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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 private foundations)

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

OMB No. 1545-0047 201

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

20 15 For the 2014 calendar year, or tax year beginning 03/01 2014, and ending 02/28 D Employer identification number Check if applicable C Name of organization GREATER NEW ORLEANS FAIR HOUSING ACTION CENTER, INC Address change Doing business as 72-1306717 Number and street (or P O box if mail is not delivered to street address) Room/suite Name change E Telephone number initial return 404 South Jefferson Davis Parkway 504-596-2100 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return New Orleans, LA 70119 G Gross receipts \$ Application pending F Name and address of principal officer Cashauna Hill H(a) Is this a group return for subordinates? 404 South Jefferson Davis, New Orleans, LA 70119 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status www.gnofairhousing.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The Greater New Orleans Fair Housing Action Activities & Governance 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. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 32 6 Total number of volunteers (estimate if necessary) . . . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 8 Contributions and grants (Part VIII, line 1h). 1,105,948 1,037,666 Revenue 9 Program service revenue (Part VIII, line 2g) 265,378 212,776 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 3,085 24,677 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,275,120 1.374.818 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 1,086,569 951,243 Professional fundraising fees (Part IX, column (A)) line 11e) 16a Total fundraising expenses (Part IX (column (D); line 25) ▶ **的**是这个人的现在分词。 小腿人類 17 Other expenses (Part IX column (A), lines 11a-11d, 11f-24e) 389,037 416,868 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,340,280 1,503,438 Revenue less expenses! Subtractiline 18 from line 12 19 34.538 -228,318 **Beginning of Current Year End of Year** Total assets (Part X, line 16) CO Total liabilities (Part X, line 26) 20 2,195,535 2,003,405 21 323,489 377.177

Under penaltie true, correct, a	s of perjury, I declare that I have examine ind complete Declaration of preparer (oth	ed this return, including accompanying scholer than officer) is based on all information of	edules and statements, and to of which preparer has any known	to the best of my knowledge and bellowledge	ief, it	
Sign Here	Signature of official Signature of official Type or print name and title	Executive Director		7/16/2015 Date		
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed		
Jse Only	Firm's name ►		Firm's EIN ▶			
	Fırm's address ▶	F	Phone no			
May the IRS	discuss this return with the pred	parer shown above? (see instruction	ons)	Yes	No	

Net assets or fund balances. Subtract line 21 from line 20

1,872,046

1,626,228

22

Signature Block

		•••••				
С	(Code:	) (Expenses \$	including gran	ts of \$	) (Revenue \$	)
					•	
	•••••					
i	Other program ser	vices (Describe in Schedul	e O.)			
	(Expenses \$	including grants	of \$	) (Revenue \$	)	
•	Total program serv	rice expenses ▶				
			-			Form <b>990</b> (20

Part	V Checklist of Required Schedules			ugo c
			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	<b>✓</b>	ļ.,
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<del> </del>	✓_
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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	-	1
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		<b>✓</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
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		1
С	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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<b>√</b>
b	Schedule D, Parts XI and XII	12a		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>'</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>/</b>
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		✓
D	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
_			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	00		1
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 25a	23 24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>✓</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>∀</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>→</b>
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):			,
a b	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	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>▼</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>V</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<b>✓</b>
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>✓</b>
- •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1

Part				
	Check if Schedule O contains a response or note to any line in this Part V			
12	Enter the number reported in Boy 2 of Form 1006. Enter 0, if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 of Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 of Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	,	
•	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<b>/</b>
b	If "Vos." enter the name of the foreign country.			<u> </u>
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	,	
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
-	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).		Ť	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		١,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<b>✓</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]		
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 1/12	Enter the amount of reserves on hand	140		1
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>

