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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)

Open to Public Inspection

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

<u>A</u> F	or the 2	2012 calendar year, or tax year beginning $$ OCT 1 , $$ 2012 $$ and end	ling S	EP 30, 2013	
B C	heck if	C Name of organization		D Employer identifica	tion number
	Address change	NATIONAL FAIR HOUSING ALLIANCE			
	Name change	Doing Business As		52-16	76364
	Initial return	The state of the s	m/suite	E Telephone number	
	Termin- ated	1101 VERMONT AVENUE, NW 71	0	202-8	98-1661
	Amende return	City, town, or post office, state, and ZIP code		G Gross receipts \$	6,693,971.
L.	Applica- tion pending	WASHINGTON, DC 20005		H(a) is this a group retu	
	pending	F Name and address of principal officer		for affiliates?	Yes X No
		1101 VERMONT AVENUE, NW, #710, WASHINGTO		H(b) Are all affiliates includ	
		npt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 1	527	1	t. (see instructions)
		: ► WWW.NATIONALFAIRHOUSING.ORG	<i>.</i>	H(c) Group exemption i	
		rganization: X Corporation	L Year	of formation: 1988 M S	State of legal domicile: DC
Pē		Summary	mo E	T TMTNAME HOII	STNC
çe		riefly describe the organization's mission or most significant activities WORKS			
Activities & Governance		DISCRIMINATION AND TO ENSURE EQUAL HOUSING			
/err	+	heck this box I if the organization discontinued its operations or disposed	or more		20
ģ	į.	umber of voting members of the governing body (Part VI, line 1a)		3 4	20
•ই	1	umber of independent voting members of the governing body (Part VI, line 1b)			26
Ë	l	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
ξį	-	otal number of volunteers (estimate if necessary)		7a	0.
Ac	7 a l	otal unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.
	b N	let unrelated business taxable income from Form 990 to Imp 3 TIVED			Current Year
	ļ		-	Prior Year 2,879,080.	3,364,914.
re		rogram service revenue (Part VIII, line 1h) rostment income (Part VIII, line 2g) AUG 14 2014 Prostment income (Part VIII, column (A), lines 3, 4 and 7d)		778,016.	697,300.
⊘ॄ€		rogram service revenue (Part VIII, line 2g) Q AUU 14 2014		229,583.	119,832.
Té	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		620,396.	2,247,698.
	11 C	other revenue (Part VIII, column (A), lines 5, 6d 8c, 9 20 pre Ne) UT	\vdash	4,507,075.	6,429,744.
<u> </u>		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
UZININA Revenue	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
	1	lenefits paid to or for members (Part IX, column (A), line 4)	-	2,437,342.	2,479,424.
Se E	ì	dalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
∠ © J/IV Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	,		
9 <u>0</u>	1	otal fundraising expenses (Part IX, column (D), line 25) 38,132		2,944,509.	3,088,679.
	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,381,851.	5,568,103.
ა ე	1	fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	<874,776.>	861,641.
ت ن	19 F	Revenue less expenses Subtract line 18 from line 12	D.		
Net Assets or Fund Balances		And an art (Dart V. Inc. 10)	P E	3,717,217.	End of Year 4,328,232.
\sse Bala	20 T	fotal assets (Part X, line 16)	<u> </u>	1,351,589.	921,432.
let A	21 T	fotal liabilities (Part X, line 26)	-	2,365,628.	3,406,800.
	<u>22 </u>	let assets or fund balances Subtract line 21 from line 20 Signature Block		2,303,020	3,400,000.
		ties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd statem	ents, and to the hest of my l	knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which			Allowicago alla bollol, it is
true	, correct	, and complete, beclaration of preparer (officer) is passed on an information of which	гргораго	C/ </td <td>14</td>	14
C:-		Signature of officer		Date	
Sig	1	Shanna L. Smith President CEO			
He	re	Type or print name and title			
		Print/Type preparer's name Prepayer's signature	Ţ	Date, Check	PTIN
Da:		ELLEN E. HORNER, CPA	DA	7 9 14 If self-employed	P00120726
Pai	-	Firm's name CHAPIN, OWEN & SANDSTROM, P.A.		Firm's EIN	52-1249777
	· -	Firm's address 3901 NATIONAL DRIVE SUITE 260		1 11111 0 1111	
USE	ן עוווט	BURTONSVILLE, MD 20866-1189		Phone no. 30	1-421-1330
_				Ti none no. 30	X Yes No
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		<u> </u>	Form 990 (2012)

	n 990 (2012) NATIONAL FAIR HOUSING ALLIANCE	<u>52-167</u>	<u>6364</u>	<u> Page 2</u>
Pai	rt 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	EOITAT.	HOHETI	VIC.
	OPPORTUNITY FOR ALL PEOPLE THROUGH LEADERSHIP, EDUCATION			
			OIKEA	<u>-Π,</u>
	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	X 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?		□ voc	X No
3			162	LALINO
_	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	_	-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total e	kpenses, a	nd
	revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ 2,041,824. including grants of \$) (Revenu	e s 2	,195.	785.)
	EDUCATION			<u> </u>
	EDUCATE CONSUMERS AND HOUSING INDUSTRY ON RENTAL, REAL E	CMAME	CATEC	
		PIATE	SHLED	<u></u>
	LENDING, INSURANCE AND OTHER FAIR HOUSING ISSUES.			
			 -	
				
41-	(Code) (Expenses \$1, 337, 857. including grants of \$) (Revenu	. 2	,068,	550 \
4b		•\$_ <u></u>	,000,	330.
	ENFORCEMENT			
	CONDUCT SYSTEMIC INVESTIGATIONS OF FAIR HOUSING ISSUES A	ND AIO	LATIO	NS.
4c	(Code) (Expenses \$ 641,845. including grants of \$) (Revenue	e \$	651,	400.)
4c		e \$	651,	400.)
4c	DEVELOPING FAIR HOUSING CENTERS			
4c	DEVELOPING FAIR HOUSING CENTERS NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSI	NG ORG		
4c	DEVELOPING FAIR HOUSING CENTERS NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSI IN THE INDIANAPOLIS AREA AND BEGAN THE ESTABLISHMENT OF	NG ORG		
4c	DEVELOPING FAIR HOUSING CENTERS NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSI	NG ORG		
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	DEVELOPING FAIR HOUSING CENTERS NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSI IN THE INDIANAPOLIS AREA AND BEGAN THE ESTABLISHMENT OF ORGANIZATION IN THE GREATER DENVER AREA.	NG ORG		
	DEVELOPING FAIR HOUSING CENTERS NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSI IN THE INDIANAPOLIS AREA AND BEGAN THE ESTABLISHMENT OF ORGANIZATION IN THE GREATER DENVER AREA. Other program services (Describe in Schedule O.)	NG ORG	ANI ZA'	
4d	DEVELOPING FAIR HOUSING CENTERS NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSI IN THE INDIANAPOLIS AREA AND BEGAN THE ESTABLISHMENT OF ORGANIZATION IN THE GREATER DENVER AREA. Other program services (Describe in Schedule O.) (Expenses \$ 1,055,859. including grants of \$) (Revenue \$ 1,35)	NG ORG	ANI ZA'	
4d	DEVELOPING FAIR HOUSING CENTERS NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSI IN THE INDIANAPOLIS AREA AND BEGAN THE ESTABLISHMENT OF ORGANIZATION IN THE GREATER DENVER AREA. Other program services (Describe in Schedule O.)	NG ORG	ANIZA'	TION
4d	DEVELOPING FAIR HOUSING CENTERS NFHA IS WORKING ON A PROJECT TO DEVELOP A NEW FAIR HOUSI IN THE INDIANAPOLIS AREA AND BEGAN THE ESTABLISHMENT OF ORGANIZATION IN THE GREATER DENVER AREA. Other program services (Describe in Schedule O.) (Expenses \$ 1,055,859. including grants of \$) (Revenue \$ 1,3 Total program service expenses ▶ 5,077,385.	NG ORG	ANIZA'	

rm		<u> 364</u>		age 3
ar	t W Checklist of Required Schedules		,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ļ
	public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4	X	ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
•	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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			ļ
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	L	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		l	
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	l	X
	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? If "Yes," complete Schedule F, Parts I and IV	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	ļ		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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			1
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			

