



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form  
Return of Organization Exempt From Income Tax

2013

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning

, and ending

B Check if applicable

C Name of organization

Realtor Housing Assistance Fund of the St. Louis Association of Realtors

D Employer identification number

43-1525560

E Name change

F Initial return

G Terminated

H Amended return

I Application pending

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

12777 Olive Blvd

J City or town

K Saint Louis

L Foreign country name

M State

N ZIP code

O Foreign province/state/county

P Foreign postal code

Q Other (specify) ►

R Website: ► [www.rhaf.org](http://www.rhaf.org)

S Tax-exempt status (check only one) —

T 501(c)(3)

U 501(c)(4)

V (insert no)  4947(a)(1) or  527W Form of organization:  X Corporation  Y Trust  Z Association  A Other

X Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

Y (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Z ► \$ 28,369

H Check ►  if the organization is

I not required to attach Schedule B

J (Form 990, 990-EZ, or 990-PF).

K Check if the organization used Schedule O to respond to any question in this Part I

L X

M Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

N Check if the organization used Schedule O to respond to any question in this Part I

O X

P 1 Contributions, gifts, grants, and similar amounts received . . . . .

Q 2 Program service revenue including government fees and contracts . . . . .

R 3 Membership dues and assessments . . . . .

S 4 Investment income . . . . .

T 5a Gross amount from sale of assets other than inventory . . . . .

U 5b Less: cost or other basis and sales expenses . . . . .

V 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .

W 6 Gaming and fundraising events

X 6a Gross income from gaming (attach Schedule G if greater than

Y \$15,000) . . . . .

Z 6b Gross income from fundraising events (not including \$ of contributions

A from fundraising events reported on line 1) (attach Schedule G if the

B sum of such gross income and contributions exceeds \$15,000) . . . . .

C 6c Less: direct expenses from gaming and fundraising events . . . . .

D 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract

E line 6c) . . . . .

F 7a Gross sales of inventory, less returns and allowances . . . . .

G 7b Less: cost of goods sold . . . . .

H 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .

I 8 Other revenue (describe in Schedule O) . . . . .

J 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .

K RECEIVED

L 7a

M 7b

N 7c

O 8

P 9 27,369

Q 10 25,000

R 11

S 12

T 13 540

U 14

V 15 19

W 16 2,352

X 17 27,911

Y 18 -542

Z 19 1,555

A 20

B 21 1,013

C Net Assets

D Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .

E Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

F end-of-year figure reported on prior year's return) . . . . .

G Other changes in net assets or fund balances (explain in Schedule O) . . . . .

H Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .

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

J HTA

J9

**Part II Balance Sheets. (see the instructions for Part II)**Check if the organization used Schedule O to respond to any question in this Part II. 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,158	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	397	24
25	Total assets	1,555	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,555	27
			1,013

**Part III Statement of Program Service Accomplishments (see the instructions for Part III.)**Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? Provides funds for housing solutions for low-income individuals

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 The organization makes contributions to various other charitable

organizations which provide or assist low-income individuals with housing  
solutions. Grants were disbursed to 16 organizations in 2013.(Grants \$ 25,000 ) If this amount includes foreign grants, check here. 

28a 25,000

29

(Grants \$ ) If this amount includes foreign grants, check here. 

29a

30

(Grants \$ ) If this amount includes foreign grants, check here. 

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here. 

31a

32 Total program service expenses. (add lines 28a through 31a)

32 25,000

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV. 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter 0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sue Middendorf President	Hr/WK 3.00	0		
F. John Frank Vice-President	Hr/WK 3.00	0		
Celeste Rueter Secretary	Hr/WK 4.00	0		
Marc Levinson Director	Hr/WK 1.00	0		
Donna Zerega Director	Hr/WK 1.00	0		
Dawn Kennedy Treasurer	Hr/WK 1.00	0		
Ellen O'Brien Director	Hr/WK 1.00	0		
Elizabeth Braznell Director	Hr/WK 1.00	0		
Mark Stallmann Director	Hr/WK 1.00	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9.	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► O ; section 4912 ► O ; section 4955 ► O	40b	X
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40c	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	40d	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	40e	X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41 List the states with which a copy of this return is filed. ► N/A		
42 a The organization's books are in care of ► Richard Capelli Located at ► 12777 Olive Blvd City Saint Louis ST MO ZIP + 4 ► 63141-6210 Telephone no. ► (314) 576-0033		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		X
----	--	---

49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
f Total number of other employees paid over \$100,000				

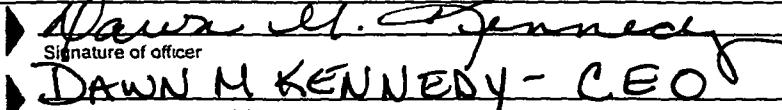
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	St	
City	ST ZIP	
Name	St	
City	ST ZIP	
Name	St	
City	ST ZIP	
Name	St	
City	ST ZIP	
Name	St	
City	ST ZIP	
d Total number of other independent contractors each receiving over \$100,000		

