR OPERATING MEMBERSHIP MUST BE APPROVED BY THE BOARD OF DIRECTORS.

SUPPORTING MEMBERS - ARE THOSE ORGANIZATIONS, ASSOCIATIONS, ENTITIES OR GOVERNMENT AGENCIES THAT DO NOT QUALIFY AS OPERATING MEMBERS, BUT DO (1) SUBSCRIBE IN WRITING TO THE PURPOSE OF NFHA AS STATED ABOVE AND; (2) PAY THE ANNUAL DUES AS SET BY THE BOARD OF DIRECTORS. SUPPORTING MEMBERS ARE NON-VOTING MEMBERS.

INDIVIDUAL MEMBERS - ARE PERSONS THAT DO NOT QUALIFY AS OPERATING MEMBERS OR SUPPORTING MEMBERS BUT DO: (1) SUBSCRIBE IN WRITING TO THE PURPOSE OF NFHA AS STATED ABOVE AND; (2) PAY THE ANNUAL DUES AS SET BY THE BOARD OF DIRECTORS. INDIVIDUAL MEMBERS ARE NON-VOTING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS IS COMPOSED OF OPERATING MEMBERS. APPLICATIONS FOR OPERATING MEMBERSHIP MUST BE APPROVED BY THE CURRENT BOARD.

FORM 990, PART VI, SECTION A, LINE 8B: THE COMMITTEES OF THE BOARD OF DIRECTORS DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THEREFORE, DOCUMENTATION OF COMMITTEE ACTIVITY IS HANDLED THROUGH THE MINUTES OF BOARD MEETINGS.

Name of the organization

NATIONAL FAIR HOUSING ALLIANCE

Employer identification number

52-1676364

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED AND APPROVED BY VOTE AT A MEETING OF THE AUDIT COMMITTEE. IN ADDITION, THE RETURN IS REVIEWED IN DETAIL BY THE PRESIDENT AND SENIOR VICE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD. THE ORGANIZATION RELIES UPON THE INTEGRITY AND HONESTY OF EACH MEMBER OF GOVERNANCE AND MANAGEMENT. IF THE ORGANIZATION BECOMES AWARE OF A CONFLICT OF INTEREST, IT ASKS THE INDIVIDUAL(S) TO RECUSE THEMSELVES.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT AND FOR OTHER OFFICERS OR KEY EMPLOYEES INCLUDES STUDIES OF SURVEYS, PURCHASING COMPENSATION STUDIES, REVIEW BY THE COMPENSATION COMMITTEE AND APPROVAL BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S MISSION, VISION, PROGRAM AREAS, AND PERSONNEL ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE GENERALLY NOT PROVIDED TO THE PUBLIC. THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

UNREALIZED GAIN(LOSS) ON INVESTMENTS 210,409.

FORM 990, PART XI, LINE 2C:

THE PROCESS IS CONSISTENT WITH THE PRIOR YEAR.

NATIONAL FAIR HOUSING ALLIANCE [918]
Net Book Value - Depreciation

Sorted: General - User defined 6

10/01/2011 - 09/30/2012

System No.	Asset Balances			Reductions					Net Book Value		
	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation	Current Depreciation	Sec. 179/ Bonus	Other Reductions		Deletion Reductions	Total Reductions
COMPUTER EQUIPMENT											
Subtotal:	135,841.87	0.00	0.00	135,841.87	112,475.46	8,104.93	0.00	0.00	0.00	120,580.39	15,261.48
COMPUTER EQUIPMENT											
Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for:	135,841.87	0.00	0.00	135,841.87	112,475.46	8,104.93	0.00	0.00	0.00	120,580.39	15,261.48
COMPUTER EQUIPMENT											
FURNITURE											
Subtotal:	34,132.03	0.00	0.00	34,132.03	31,079.08	0.00	0.00	0.00	0.00	31,079.08	3,052.95
FURNITURE											
Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for:	34,132.03	0.00	0.00	34,132.03	31,079.08	0.00	0.00	0.00	0.00	31,079.08	3,052.95
FURNITURE											
SOFTWARE											
Subtotal:	35,882.63	0.00	0.00	35,882.63	35,881.63	0.00	0.00	0.00	0.00	35,881.63	1.00
SOFTWARE											
Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for:	35,882.63	0.00	0.00	35,882.63	35,881.63	0.00	0.00	0.00	0.00	35,881.63	1.00
SOFTWARE											
Subtotal:	205,856.53	0.00	0.00	205,856.53	179,436.17	8,104.93	0.00	0.00	0.00	187,541.10	18,315.43
Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Totals:	205,856.53	0.00	0.00	205,856.53	179,436.17	8,104.93	0.00	0.00	0.00	187,541.10	18,315.43