Form **990** (2012)

20a

19

complete Schedule G, Part III

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

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

Form 990 (2012) NATIONAL FAIR HOUSING ALLIANCE
Part W 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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		:	
	Schedule K If "No", go to line 25	24a	ļ <u>.</u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	,		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)	28a		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
٠.	If "Yes," complete Schedule N, Part I	31	ļ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Ĺ	<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1_	
	Note. All Form 990 filers are required to complete Schedule O	38_	X	Ь
		Form	990	(2012)

Par	<u> </u>	Check if Schedule O contains a response to any question in this Part V					
		5.105 55.105 5 contains a response to any question in this nair v				Yes	No
10	Enter t	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	63		162	INO
		the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
-		e organization comply with backup withholding rules for reportable payments to vendors and i		ible gaming			
		ling) winnings to prize winners?	•	5 5	1c	х	
		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
		or the calendar year ending with or within the year covered by this return	2a	26			
		ast one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?			За		X
		s," 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	autho	rity over, a			
	financ	ial account in a foreign country (such as a bank account, securities account, or other financial	ассоц	int)?	4a		X
b	If "Yes	s," enter the name of the foreign country					
		structions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accol	ints			
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did an	ly taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	7	5b		X
		s," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			7.7
	•	ontributions that were not tax deductible as charitable contributions?			6a		X
b		s," did the organization include with every solicitation an express statement that such contribu	tions	or gitts	۵.		
_		not tax deductible?			6b		
7	-	nizations that may receive deductible contributions under section 170(c). s organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	אמעומפ	provided to the navor?	7a		x
a		s organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and so s," did the organization notify the donor of the value of the goods or services provided?	SI VICES	provided to the payor:	7b		
		e organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas red	uured			
С		Form 8282?	· 40 · 00	101100	7c		х
d		s," indicate the number of Forms 8282 filed during the year	7d				
e		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		<u>x</u>
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-			7f		Х
g		organization received a contribution of qualified intellectual property, did the organization file F		899 as required?	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8		oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations					
	organi	zation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any ti	me during the year?	8		<u> </u>
9	Spons	soring organizations maintaining donor advised funds.					
а		ne organization make any taxable distributions under section 4966?			9a_	<u> </u>	
b	Did th	ne organization make a distribution to a donor, donor advisor, or related person?			9b	ļ	
10		on 501(c)(7) organizations. Enter	1.	I			
а		ion fees and capital contributions included on Part VIII, line 12	10a		1		
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	ŀ	İ
11		on 501(c)(12) organizations. Enter	۱	1			
а		s income from members or shareholders	11a	-	ł		
þ		s income from other sources (Do not net amounts due or paid to other sources against	11b				
40.		ints due or received from them) on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr			12a		
		s," enter the amount of tax-exempt interest received or accrued during the year	12b		120		-
13		on 501(c)(29) qualified nonprofit health insurance issuers.	120		1		
13 a		on 30 (C)(29) qualified horipront health final ance issue is. organization licensed to issue qualified health plans in more than one state?			13a		
a		See the instructions for additional information the organization must report on Schedule O					
b		the amount of reserves the organization is required to maintain by the states in which the					
-		nization is licensed to issue qualified health plans	13b		_		
С	_	the amount of reserves on hand	13c			<u> </u>	
14a		ne organization receive any payments for indoor tanning services during the tax year?			14a		X
		is," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle <u>O</u>		14b		
					Forn	n 990	(2012)

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NATIONAL FAIR HOUSING ALLIANCE

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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 of School Ja Construction and annual to any superhaps in the Boat VI			\mathbf{x}
Sac	Check if Schedule O contains a response to any question in this Part VI			
56 6	tion A. Governing Body and Management		···	
4	Enter the number of voting members of the governing body at the end of the tax year 20		Yes	No
ıa		1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
2	officer, director, trustee, or key employee?	2		
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?			v
4		3 4		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		_ <u>^</u> _
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6	Did the organization have members or stockholders?	-	Λ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-	X	
L.	more members of the governing body? Are any approval by members, steel/holders, or	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-7L		Х
_	persons other than the governing body?	7b	-	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	<u>X</u>	X
ь	Each committee with authority to act on behalf of the governing body?	8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40-	Diddle and another bound and about on bounding and officers.	40-	Yes	No_X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b	•	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10-	Х	
12a	· · · · ·	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13_	X	 -
14	Did the organization have a written document retention and destruction policy?	14		 -
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?	45.	Х	}
a	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	Α_	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		x
	taxable entity during the year?	16a_		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			İ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements?	100	-	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶DC			
17 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) is	avadah	le	
10	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
19		u miai	icial	
20	statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🖿	•	
20	KATHLEEN BURNS - 202-898-1661	uon.		
	1101 VERMONT AVENUE, NW, SUITE 710, WASHINGTON, DC 20005			
23200	TIOI VERMONI AVENUE, MI, BOILE /IO, MIDHINGTON, DC 20003	Form	990	(2012)

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

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

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

(A) Name and Title	(B) Average			(C Posi	<mark>)</mark> itior	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per					than		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dir	بوا			ated		organization	(W-2/1099-MISC)	from the
	related	stee	truste		g,	Bells		(W-2/1099-MISC)		organization
	organizations below	ual tr	bonal		ploy	e di	_	<u>'</u>		and related organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHANNA L. SMITH	40.00									
PRESIDENT				X				187,168.	0.	28,046.
(2) CATHY CLOUD	40.00									
SENIOR VICE PRESIDENT				X			<u> </u>	168,853.	0.	16,682.
(3) LISA RICE	40.00									
VICE-PRESIDENT				X				167,535.	0.	20,809.
(4) DEIDRE SWESNIK	40.00									
DIRECTOR OF PUBLIC POLICY AND COMM		<u> </u>	<u> </u>			X		119,170.	0.	11,702.
(5) DEBBY GOLDBERG	40.00]							_	
DIRECTOR OF SPECIAL PROJEC		<u> </u>		<u> </u>		X		112,317.		21,711.
(6) DIANE CIPOLLONE	40.00								_	
DIR ENFORCMNT		ļ	ļ	<u> </u>		X		108,013.	0.	9,167.
(7) JIM MCCARTHY	2.00			Ì						
CHAIR		X		ļ		ļ	<u> </u>	0.	0.	0.
(8) NANCY HAYNES	2.00									•
1ST VICE CHAIR		X				↓	-	0.	0.	0.
(9) VINCENT CURRY	2.00	-								
2ND VICE CHAIR	1 2 20	X	<u> </u>	-	-		<u> </u>	0.	0.	0.
(10) AMY SCHAUER NELSON	2.00	٠,	1		l	1			_	0
SECRETARY	2 00	X	├ ─			 -	\vdash	0.	0.	0.
(11) ERIN KEMPLE	2.00							0.	0.	_
TREASURER	2.00	X	├─	-	-	+			<u> </u>	0.
(12) VINCENT LARKINS	2.00	X						0.	0.	0.
AT-LARGE MEMBER	2.00	A	<u> </u>	<u> </u>	-	+	 	<u> </u>		
(13) KEENYA ROBERTSON	2.00	X				Ì		0.	0.	0.
AT-LARGE MEMBER	2.00	_~	\vdash		_		-			
(14) DAVID BAADE DIRECTOR	2.00	X	1				İ	0.	0.	0.
(15) DANIEL BUSTAMANTE	2.00		T	\vdash			1			
DIRECTOR		x		1			ł	0.	0.	0.
(16) DENISE CATO	2.00	_	T			1				
DIRECTOR		\mathbf{x}		L	L		<u></u>	0.	0.	0.
(17) NICHOLE COLLIER	2.00	_								
DIRECTOR		<u>x</u>			L			0.	0.	0.
232007 12-10-12										Form 990 (2012)

Part VII Section A. Officers, Directors, Trusto	ees, Key Em			_					es (continued)	JO4 Page C
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box.	not cl	ss pe	more rson	than s bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations · (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JOHN PETRUSZAK	2.00	X						0.	0.	0.
DIRECTOR	2.00	^							<u> </u>	
(19) LILA HACKETT	2.00	x						0.	0.	0.
DIRECTOR (20) BERNARD KLEINA	2.00	Α.						-0.		
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	х				-		0.	0:	0.
(24) KATHERINE STARK DIRECTOR	2.00	х						0.	0.	0.
(25) GAIL WILLIAMS DIRECTOR	2.00	х		L				0.		0.
(26) LAUREN WALKER DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total						▶		863,056.	0.	108,117.
c Total from continuation sheets to Part VII,	. Section A			-		>		0.	0.	0.
d Total (add lines 1b and 1c)	,					>		863,056.	0.	108,117.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d al	bove	e) wh	no re		,000 of reportable	

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

Yes No

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

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
THE CAUSEWAY AGENCY 21 CHARLES STREET, WESTPORT, CT 06880	CONSULTING FOR MEDIA ADV CAMPAIGN	987,783.
DENVER METRO FAIR HOUSING CENTER 3401 QUEBEC ST, DENVER, CO 80207	CONSULTING: NEW ORGANIZATION DEVELOP	302,500.

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

2

Form **990** (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 21,800. **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e 2,774,785. e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 568,329 g Noncash contributions included in lines 1a-1f \$ 3,364,914 Total, Add lines 1a-1f **Business Code** 573,645 573,645. 900099 2 a CONSULTING FEES Program Service Revenue 123,655. 900099 123,655. ь REGISTRATION FEES f All other program service revenue 697,300. Total. Add lines 2a-2f Investment income (including dividends, interest, and 76,378. <u>76,378.</u> other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents **b** Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 30<u>7,681</u> assets other than inventory b Less cost or other basis 264,227 and sales expenses c Gain or (loss) 43,454. 43,454 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 2,207,546.2,207,546. 11 a ENFORCEMENT/SETTLEMENT 900099 40,152. b MISC d All other revenue 2,247,698. e Total. Add lines 11a-11d 6,429,744.2,944, 119,832. Total revenue See instructions. 232009 12-10-12 Form 990 (2012)

	t IX Statement of Functional Expens on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	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	611,978.	544,060.	59,237.	8,681.
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	1,448,275.	1,287,544.	140,188.	20,543.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	72,021.	64,027.	6,971. 33,603.	1,023. 4,922.
9	Other employee benefits	347,150.	308,625.	33,603.	4,922.
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal	30,677.	29,777.	900.	
С	Accounting	19,713.		19,713.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,867,630.	1,862,511.	5,119.	
12	Advertising and promotion				
13	Office expenses	145,796.	102,666.	43,050.	80.
14	Information technology				
15	Royalties				
16	Occupancy	342,291.	308,937.	31,034.	2,320.
17	Travel	208,093.	207,565.	528.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	228,550.	191,700.	36,850.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,666.	39,818.	3,549.	299.
23	Insurance	11,125.	1,056.	10,069.	
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 0.)				
а	MT CMT LO	70,676.	70,676.		
b	EQUIPMENT RENTAL & REPA	45,590.	3,366.	42,224.	
С	BOOKS & VIDEOS	26,974.	26,016.	774.	184.
d		22,434.	10,013.	12,421.	
е		25,464.	19,028.	6,356.	80.
25	Total functional expenses. Add lines 1 through 24e	5,568,103.	5,077,385.	452,586.	38,132.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here				

Form 990 (2012)
Part X Balance Sheet

Par	τχ	Balance Sneet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
 1	•	Cash · non-interest-bearing			1	
ľ	1			414,923.	2	848,525.
	2	Savings and temporary cash investments		39,188.	3	47,534.
	3	Pledges and grants receivable, net		209,754.	4	130,000.
	4	Accounts receivable, net		_203,134.	4	130,000.
	5	Loans and other receivables from current and for		, ,		
,		trustees, key employees, and highest compensations of Schedule L		5		
	_					
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
	<u> </u>	employers and sponsoring organizations of sections of sections of sections organizations (see upstr)			6	
ts	7	employees' beneficiary organizations (see instr) Notes and loans receivable, net	Complete Part II of Schi L	<u> </u>	7	
Assets	7	Inventories for sale or use		······································	8	
⋖	8			89,029.	9	76,364.
	9	Prepaid expenses and deferred charges	1 1	05,025.	9	10,304.
	iva	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 617,476.		1	
	_	'	10a 617,476. 10b 415,378.	231,764.	10c	202 098
		Less accumulated depreciation	108 415,570.	2,704,998.	11	202,098. 2,996,150.
	11	Investments - publicly traded securities Investments - other securities See Part IV, line	11	2,70=,550.	12	2,000,100.
	12			13		
	13	Investments - program-related See Part IV, line			14	
	14	Intangible assets Other assets See Part IV, line 11	27,561.	15	27,561.	
	15	· ·	al line 24)	3,717,217.	16	4,328,232.
	16 17	Total assets. Add lines 1 through 15 (must equipment of Accounts payable and accrued expenses	ai iiile 34)	597,034.	17	572,552.
	18	Grants payable		331,034.	18	3/2/3321
		Deferred revenue		397,800.	19	19,500.
	19	Tax-exempt bond liabilities		357,000.	20	
10	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and forme			2	
j <u>e</u>	22	key employees, highest compensated employee				
Ë		Complete Part II of Schedule L	os, and disquamica persons		22	
	23	Secured mortgages and notes payable to unrel	ated third narties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	·			_ · _ · · · · -
	20	parties, and other liabilities not included on lines	·			
	ļ	Schedule D	or zay complete rateries.	356,755.	25	329,380.
	26	Total liabilities. Add lines 17 through 25		1,351,589.	26	921,432.
		Organizations that follow SFAS 117 (ASC 958	B), check here ► X and			
ý		complete lines 27 through 29, and lines 33 ar	••		1	
ဥ	27	Unrestricted net assets		2,242,452.	27	3,375,044.
ajai	28	Temporarily restricted net assets	123,176.	28	31,756.	
ěě.	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here			
Jr F		and complete lines 30 through 34.				
ts (30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ea			31	
Ť.	32	Retained earnings, endowment, accumulated in			32	
	,		·-• - · · · · · · · · · · · · · · · · ·	0.065.600		2 406 900
ž	33	Total net assets or fund balances		2,365,628.	33	3,406,800.

Form 990 (2012)

	990 (2012) NATIONAL FAIR HOUSING ALLIANCE	52-	-1676364	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
	Total revenue (must equal Part VIII, solumn (A), line 19)	1	6,42	9 7	11
1	Total revenue (must equal Part VIII, column (A), line 12)	2	5,56		
2	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1	3			41.
3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,36		
4		5	2,30	<i>J</i> ,	20.
5	Net unrealized gains (losses) on investments	6		-	
6	Donated services and use of facilities	7			
7	Investment expenses				
8	Prior period adjustments	8	17	0 5	31.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		, 5	<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	40	2 40	<i>c</i> o	0.0
Dai	column (B)) rt XII Financial Statements and Reporting	10	3,40	0,0	00.
<u> </u>					\mathbf{x}
	Check if Schedule O contains a response to any question in this Part XII		·	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			163	110
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	i,		
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	D.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdıt		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred au	idit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	_X	
			Form	990	(2012)

12-10-12

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Inspection

Name of the organization

Employer identification number

		NATIONA	L FAIR HOUSI	NG AL	LIANC	E			5	2-167636	4
Part I	Reason		ity Status (All organiza				.) See inst	ructions.			
The organi	zation is not a	private foundation	because it is. (For lines 1	through 1	11, check o	only one b	ox.)				
1 🗔		=	s, or association of churc	-		=					
2			0(b)(1)(A)(ii). (Attach Scl				,				
з 🗔	A hospital or	a cooperative hospi	tal service organization of	described	n section	170(b)(1)(A)(iii).				
4 🗔	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's na	ame,
•	city, and state	e									
5 🔲	_	on operated for the (b)(1)(A)(iv). (Comple	benefit of a college or un ete Part II)	niversity ov	vned or op	erated by	a governr	mental unit	describ	ed in	
6 🗀	A federal, sta	te, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public described	d in
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🖳	-		ection 170(b)(1)(A)(vi). (
9 🔲	-		eives (1) more than 33 1								
			nctions - subject to certa								
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 1	975
		509(a)(2). (Complete									
10			perated exclusively to tes								
11	_	-	perated exclusively for th								
		• • •	ations described in section				e) See sec	ction 509(a	a)(3). Ch	eck the box that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple						. 111 - 11-	- <i>E</i>	
<u></u>	a Type I	-	•	•	nctionally i	_				n-functionally int	-
e			it the organization is not								
			han one or more publicly						(a)(1) Of	section 509(a)(2	9
f			ten determination from t	ne ins ins	инкату	рел, туре	ii, or Type	7 111			
_		rganization, check th	ns box organization accepted an	waft or o	ontribution	from any	of the follo	nwing ner	eone?		
g			lirectly controls, either ale							Ye	s No
	• •	•	upported organization?	one or tog	Ctrici With	porsons	icsonboa i	(II) GITG (, 50.011	11g(i)	3 110
	•	•	n described in (i) above?							11g(ii)	-
		·	person described in (i) o		97					11g(iii)	
h	• •	-	about the supported or								
		3	.,,	•	` ,						
	of supported inization	(ii) EIN	above or IRC section	in col. (i) la	organization sted in your document?	organizat	notify the ion in col. support?	(vi) Is organizatio (i) organiz U.S	on in col.	(vii) Amount of m support	nonetary
			(see instructions))	Yes	No	Yes	No	Yes	No		
					ļ	ļ			ļ		
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Total											
	Panerwork Re	duction Act Notice	e, see the Instructions f	or	<u></u>			Schedul	e A (For	m 990 or 990-E	Z) 2012
			.,								,

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 NATIONAL FAIR HOUSING ALLIANCE 52-1676. 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)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1,693,944.	1,826,227.	2,363,909.	2,879,080,	3,364,914.	12,128,074,
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf			•			
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge					}	
	Total. Add lines 1 through 3	1,693,944.	1,826,227,	2,363,909,	2,879,080,	3,364,914,	12,128,074,
	The portion of total contributions	1,093,944,	1,020,227.	2,303,909,	2,073,000,	3,304,914,	12,120,074,
9	by each person (other than a						
	governmental unit or publicly					ĺ	
	' '						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						604 260
	column (f)						684,369.
	Public support. Subtract line 5 from line 4					<u> </u>	11,443,705.
	ction B. Total Support		<u> </u>	 		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,693,944,	1,826,227,	2,363,909.	2,879,080.	3,364,914.	12,128,074.
8	Gross income from interest,			j		j	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	137,899.	98,707.	77,856.	95,746.	76,378.	<u>486,586.</u>
9	Net income from unrelated business						
	activities, whether or not the		İ				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	1,447.	397.	239.	374.	40,152.	42,609.
11	Total support. Add lines 7 through 10						12,657,269,
12	Gross receipts from related activities,	etc (see instruction	ons)			12 3	,471,643.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	I, fourth, or fifth tax	x year as a sectio		
	organization, check this box and stor	here					ightharpoonup
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2012 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	90.41 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	<u>77.25 %</u>
16	a 33 1/3% support test - 2012. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$
1	33 1/3% support test - 2011. If the	organization did no	t check a box on lii	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion			
17	10% -facts-and-circumstances tes	t - 2012. If the org	anızatıon dıd not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ı	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						ightharpoons
18	Private foundation. If the organization						s
						dule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2012 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 I	f the organization fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support	, ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		}		<u> </u>	<u> </u>	j
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in		ļ				:
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				 	 	
•	are not an unrelated trade or bus-						
	iness under section 513	Į.	İ		Ì		
			 		 	 	
4	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to		ì		1		
	or expended on its behalf		ļ		-		<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to)		1		
	the organization without charge			<u> </u>	<u> </u>		
6	Total, Add lines 1 through 5					<u> </u>	
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		[
ŀ	Amounts included on lines 2 and 3 received		_		<u> </u>		——————————————————————————————————————
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				1		Ì
	amount on line 13 for the year					 	
	Add lines 7a and 7b	<u> </u>	 	 	 	 	
	Public support (Subtract line 7c from line 6)	l	l	<u> </u>	1	<u> </u>	
	ction B. Total Support	r					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business		 	-	 	 	
• •	activities not included in line 10b.						
	whether or not the business is	,					,
	regularly carried on		ļ			-	
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)			ļ	ļ	ļ	
13	Total support (Add lines 9, 10c, 11, and 12)			<u></u>		<u> </u>	
14	First five years. If the Form 990 is fo	r the organization	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2012 (line 8, column (f) o	divided by line 13,	column (f))	·	15	%
16						16	%
	ction D. Computation of Inve)	-		
	Investment income percentage for 20					17	%
	Investment income percentage from			10, 001011111 (1))		18	
18				on line 14 and lin	na 15 ie mara than		
19	33 1/3% support tests - 2012. If the						IT IS HUL
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	ea, or 19b, check			
					C-	badula A /Earm OC	O 000 E31 0040

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

See separate instructions.

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

me of orga	nization				Emplo	yer identification	numb
	NATIONA	L FAIR HOUSING A	LLIANCE			52-16763	64
art I-A	Complete if the org	anization is exempt und	er section 501(c) or is a section	527 or	ganization.	
. .				D			
	•	ation's direct and indirect politic	al campaign activities	in Part IV	•		
	expenditures				▶\$.		
Voluntee	er nours	•			-		
art I-B	Complete if the org	anization is exempt und	er section 501(c)(3).			
Enter the	amount of any excise tax	incurred by the organization und	er section 4955		▶\$		
Enter the	e amount of any excise tax	incurred by organization manage	ers under section 495	5	▶\$		
If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes	<u> </u>
a Was a co	orrection made?					Yes	
	describe in Part IV					1/01	
art I-C		ganization is exempt und) (3).	
	•	d by the filing organization for se			▶ \$		
Enter the	e amount of the filing organ	iization's funds contributed to ot	ner organizations for	section 527	_		
exempt	function activities				▶\$		
Total ex		Add lines 1 and 2 Enter here a	nd on Form 1120-PO	L,	_		
line 17b	empt function expenditures		nd on Form 1120-PO	L,	▶\$		
line 17b 4 Did the f	empt function expenditures filing organization file Form	1120-POL for this year?			•	Yes	
line 17b 1 Did the t Enter the	empt function expenditures filing organization file Form e names, addresses and er	1120-POL for this year? nployer identification number (El	N) of all section 527 p	political organizations	to which	Yes n the filing organiza	ation
line 17b Did the t Enter the made pa	empt function expenditures filing organization file Form e names, addresses and er ayments For each organiza	1120-POL for this year? nployer identification number (El tion listed, enter the amount pai	N) of all section 527 p d from the filing orgar	political organizations nization's funds. Also	to which	Yes the filing organizate amount of political	ation al
line 17b Did the f Enter the made pa	empt function expenditures filing organization file Form e names, addresses and er ayments For each organiza itions received that were pr	1120-POL for this year? mployer identification number (El tion listed, enter the amount pair comptly and directly delivered to	N) of all section 527 p d from the filing orgar a separate political or	political organizations nization's funds. Also ganization, such as a	to which	Yes the filing organizate amount of political	ation
line 17b Did the to Enter the made particular contribution in the	empt function expenditures filing organization file Form e names, addresses and er ayments For each organiza itions received that were pr	1120-POL for this year? nployer identification number (El tion listed, enter the amount pai	N) of all section 527 pd from the filing organ a separate political or and information in Pa	political organizations nization's funds. Also ganization, such as a nt IV	to which enter the separat	Yes The filing organizate amount of politicate segregated fund	ation al or a
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line 17b Did the to Enter the made particular contribution in the	empt function expenditures filing organization file Form e names, addresses and er ayments For each organiza- tions received that were pr action committee (PAC) If	1120-POL for this year? mployer identification number (Eletion listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the second space is needed, proving the second space is needed.	N) of all section 527 pd from the filing organ a separate political or and information in Pa	political organizations nization's funds. Also ganization, such as a rt IV (d) Amount paid filing organizati	to which enter the separat I from ion's	Yes The filing organizate amount of politicate segregated fund (e) Amount of pontributions received.	ation al or a political eived a
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line 17b Did the figure Enter the made particular contribution in the contribution in	empt function expenditures filing organization file Form e names, addresses and er ayments For each organiza- tions received that were pr action committee (PAC) If	1120-POL for this year? mployer identification number (Eletion listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the second space is needed.	N) of all section 527 pd from the filing organ a separate political or and information in Pa	political organizations nization's funds. Also ganization, such as a rt IV (d) Amount paid filing organizati	to which enter the separat I from ion's	Yes The filing organizate amount of politicate segregated fund (e) Amount of pontributions receptoributions as a political organization.	ation al or a colitical eived a directly eparate zation
line 17b Did the figure Enter the made particular contribution in the contribution in	empt function expenditures filing organization file Form e names, addresses and er ayments For each organiza- tions received that were pr action committee (PAC) If	1120-POL for this year? mployer identification number (Eletion listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the second space is needed.	N) of all section 527 pd from the filing organ a separate political or and information in Pa	political organizations nization's funds. Also ganization, such as a rt IV (d) Amount paid filing organizati	to which enter the separat I from ion's	Yes The filing organizate amount of politicate segregated fund (e) Amount of pontributions receptoributions as a political organization.	ation al or a colitica eived a directly eparate zation

Schedule C (Form 990 or 990-EZ) 2012 1	NATIONAL	FA]	R HOUSING	ALLIANCE	52-1	676364 Page 2			
Part II-A	Complete if the orga (election under sect		exem	npt under section	n 501(c)(3) and fil	ed Form 5768				
A Check ▶			n affilia	ated group (and list in	Part IV each affiliated	group member's nam	e address FIN			
	expenses, and share				Tare in odori armatod	group mornion o nam	c, address, Env,			
B Check ▶	if the filing organization	on checked box	A and	d "limited control" pro	visions apply					
		s on Lobbying I itures" means a		ditures ats paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lo	bbying expenditures to influ	ence public opir	nion (gi	rass roots lobbying)		30,620.				
b Total lo	bbying expenditures to influ	ence a legislativ	e body	(direct lobbying)		30,619.				
c Total lo	bbying expenditures (add lin	nes 1a and 1b)				61,239.				
d Other e	exempt purpose expenditure	s				5,506,864.				
e Total e	kempt purpose expenditures	s (add lines 1c a	nd 1d)			5,568,103.				
f Lobby	ng nontaxable amount Enter	r the amount fro	m the	following table in both	columns.	428,405.				
if the ar	<u>nount on line 1e, column (a) or</u>	r(b) is: Th	<u>e lobb</u>	yıng nontaxable amo	ount is:					
Not ove	er \$500,000	20	% of th	ne amount on line 1e						
	500,000 but not over \$1,000			plus 15% of the exce						
.	1,000,000 but not over \$1,50) plus 10% of the exce) plus 5% of the exces						
	1,500,000 but not over \$17,0									
Over \$	17,000,000	\$1	,000,00	00						
g Grassro	oots nontaxable amount (ent	ter 25% of line 1	f)			107,101.				
	ct line 1g from line 1a. If zero					0.				
i Subtra	ct line 1f from line 1c If zero	or less, enter -0	-			0.				
j If there	is an amount other than zero	o on either line	ih or lu	ne 1ı, dıd the organıza	ition file Form 4720					
reportir	ng section 4911 tax for this y	/ear?					Yes No			
	· · · · · · · · · · · · · · · · · · ·	ations that mad	le a se	* *	Section 501(h) do not have to comp s 2a through 2f on pa					
		Lobbying E	xpen	ditures During 4-Yea	r Averaging Period					
	Calendar year al year beginning in)	(a) 2009		(b) 2010	(c) 2011	(d) 2012	(e) Total			
2a Lobby	ng nontaxable amount	335,4	76.	393,607.	419,093.	428,405.	1,576,581.			
•	ng ceiling amount of line 2a, column(e))	······································					2,364,872.			
<u>c</u> Total lo	bbying expenditures	140,8	18.	43,879.	46,753.	61,239.	292,689.			
	pots nontaxable amount	83,8	59.	98,402.	104,773.	107,101.	394,145.			
	oots ceiling amount of line 2d, column (e))						591,218.			

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 NATIONAL FAIR HOUSING ALLIANCE 52-1676364 Page 3 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)).

of the lo	"Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(b)
	bbying activity	Yes	No	Amo	ount
1 D	uring the year, did the filing organization attempt to influence foreign, national, state or		-		
lo	cal legislation, including any attempt to influence public opinion on a legislative matter				
01	referendum, through the use of				
a Vo	olunteers?			:	
b P	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	edia advertisements?				_
	ailings to members, legislators, or the public?				
	ublications, or published or broadcast statements?				
	rants to other organizations for lobbying purposes?				
_	rect contact with legislators, their staffs, government officials, or a legislative body?	-			
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-			
-	ther activities?	-			_
-	otal Add lines 1c through 1i	-			
	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>			
	"Yes," enter the amount of any tax incurred under section 4912				
	"Yes," enter the amount of any tax incurred by organization managers under section 4912				_
Part I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? II-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5) or se	ction	
raiti	501(c)(6).		(0), 01 30		_
				Yes	No
1 W	ere substantially all (90% or more) dues received nondeductible by members?		_ 1		
2 D	d the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 D Part I	II-B Complete if the organization is exempt under section 501(c)(4), sect		3		-
1 D	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." ues, assessments and similar amounts from members	d "No," Ol	R (b) Par	t III-A, lir	ne 3, is
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical	- -		
	ection 102(c) floride decision to be spiritly and political experiences (up flor morade amounts of political experiences).	ui			
	current year		2a		
	arryover from last year		2b		
•	·		2c		
c T	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
с Т 3 А			3	_	
3 A		xcess	3		
3 A 4 If	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e		3		
3 A 4 If	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
3 A 4 If d	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e		4 5		

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 Inspection

Name of the organization

Employer identification number

	NATIONAL FAIR HOUS	ING ALLIANCE	52-1676364
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 fi	inds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor		•
	, -	of deficit advisor, or for any other purpose com	Yes No
Pai	impermissible private benefit? t II Conservation Easements. Complete if the ori	ranization answered "Ves" to Form 990. Part II	
			v, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or o		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		<u> </u>
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure 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, re	leased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic 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) abo	ve satisfy the requirements of section 170(h)(4))(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r 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 (A		and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desci	ribes these items	•
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		3
	(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 tre	easures, or other similar assets for financial cai	
2	the following amounts required to be reported under SFAS		., 5.0100
_	_	170 p to 0 000 politicing to those items	▶ \$
a	Revenues included in Form 990, Part VIII, line 1		S S S S S S S S S S
b	Assets included in Form 990, Part X		¥