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Dawn M. Kennedy Signature of officer	8/18/14 Date
	Type or print name and title Dawn M. KENNEDY - CEO	

Paid Preparer Use Only	Print/Type preparer's name Jeffrey D. Person, CPA	Preparer's signature Jeffrey Person	Date 8-6-14	Check <input type="checkbox"/> if self-employed	PTIN P00437219
	Firm's name RubinBrown LLP			Firm's EIN 43-0765316	
	Firm's address One North Brentwood			Phone no. 314-296-3300	

May the IRS discuss this return with the preparer?  Yes  No

**Department of the Treasury  
Internal Revenue Service**

Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ

► Attach to Form 990 or Form 990-EZ.

**Name of the organization**

Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Employer identification number**

43-1525560

**Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

e  a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated

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

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

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

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

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

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

i  Provide the following information about the supported organization(s).

Yes	
11g(i)	
11g(ii)	
11g(iii)	

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 Total. Add lines 1 through 3 . . . . .	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4. . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
11 Total support. Add lines 7 through 10 . . . . .						0
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,998	44,325	27,780	28,248	23,936	172,287
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	3,231	4,440	12,232	10,917	4,430	35,250
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	51,229	48,765	40,012	39,165	28,366	207,537
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.) . . . . .						207,537

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 . . . . .	51,229	48,765	40,012	39,165	28,366	207,537
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61	38	16	8	3	126
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	61	38	16	8	3	126
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	51,290	48,803	40,028	39,173	28,369	207,663
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.94%
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	99.64%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.06%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	0.36%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

## Part IV

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **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.**

OMB No. 1545-0047

2013

Open to Public  
Inspection

**Department of the Treasury**  
**Internal Revenue Service**

► **Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization**

## Realtor Housing Assistance Fund of the St. Louis Association of Realtors

**Employer identification number**

43-1525560

**Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 530**

**Form 990-EZ, Part I, Line 16, Other Expenses: Annual Registration: 10**

**Form 990-EZ, Part I, Line 16, Other Expenses: Accounting and tax preparation fees: 700**

**Form 990-EZ, Part I, Line 16, Other Expenses: Credit Card fees: 1,038**

**Form 990-EZ, Part I, Line 16, Other Expenses: Grant Presentation Expenses: 74**

**Form 990-EZ, Part II, Line 24, Other Assets: Miscellaneous Receivable: Beginning of year: 397.**

**End of year: 0**

Name of the organization

**Realtor Housing Assistance Fund of the St. Louis Association of Realtors**

Employer identification number

**43-1525560**

## Art. I, Line 10 (\$104,521) - Grants and Similar Amounts Paid

Date of Grant	Grant or name	Grant or name of business	Address	City	State	Zip Code	Foreign Country	Amount of grant	Relationship	Description of the grant		Book value	Estimated value	Method used to determine PV	Date received
										Total	2000				
1	Grant from Ferguson		5541 Delmar Blvd	Saint Louis	MO	63112		\$10,000							
2	Urban House		5501 Delmar St	Saint Louis	MO	63116		2000							
3	Beyond Housing		4156 Manchester Rd	Saint Louis	MO	63110		2000							
4	Downers		3355 Maryland Ave	Saint Louis	MO	63108		1500							
5	The Heart of Grace		2612 N Main St	Saint Louis	MO	63108		1500							
6	Relating Together		251 Maryland Ave 2	Saint Louis	MO	63108		2000							
7	Community		315 Maryland Dr	St. Peters	MO	63314		1500							
8	S. Adress Resources for Seniors		4550 Delmar Blvd	Saint Louis	MO	63133		1500							
9	S. Adress Urban Care Services		4112 Maryland Rd	Saint Louis	MO	63104		2000							
10	Kenneth		1447 East Grand Blvd	Saint Louis	MO	63107		1500							
11	Peter J Paul Community Services		315 Alabama Ave	Saint Louis	MO	63104		1500							
12	Rainbow Project		1201 Delmar	Saint Louis	MO	63104		1500							
13	Project Open		829 Adams	Saint Louis	MO	63105		1500							
14	Concert House		2727 N Kingshighway Blvd	Saint Louis	MO	63113		1500							
15	Honesta Srl.		2300 Laclede Avenue	Saint Louis	MO	63104		1000							
16	The Independence Center		1514 Edmond	Saint Louis	MO	63108		1500							

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

►

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions <b>REALTORS HOUSING ASSISTANCE FUND</b>	Employer identification number (EIN) or <b>43-1525560</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>12777 OLIVE BLVD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ST LOUIS, MO 63141</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 other than above)	06	Form 8870	12

**RICK CAPELLI**

- The books are in the care of ► **12777 OLIVE BLVD - ST LOUIS, MO 63141**  
Telephone No ► **314-576-0033** Fax No ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

►  calendar year **2013** or

►  tax year beginning , and ending

►

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
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	3c	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions