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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 03/01 , 2013, and ending 02/28 , 20 14

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization GREATER NEW ORLEANS FAIR HOUSING ACTION CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 404 South Jefferson Davis Parkway

Room/suite

City or town, state or province, country, and ZIP or foreign postal code New Orleans, LA 70119

D Employer Identification number 72-1306717

E Telephone number 504-596-2100

G Gross receipts $ 1,374,818

F Name and address of principal officer. Cashauna Hill
404 South Jefferson Davis, New Orleans, LA 70119

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.gnofairhousing.org

H(c) Group exemption number ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Greater New Orleans Fair Housing Action Center is a private, non-profit civil rights organization dedicated to eradicating housing discrimination throughout the greater New Orleans area through education, investigation and enforcement activities.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	828,353	1,105,948
9	Program service revenue (Part VIII, line 2g)	102,069	265,378
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,929	3,085
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	934,351	1,374,818
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	866,880	951,243
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	316,042	389,037
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,182,922	1,340,280
19	Revenue less expenses. Subtract line 18 from line 12	-248,571	34,538

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	788,675	2,195,535
21	Total liabilities (Part X, line 26)	362,151	323,489
22	Net assets or fund balances. Subtract line 21 from line 20	416,524	1,872,046

Part II Signature Block

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

Sign Here

Signature of officer Cashauna Hill Date 7.3.15

Type or print name and title Cashauna Hill Executive Director

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2013)

SCANNED JUL 31 2015

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