Schedule D (Form 990) 2012

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$\overline{}$		FAIR HOU								Page 2
Par										
3	Using the organization's acquisition, accession (check all that apply)	on, and other record	is, check	any of the	following tha	t are a sigi	nificant us	se of its	collection	items
а	Public exhibition	d	ı 🖂 t	Loan or exc	hange progra	ıms				
b	Scholarly research	e		Other	- 3 , 3					
c	Preservation for future generations	_								
4	Provide a description of the organization's co	llections and explai	n how th	ev further t	he organization	on's exem	pt purpos	e in Parl	: XIII.	
5	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?									
Par	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, custodia	an or other intermed	diary for o	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?		•						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able.					_	
			- 0						Amount	
С	Beginning balance						1c			_
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII			n has beer	provided in f	Part XIII				
Par										
		(a) Current year	(b) P	rıor year	(c) Two year	s back (d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions						•			
С	Net investment earnings, gains, and losses							_		
d	Grants or scholarships							_		
е	Other expenditures for facilities				[,	
	and programs									
f	Administrative expenses				<u> </u>					
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment > _		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	red for the	e organiza	tion	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	="							3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm								•••	
	Description of property	(a) Cost or o		, , ,	t or other	,	umulated	'	(d) Book	value
		basis (investi	ment)	basis	(other)	depr	eciation			
	Land	<u> </u>								
b	Buildings						00 00	_	4	
	Leasehold improvements				97,620.		<u>23,93</u>		173	8,687.
	Equipment				35,841.		<u>23,08</u>			757.
	Other	<u> </u>			34,015.		<u>68,36</u>	1.		654.
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Parl	t X, colur	nn (B), line	1U(C))				404	2,098.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

232053 12-10-12

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 5,568,100		1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
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a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1		
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2e 179,53 3 Subtract line 2e from line 1 3 6,429,74 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2	b Donated services and use of facilities
3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities 2 179,531.	
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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 5,568,10	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants 2 179,531.	c Recoveries of prior year grants
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c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4c 4c 4c 4c 4c 5 6, 429, 74 5 7, 568, 10	Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 2a 179,531. 2b 2c 2d 179,531.	c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 2c 2d 2e 179,531.
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 5,568,10. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a	Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 1 5,568,10: 2a 2a 2a 2a 2a 2a 2a 2a 2a 2a 2a 2a 2a 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 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 4 Amounts included on Form 990, Part VIII, line 7b	c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 2c 2d 2e 179,531. 3 6,429,744.
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c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4c 4c 4c 4c 4c 5 6, 429, 74 5 7, 568, 10	Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1.
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4b 4c 4c 4c 4c 4c 4c 4c 4c 4c	Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1.

SCHEDULE J (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990.
► See separate instructions.

NATIONAL FAIR HOUSING ALLIANCE

Employer identification number 52-1676364

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's]		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study	-		
	Form 990 of other organizations X 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			ĺ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.	1		
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:			
а	The organization?	<u>5a</u>		X
þ	•	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	L		
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	1	ł	
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7	<u> </u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1	1	
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2012

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 (ii) 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.

,		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2) (1/(2)	
(1) SHANNA L. SMITH	€	187,168.	0	0	12,830.	15,216.	215,214.	0
SIDENT	Ξ	0		.0	0	0		0
(2) CATHY CLOUD	Ξ	168,853.		.0	10,518.	6,164.	185,53	
	(ii)			0	0	0		.0
(3) LISA RICE	ε	167,53		0	10,378.	10,431.	188,344.	
VICE-PRESIDENT	(E)			0	0	0	0.	0.
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SCHEDULÈ L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Employer identification number

OMB No 1545-0047

Open To Public

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.

Inspection

ame of the organization								-	ıdenti		on nu	mbe
	NATIONAL						52	<u>-16</u>	763	64		
art I Excess Bene	efit Transacti	ons (section 50	01(c)(3) and s	section 501(c)(4) orga	anizations only)						
Complete if the o	organization ansi	wered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V, I	ine 40)b			
	(b) F	Relationship bety			ified					(d)	Corre	cted
(a) Name of disqualified p	person	person and or		-	(c) Description of tran	sactio	'n		Ye		No
		<u> </u>	<u> </u>									
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											<u> </u>	_
Enter the amount of tax	incurred by the o	organization mar	nagers	or disc	qualified persons du	ring the year under						
section 4958								> \$				
Enter the amount of tax,	ıf any, on line 2,	above, reimburs	sed by	the or	ganization			► \$				
	d/or From In											
Complete if the	organization ans	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or f	Form 990, Part IV, Iır	ne 26,	or if th	ie orga	ınızatı	on	
reported an amo	ount on Form 990		6, or 2	2.			,		Tet	·····		
(a) Name of	(b) Relationship with	(c) ruipose		oan to or m the	(e) Original	(f) Balance due	(g)) In	(h) App	proved ard or	,	ritte
interested person	organization	of loan		n the ization?	principal amount		defa	ault?	comm		agree	mer
			То	From			Yes	No	Yes	No	Yes	N
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	ssistance Be	_										
Complete if the	organization ans	wered "Yes" on	Form	990, P	art IV, line 27			—				
(a) Name of interested	person	(b) Relationship			(c) Amount of	(d) Type assistar	e of) Purp		f
		interested per the organiz		nd	assistance	assistat	IC C		'	مادده	ance	
		the organiz	allon									
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Schedule L (Form 990 or 990-EZ) 2012 NATIC Part IV Business Transactions Invo	NAL FAIR HOUSING ALL	IANCE	52-1676	364 Pag	ge 2
<u> </u>	ed "Yes" on Form 990, Part IV, line 28a, 2	8b, 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 organization revenues	on's
		111 500			No
KATHLEEN BURNS	FAMILY MEMBER OF SH	111,789.	EMPLOYMENT/	7	K
Part V Supplemental Information			l		
<u> </u>	nal information for responses to question	s on Schedule L (see	instructions).		
	The state of the s				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	<u>NG INTEREST</u>	ED PERSONS:		
/A NAME OF DEDCOM. MARKI	EEN DIDNO				
(A) NAME OF PERSON: KATHL	HEEN BURNS				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	'ION:		
FAMILY MEMBER OF SHANNA I	. SMITH, PRESIDENT				-
(D) DESCRIPTION OF TRANSA	ACTION: EMPLOYMENT/CO	MPENSATION			
					
	•				
					
					
		··			
			- -		
			·		
			schedule L (Form 990	or 990-EZ)	2012

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.

2012
Open to Public Inspection

Name of the organization

NIMIONAL DATE MONGTHG ALLTANGE

Employer identification number 5.2 – 1.6.7.6.3.6.4

NATIONAL FAIR HOUSING ALLIANCE 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 \$ 334,424. INCLUDING GRANTS OF \$ 0. REVENUE \$ 934.
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 \$ 327,836. INCLUDING GRANTS OF \$ 0. REVENUE \$ 556,092.
COMMUNITY DEVELOPMENT
NFHA PROVIDED GRANT FUNDS TO LOCAL COMMUNITY DEVELOPMENT ORGANIZATIONS
IN ORDER TO MAKES HOMES MORE ACCESSIBLE TO PERSONS WITH DISABILTIES.
EXPENSES \$ 228,364. INCLUDING GRANTS OF \$ 0. REVENUE \$ 800,102.
MEMBERSHIP SERVICES
PROVIDE NFHA MEMBERS WITH ADVICE & OTHER ASSISTANCE.
EXPENSES \$ 165,235. INCLUDING GRANTS OF \$ 0. REVENUE \$ 26,870.
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. Schedule O (Form 990 or 990-EZ) (2012)
LINA TOLE ADEL WOLK DECIDED WOLLDOOK SEE THE HIST REPORTS FOR A SHOULD SO FEE.