NATIONAL FAIR HOUSING ALLIANCE [918]
Net Book Value - Amortization

Financial

10/01/2011 - 09/30/2012

System No.	Asset Balances			Reductions				Net Book Value		
	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Amortization	Current Amortization	Other Reductions		Deletion Reductions	Total Reductions
LEASEHOLD IMPROVEMENT										
Subtotal:	414,300.00	0.00	0.00	414,300.00	160,320.55	40,530.10	0.00	0.00	200,850.65	213,449.35
LEASEHOLD IMPROVEMENT										
Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for:	414,300.00	0.00	0.00	414,300.00	160,320.55	40,530.10	0.00	0.00	200,850.65	213,449.35
LEASEHOLD IMPROVEMENT										
Subtotal:	414,300.00	0.00	0.00	414,300.00	160,320.55	40,530.10	0.00	0.00	200,850.65	213,449.35
Less dispositions and exchanges:										
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Totals:	414,300.00	0.00	0.00	414,300.00	160,320.55	40,530.10	0.00	0.00	200,850.65	213,449.35

NATIONAL FAIR HOUSING ALLIANCE [918] Depreciation Expense

Financial

10/01/2011 - 09/30/2012

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
COMPUTER EQUIPMENT											
8		HP 920 Tape Burner CPD-AG711A	10/20/2008	SL / N/A	3.0000	1,796.57	100.0000	0.00	1,746.67	49.90	1,796.57
14		INFOCUS LP350 PROJECTOR	5/30/2001	SL / N/A	3.0000	4,227.00	100.0000	0.00	4,227.00	0.00	4,227.00
15		CDW-G COLOR PRINTER	11/1/2001	SL / N/A	3.0000	2,361.00	100.0000	0.00	2,361.00	0.00	2,361.00
18		SCANNER	10/1/2002	SL / N/A	3.0000	3,074.85	100.0000	0.00	3,074.85	0.00	3,074.85
21		CDW-LAPTOP	9/1/2003	SL / N/A	3.0000	2,213.07	100.0000	0.00	2,213.07	0.00	2,213.07
22		CDW-G PROJECTOR	9/1/2003	SL / N/A	3.0000	2,549.00	100.0000	0.00	2,549.00	0.00	2,549.00
23		DELL COMPUTER BUY-OUT	10/1/2004	SL / N/A	3.0000	6,561.00	100.0000	0.00	6,561.00	0.00	6,561.00
24		LAPTOP	12/1/2004	SL / N/A	3.0000	2,069.00	100.0000	0.00	2,069.00	0.00	2,069.00
27		BABY TOSHIBA	9/30/2005	SL / N/A	3.0000	1,383.00	100.0000	0.00	1,383.00	0.00	1,383.00
28		Dell Computer - Server Upgrade	11/1/2005	SL / N/A	3.0000	15,650.00	100.0000	0.00	7,267.20	0.00	7,267.20
29		Dell Color Printer	2/1/2006	SL / N/A	3.0000	0.00	100.0000	0.00	0.00	0.00	0.00
31		Dell Computer	6/1/2006	SL / N/A	3.0000	4,935.00	100.0000	0.00	4,935.00	0.00	4,935.00
33		Dell 2400 MP Projector	10/1/2005	SL / N/A	3.0000	1,199.00	100.0000	0.00	1,199.00	0.00	1,199.00
34		Dell Latitude D420	8/1/2006	SL / N/A	3.0000	1,858.05	100.0000	0.00	1,858.05	0.00	1,858.05
37		7 Dell Computers	12/1/2008	SL / N/A	3.0000	9,125.27	100.0000	0.00	8,618.32	506.95	9,125.27
40		DELL 2400MP DLP PROJECTOR	5/1/2007	SL / N/A	3.0000	1,266.88	100.0000	0.00	1,231.69	0.00	1,231.69
41		Dell Computer #753691298	7/1/2009	SL / N/A	3.0000	1,790.00	100.0000	0.00	1,342.51	447.49	1,790.00
42		DELL LATITUDE D420-LR	10/1/2006	SL / N/A	3.0000	1,915.14	100.0000	0.00	1,861.95	0.00	1,861.95
43		DELL LATITUDE D420	6/1/2007	SL / N/A	3.0000	2,154.14	100.0000	0.00	2,094.30	0.00	2,094.30
44		US TECHNOLOGIES	9/1/2007	SL / N/A	3.0000	14,496.00	100.0000	0.00	14,496.00	0.00	14,496.00
45		LAP TOP COMPUTER	10/31/2007	SL / N/A	3.0000	1,513.29	100.0000	0.00	1,513.29	0.00	1,513.29
46		MJN TECH (NEW SERVERS)	2/28/2008	SL / N/A	3.0000	4,801.15	100.0000	0.00	4,801.15	0.00	4,801.15
47		DELL LAPTOP	3/31/2008	SL / N/A	3.0000	1,767.00	100.0000	0.00	1,767.00	0.00	1,767.00
48		7 OPTIPLEX COMPUTERS	4/30/2008	SL / N/A	3.0000	9,108.05	100.0000	0.00	9,108.05	0.00	9,108.05
49		1 OPTIPLEX	5/31/2008	SL / N/A	3.0000	1,301.15	100.0000	0.00	1,301.15	0.00	1,301.15
58		COPIER LEASE	1/1/2008	SL / N/A	3.0000	12,041.73	100.0000	0.00	11,569.59	0.00	11,569.59
60		COPIER LEASE	1/1/2010	SL / N/A	3.0000	15,000.00	100.0000	0.00	11,326.62	3,673.38	15,000.00
61		COMPUTER SERVER	1/31/2011	M / HY	5.0000	9,685.53	100.0000	0.00	0.00	3,427.21	3,427.21
Subtotal: COMPUTER EQUIPMENT								0.00	112,475.46	8,104.93	120,580.39
Less dispositions and exchanges:								0.00	0.00	0.00	0.00
Net for: COMPUTER EQUIPMENT								0.00	112,475.46	8,104.93	120,580.39
FURNITURE											
2		FILE CABINETS	11/1/1990	SL / N/A	3.0000	992.00	100.0000	0.00	992.00	0.00	992.00
4		FILE CABINETS	1/1/1991	SL / N/A	3.0000	691.00	100.0000	0.00	691.00	0.00	691.00
6		SOFA	6/30/1997	SL / N/A	3.0000	311.00	100.0000	0.00	311.00	0.00	311.00
9		CORT FURNITURE	5/1/1996	SL / N/A	3.0000	779.00	100.0000	0.00	779.00	0.00	779.00
30		Furniture for the conference room	2/1/2006	SL / N/A	3.0000	9,794.00	100.0000	0.00	9,794.00	0.00	9,794.00
50		REFRIGERATOR	5/31/2008	SL / N/A	3.0000	1,090.83	100.0000	0.00	1,090.83	0.00	1,090.83
51		DESK	6/30/2008	SL / N/A	3.0000	593.80	100.0000	0.00	593.80	0.00	593.80
52		2 DESKS WITH RETURNS	6/30/2008	SL / N/A	3.0000	859.94	100.0000	0.00	859.94	0.00	859.94
53		DESKS/TABLES: SLS/CC/LR	8/31/2008	SL / N/A	3.0000	16,600.00	100.0000	0.00	13,547.05	0.00	13,547.05
55		LATERAL FILES/BOOKCASE	1/1/2008	SL / N/A	3.0000	2,420.46	100.0000	0.00	2,420.46	0.00	2,420.46
Subtotal: FURNITURE								0.00	31,079.08	0.00	31,079.08
Less dispositions and exchanges:								0.00	0.00	0.00	0.00

NATIONAL FAIR HOUSING ALLIANCE [918] Depreciation Expense

Financial

10/01/2011 - 09/30/2012

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Net for: FURNITURE						34,132.03		0.00	31,079.08	0.00	31,079.08
SOFTWARE											
19		CDW-G SOFTWARE	9/1/2003	SL / N/A	3 0000	1,072.63	100.0000	0.00	1,072.63	0.00	1,072.63
20		CDW-G SOFTWARE	9/1/2003	SL / N/A	3 0000	1,100.00	100.0000	0.00	1,100.00	0.00	1,100.00
35		FRX Module User Application	3/1/2006	SL / N/A	3 0000	1,260.00	100.0000	0.00	1,260.00	0.00	1,260.00
36		A/R Module	5/1/2006	SL / N/A	3 0000	1,050.00	100.0000	0.00	1,049.00	0.00	1,049.00
39		NFHA COMPLAINT DATABASE	3/15/2007	SL / N/A	3 0000	10,000.00	100.0000	0.00	10,000.00	0.00	10,000.00
57		NEW WEBSITE DEVELOPMENT	2/15/2008	SL / N/A	3 0000	21,400.00	100.0000	0.00	21,400.00	0.00	21,400.00
Subtotal: SOFTWARE						35,882.63		0.00	35,881.63	0.00	35,881.63
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00
Net for: SOFTWARE						35,882.63		0.00	35,881.63	0.00	35,881.63
Subtotal:						205,856.53		0.00	179,436.17	8,104.93	187,541.10
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00
Grand Totals:						205,856.53		0.00	179,436.17	8,104.93	187,541.10

Amortization Expense

Financial

10/01/2011 - 09/30/2012

System No.	S	Description	Date In Service	Amort. Code Sec.	Life	Cost / Other Basis	Bus. / Inv. %	Beg. Accum. Amortization	Current Amortization	End. Accum. Amortization
LEASEHOLD IMPROVEMENT										
32		Telcomworx - Re-Wire Office	1/1/2006	Unassigned	3.0000	8,999.00	100.0000	8,999.00	0.00	8,999.00
54		LEASEHOLD IMPROVEMENT	5/15/2008	Unassigned	10.0000	365,450.00	100.0000	124,441.00	36,545.00	160,986.00
56		LEASEHOLD IMPROVEMENTS	5/1/2008	Unassigned	10.0000	39,851.00	100.0000	26,880.55	3,985.10	30,865.65
Subtotal: LEASEHOLD IMPROVEMENT						414,300.00		160,320.55	40,530.10	200,850.65
Less dispositions and exchanges:						0.00		0.00	0.00	0.00
Net for: LEASEHOLD IMPROVEMENT						414,300.00		160,320.55	40,530.10	200,850.65
Subtotal:						414,300.00		160,320.55	40,530.10	200,850.65
Less dispositions and exchanges:						0.00		0.00	0.00	0.00
Grand Totals:						414,300.00		160,320.55	40,530.10	200,850.65