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 Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)

FUNDRAISING EXPENSES

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
NATIONAL FAIR HOUSING ALLIANCE	52-1676364
TOTAL EXPENSES	1,720,862.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	141,649.
MANAGEMENT AND GENERAL EXPENSES	5,119.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,768.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,867,630.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN(LOSS) ON INVESTMENTS	179,531.
FORM 990, PART XII, LINE 2C: THE PROCESS IS CONSISTENT WITH THE PRIOR YEAR.	
	<u>.</u>

5/30/2014	5:48:30PM

NATIONAL FAIR HOUSING ALLIANCE [918] Depreciation Expense Financial

Sorted: General - User defined 6

52-1676364 10/01/2012 - 09/30/2013

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		Conv.	Life	Cost / Utner Basis	Bus./ Inv. %	Bonus	Depreciation	Depreciation	Depreciation
COMPUTER EQUIPMENT	UIPMENT								•
α	HP 920 Tane Burner CPD AG711A	4/0/20/2008 St / N/A	3,000	1,796,57	100.0000	0000	1.796.57	000	1.796.57
> -	INFOCUS I PRO PRO JECTOR	5/30/2001 SI / N/A	3.0000	4.227.00	100 0000	000	4,227,00	0.00	4,227.00
<u>,</u>	CDW-G COLOR PRINTER	11/1/2001 SI / N/A	3.0000	2,361,00	100,000	000	2,361 00	00.0	2,361 00
<u> </u>	SCANNER	10/1/2002 SL / N/A	3.0000	3.074 85	100 0000	00 0	3,074.85	000	3,074 85
2 ₹	CDW: APTOP	9/1/2003 SL / N/A	3.0000	2,213 07	100 0000	0.00	2,213.07	00:00	2,213 07
2 %	CDW-G PROJECTOR		3 0000	2,549 00	100.0000	0.00	2,549.00	000	2,549.00
33	DELL COMPUTER BUY-OUT	SL/N	3 0000	6,561 00	100 0000	0.00	6,561.00	0.00	6,561.00
24	LAPTOP	SL/N/	3 0000	2,069 00	100 0000	0.00	2,069 00	00:00	2,069.00
27	BABY TOSHIBA	Ž	3.0000	1,383 00	100 0000	00 0	1,383 00	000	1,383 00
28	Deil Computer -Server Upgrade	Ž	3.0000	15,650 00	100.0000	0.00	7,267 20	0:00	7,267.20
53	Dell Color Printer	Ž	3.0000	0.00	100.0000	0.00	0.00	0.00	0.00
31	Dell Computer	SL/	3.0000	4,935 00	100.0000	000	4,935.00	0.00	4,935 00
33	Dell 2400 MP Projector	SL/	3 0000	1,199.00	100.0000	0.00	1,199.00	000	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		3.0000	9,125.27	100.000	000	9,125.27	0.00	9,125.27
40	DELL 2400MP DLP PROJECTOR	5/1/2007 SL / N/A	3 0000	1,266.88	100.0000	000	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	1,790 00	0.00	1,790.00
42	DELL LATITUDE D420·LR		3.0000	1,915 14	100 0000	000	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	00 0	2,094 30
44	US TECHNOLOGIES		3.0000	14,496 00	100 0000	000	14,496.00	000	14,496 00
45	LAP TOP COMPUTER	10/31/2007 SL / N/A	3.0000	1,513.29	100.0000	000	1,513.29	000	1,513 29
46	MJN TECH (NEW SERVERS)	2/28/2008 SL / N/A	3.0000	4,801.15	100.000	0.00	4,801 15	000	4,801 15
47	DELL LAPTOP	3/31/2008 SL / N/A	3 0000	1,767.00	100.0000	000	1,767 00	000	1,767.00
48	7 OPTIPLEX COMPUTERS	4/30/2008 SL / N/A	3.0000	9,108 05	100.000	0.00	9,108 05	900	9,108 05
49	1 OPTIPLEX	5/31/2008 SL / N/A	3 0000	1,301.15	100.000	000	1,501	8 6	1,501 13
28	COPIER LEASE	1/1/2008 SL / N/A	3.0000	12,041.73	100 000	8 6	11,369.39		00 000 31
90	COPIER LEASE	1/1/20102/1/1 2/1/3/1/20102/1/1	0000	00,000,00	100 000	9.5	2,000.00	2504.00	5 031 21
61 Subtotal: COME	61 Subtotal: COMPLITER FOLIPMENT	1/31/2011 M / HY	0000 c	9,080.03	0000 001	8	120,427,21	2,504 00	123 084 39
Cubicial: Com				0.140,000		8 6	0.00	00.00	00.0
Less disposi	Less dispositions and exchanges:		ı			00:0		00:0	00.00
Net for: COMP(Net for: COMPUTER EQUIPMENT		11	135,841.87		0.00	120,580.39	2,504.00	123,084.39
FURNITURE									
8	FILE CABINETS	11/1/1990 SL / N/A	3 0000	992.00	100.0000	00 0	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	00 0	691 00
9	SOFA	6/30/1997 SL / N/A	3 0000	311 00	100 0000	0.00	311 00	000	311 00
တ	CORT FUNITURE	5/1/1996 SL / N/A	3.0000	00 677	0000 001	000	00 6//	000	7.9.00
e :	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
S 5	RETRIGERATOR	5/31/2008 SL / N/A 6/30/2008 SI / N/A	3,0000	593 BO	100 000		793 BD	0.00	593.80
	DESK O DESKS WITH RETURNS	6/30/2008 SE / 18/A	3.0000	859.94	100.0000	0000	859.94	000	859 94
53	DESKS/TABELS. SLS/CC/LR	8/31/2008 SL / N/A	3 0000	16,600 00	100 0000	0.00	13,547 05	00.00	13,547 05
55	LATERAL FILES/BOOKCASE	1/1/2008 SL / N/A	3 0000 E	2,420 46	100 0000	000	2,420 46	000	2,420 46
Subtotal: FURNITURE	ITURE			34,132.03		0.00	31,079.08	0.00	31,079.08
Less disposi	Less dispositions and exchanges:		ı	0000		0.00	0.00	000	000

NATIONAL FAIR HOUSING ALLIANCE [918] Depreciation Expense Financial 10/01/2012 - 09/30/2013

Sorted: General - User defined 6

52-1676364 10/01/2012 - 09/30/2013

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	NITURE				34,132.03		0.00	31,079.08	0.00	31,079.08
SOFTWARE						-				
ع و	CDW.G SOFTWARE	ABE	9/1/2003 SI / N/A	3 0000	1.072.63	100.000	000	1.072 63	0.00	1.072.63
2 5	CDW-G-SOFTWARE	ABE	9/1/2003 SL / N/A	3 0000	1,100 00	· •	000	· -	0.00	1,100.00
32	FRX Module User Application	er Application	3/1/2006 SL / N/A	3.0000	1,260 00	-	0.00	1,260 00	00 0	1,260.00
38	A/R Module	-	5/1/2006 SL / N/A	3.0000	1,050.00	100,0000	000	1,049.00	000	1,049.00
36	NFHA COMPLA	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	NEW WEBSITE DEVELOPMENT	2/15/2008 SL / N/A	3 0000	21,400 00	100 0000	0.00	21,400.00	000	21,400.00
629	SOFTWARE		6/1/2013 SL / N/A	3 0000	14,000.00	100.0000	000	000	1,400 00	1,400.00
Subtotal: SOFTWARE	JETWARE				49,882.63	•	00.0	35,881.63	1,400.00	37,281.63
Less disp	Less dispositions and exchanges:	jes:			0.00		00 0	000	00 0	0.00
Net for: SOFTWARE	TWARE				49,882.63		00.00	35,881.63	1,400.00	37,281.63
Subtotal:					219,856.53		00.00	187,541.10	3,904.00	191,445.10
Less disp	Less dispositions and exchanges:	ges:			0.00		000	0.00	0:00	0.00
Grand Totals:	**				219,856.53		0.00	187,541.10	3,904,00	191,445.10

5/30/2014	5-48:31PM
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NATIONAL FAIR HOUSING ALLIANCE [918] Amortization Expense Financial

Sorted: General - User defined 6

52-1676364 10/01/2012 - 09/30/2013

10/01/2012 - 09/30/2013

System S No.	Description	Date In A Service	Amort. Code Sec.	Life	Cost / Other Basis	Bus./ Inv. %	Beg. Accum. Amortization	Current Amortization	End. Accum. Amortization	 •
LEASEHOLD IMPROVEMENT		3 .					_	,	•	
32 D Telcomworx - Re-Wire Office	Re-Wire Office	1/1/2006 Unassigned	nassigned	3.0000	8,999.00	100 0000	8,999.00	0.00	8,999.00	
54 LEASEHOLD II	LEASEHOLD IMPROVEMENT	5/15/2008 Unass	nassigned	10 0000	365,450.00	100 0000	179,472.00	36,545.00	216,017.00	
56 LEASEHOLD II	LEASEHOLD IMPROVEMENTS	5/1/2008 Unass	nassigned	10.0000	32,170.00	100.000	4,699.00	3,217.00	7,916 00	
Q	LEASEHOLD IMPROVEMENTS	5/1/2008 Unass	nassigned	10 0000	7,681 00	100 0000	7,681.00	00:00	7,681 00	
Subtotal: LEASEHOLD IMPROVEMENT	EMENT)	ţ	414,300.00		200,851.00	39,762.00	240,613.00	
Less dispositions and exchanges:	ges:			•	16,680 00		16,680.00	00 0	16,680.00	
Net for: LEASEHOLD IMPROVEMENT	MENT			11	397,620.00		184,171.00	39,762.00	223,933.00	
					74.4		200 854 00	00 692 06	040.612.000	ı
Subtotal:					414,300.00 16,680,00		16 680 00	00.0	16.680.00	
Grand Totals:				i	397,620.00		184,171:00	39,762.00	223,933:00	1

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

Financial

Sorted: General - User defined 6

52-167-5354 10/01/2012 - 09/30/2013

10/01/2012 - 09/30/2013

		Asset Balances	alances				Reductions	tions			
System No.	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation	Current Depreciation	Sec. 179/ Bonus	Other Reductions	Deletion Reductions	Total Reductions	Net Book Value
COMPUTER EQUIPMENT	AENT										
Subtotal: COMPUTER FOLIPMENT	135,841.87	00:00	0.00	135,841.87	120,580.39	2,504.00	00:00	00:00	0.00	123,084.39	12,757.48
Less dispositions and exchanges:	and exchanges:										
	0.00	00 0	0.00	0.00	0.00	0.00	000	00 0	0.00	00 0	ļ
Net for:	135,841.87	0.00	0.00	135,841.87	120,580.39	2,504.00	0.00	0.00	0.00	123,084.39	12,757.48
COMPUTER EQUIPMENT FURNITURE											
Subtotal:	34,132.03	0.00	0.00	34,132.03	31,079.08	00:00	0.00	0.00	00.0	31,079.08	3,052.95
Less dispositions and exchanges:	and exchanges:										
	000	00.0	00.00	00.00	00 0	00 0	0.00	000	0000	00 0	0.00
Net for:	34,132.03	0.00	0.00	34,132.0	3 31,079.08	00:00	0.00	0.00	0.00	31,079.08	3,052.95
SOFTWARE											·
Subtotal:	35,882.63	14,000.00	0.00	7 49,882.63	35,881.63	1,400.00	0.00	0.00	00.00	37,281.63	12,601.00
Less dispositions and exchanges:	and exchanges:										
	00 0	00:00	000	00 0	000	00.00	00 0	0.00	0.00	0.00	0.00
Net for:	35,882.63	14,000.00	0.00	0 49,882.63	35,881.63	1,400.00	0.00	0.00	0.00	37,281.63	12,601.00
SOFT WARE											ļ
Subtotal:	205,856.53	14,000.00	0.00	0 219,856.53	187,541.10	3,904.00	0.00	0.00	0.00	191,445.10	28,411.43
Less dispositions and exchanges: 0.00	and exchanges: 0.00	0.00	0.00	0.00	0:00	0.00	0.00	0.00	0.00	00 0	0.00
Grand Totals:	205,856.53	14,000.00	0.00	0 219,856.53	187,541.10	3,904.00	0.00	0.00	0.00	191,445.10	28,411.43

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

Financial

Sorted: General - User defined 6

52-1676364 10/01/2012 - 09/30/2013

10/01/2012 - 09/30/2013

		Asset Balances	lances				Reductions				
System No.	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Amortization	Current Amortization	Other Reductions	Deletion Reductions	Total Reductions	Net Book Value	•
LEASEHOLD IMPROVEMENT	OVEMENT										
Subtotal: LEASEHOLD	414,300.00	00:00	16,680.00	397,620.00	200,851.00	39,762.00	0.00	16,680.00	223,933.00	173,687.00	
IMPROVEMENT Less dispositions	Less dispositions and exchanges: 16,680.00	00 0	16,680.00	00 0	16,680 00	00 0	00 0	16,680 00	00 0	0.00	
Net for:	397,620.00	00:00	0.00	397,620.00	184,171.00	39,762.00	0.00	0.00	223,933.00	173,687.00	
IMPROVEMENT								00000	000000	470	1
Subtotal:	414,300.00	0.00	16,680.00	397,620.00	200,851.00	39,762.00	0.00	00.089,91	223,933.00	173,667.00	
Less dispositions	Less dispositions and exchanges:	0.00	16.680.00	0.00	16,680.00	0.00	00:00	16,680.00	0.00	0.00	
Grand Totals:	397,620.00	0.00	0.00	397,620.00	184,171.00	39,762.00	00'0	0.00	223,933.00	173,687.00	

8868

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Revenu	e Service	- 1 110 d dep							
 If you are 	filing for a	n Automatic 3-Month Extension, o	complete	only Part I and chec	k this box		. 🕨 🗸		
		n Additional (Not Automatic) 3-Mo							
Do not con	nplete Pai	t II unless you have already been g	ranted an	automatic 3-month	extension on a previous	ly filed Form 8	3868.		
a corporation 3868 to receive Return for	on required quest an e Transfers	(e). You can electronically file Form d to file Form 990-T), or an additionax tension of time to file any of the f Associated With Certain Personal de details on the electronic filing of the	al (not auto forms listed Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which mi	ension of time. You can with the exception of fust be sent to the IRS	i electronically Form 8870, In S in paper foi	/ file Form iformation rmat (see		
Part I	Automa	tic 3-Month Extension of Time	. Only sul	omit original (no co	opies needed).				
		ed to file Form 990-T and reques				box and con	nniete		
		(including 1120-C filers), partnershi							
to file incon		· · · · · · · · · · · · · · · · · · ·	, -	•					
					Enter filer's identifying r	number, see in	structions		
Type or	Type or Name of exempt organization or other filer, see instructions Employer identification number (El								
print	print NATIONAL FAIR HOUSING ALLIANCE 52-1676364								
•	Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN)								
due date for	sie by the								
filing your									
instructions	WASHING	STON, DC 20005							
Catautha D		for the nature that the configuration	a fau /fila a	acarete caplication	for each return)		0 1		
Enter the N	etarri code	for the return that this application is	S for time a	separate application	Tior each return) .	· · · ·			
Application			Return	Application		1	Return		
Is For			Code	Is For			Code		
Form 990	or Form 99	0-EZ	01	Form 990-T (corpo	ration)		07		
Form 990-	BL		02	Form 1041-A			80		
Form 4720	(indıvıdua	<u>) </u>	03	Form 4720	· · · · · · · · · · · · · · · · · · ·		09		
Form 990-	PF		04	Form 5227	· · · · · · · · · · · · · · · · · · ·		10		
Form 990-	T (sec. 401	(a) or 408(a) trust)	05	Form 6069			11		
Form 990-	T (trust oth	er than above)	06	Form 8870			12		
Telephone If the orga If this is for	e No. ► unization do or a Group le group, c	202-898-1661 Des not have an office or place of be Return, enter the organization's four heck this box	For digit Growth is for par	AX No ► the United States, cl up Exemption Numb	202-371-9744 heck this box er (GEN)				
		tomatic 3-month (6 months for a co		required to file Form	990-T) extension of time				
until for ti	MA he organiza	Y 15 , 20 14 , to file the exentation's return for: year 20 or	npt organi	zation return for the	organization named abo	ove The exten	sion is		
⊾ 1.7	tax year b	peginning OCTORER 1	20	12 and ending	SEPTEMBER 30	20	13		
		entered in line 1 is for less than 12 n	nonths ch	eck reason. I Initia	l return	, 20 'n			
	-	counting period	ioning, on			••			
3a If thi	s applicate	on is for Form 990-BL, 990-PF, 990	T. 4720.	or 6069, enter the te	entative tax, less any				
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$									
000 PF 000 F 4700 0000 - A									
estin	b If this application is for Form 990-PF, 990-1, 4/20, or 6009, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$								
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using									
EFTPS (Electronic Federal Tax Payment System). See instructions.									
		to make an electronic fund withdrawal					tructions		