Part		•				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S					
Cook	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		٠.	Ý	
Secu	on A. Governing Body and Management		-	Yes	No	
19	Enter the number of voting members of the governing body at the end of the tax year   1a			163	110	
ıa	If there are material differences in voting rights among members of the governing body, or	8	al'			
	if the governing body delegated broad authority to an executive committee or similar		1	, ]		
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	ا	(Å)	'		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati			'		
_	any other officer, director, trustee, or key employee?	·	2		<b>✓</b>	
3	Did the organization delegate control over management duties customarily performed by or under		-		_	
	supervision of officers, directors, or trustees, or key employees to a management company or other pe		3		1	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	<u></u>	4		7	
5	Did the organization become aware during the year of a significant diversion of the organization's	<del>-</del>	5		<b>√</b>	
6	Did the organization have members or stockholders?	<u> </u>	6		1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect	·			·	
	one or more members of the governing body?	-	7a		✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by)	members,			,	
	stockholders, or persons other than the governing body?	<del>,</del>	7b		✓	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:					
а	The governing body?	[8	Ва	<b>✓</b>		
b	Each committee with authority to act on behalf of the governing body?		3b	✓		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		✓	
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue	e Co			
				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		0a		✓	
D	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt pi	,				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		<u>0b</u>			
		g the form?	1a		<b>√</b>	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	-		-,-		
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		2a 2b	1		
c	Did the organization regularly and consistently monitor and enforce compliance with the polici	<u> </u>	20	<u>*</u>	-	
·	describe in Schedule O how this was done		2c	<b>✓</b>		
13	Did the organization have a written whistleblower policy?	<u> </u>	13	<del>*</del>		
14	Did the organization have a written document retention and destruction policy?		14	<del>-</del>		
15	Did the process for determining compensation of the following persons include a review and			<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and		-			
а	The organization's CEO, Executive Director, or top management official	1	5a	<b>√</b>		
b	Other officers or key employees of the organization		5b	<b>√</b>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1,	;	,		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	rrangement 📑	7% #	•		
	with a taxable entity during the year?	1	6a		✓	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to					
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	feguard the				
	organization's exempt status with respect to such arrangements?	· · ·   1	6b			
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	90-1 (Section 5	01(	c)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply.					
19	Own website  Another's website  Upon request  Other (explain in Schedul			a a l ·		
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, financial statements available to the public during the tax year.	conflict of intere	est	JOIICY	, and	
20	State the name, address, and telephone number of the person who possesses the organization's l	pooks and roca	rda.			
	sale and marries addresses and telephone number of the person who possesses the organization's	JUURS AND IECO	us.			

Form	ggn	(2014)	
FOLL	330	120141	

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees	, Highest Compensated	d Employees, an	ıd
	Independent Contractors				

Check if Schedule O contains a respon	se or note to any line in this Part	VII	 			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
					C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	s pe	rson	e than c is both writtrus employee	n an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Tracy Lea Board Member	2	<b>✓</b>				ě.				
		_	-	-	_	<del> </del>		0	0	
(2) Shakti Belway Board Member	2	1								
	2		-					0	0	
(3) Ashleigh Tuozzolo Board Member	<del>-</del>	1			İ					
(4) Wendy Hickok Robinson	2							0	0	
Board Member	<del></del>	1						0	0	o
(5) Jeremy Hunnewell	2									
Board Member	-	✓						0	0	0
(6) Nick Marshall	2	,								
Board Member		<b>✓</b>			<u> </u>			0	0	0
(7) David Munroe	2	,								
Board Member	<del> </del>	<b>√</b>	-		<u> </u>		_	0	0	0
(8) Justin Woods	2	,				:				
Board Member (9)		✓						0	0	0
(10)										
(11)										·····
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe	rson irect	than on the state of the state	n an tee)	(D) Reportable compensation from	(E)  Reportation compensation related	n from	Estin amoi	F) nated unt of ner
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I		fron organ and r	nsation in the ization elated zations
(15)												-	
(16)													
(17)			_								-	<del></del>	
(18)													
								<u> </u>			-		
					_			_					
(21)													
(22)													
(23)												-	
(24)													
(25)											_		
1b c	Total from continuation sheets to Part	-	n A					<b>&gt;</b>	0		0		
d 	Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organi							e) w	ho received m	ore than \$1	<u>0 </u> 00,000	of	<del></del>
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete s	ficer, direc Schedule J	tor, o for su	r tri	uste <i>ındı</i>	ee, vidu			loyee, or high				Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,0	000	? //	"Yes	s,"	complete Sch			***	· ,
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mper	nsat	ion	fror	n any	uni	related organiz	ation or inc		5	1
	on B. Independent Contractors										<u> </u>		
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax
	(A) Name and business add	ress							(B) Description of s	ervices	(	(C) Compensa	tion
					_								
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	1		

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or n	ote to any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
s, Grants Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c		revenue	revenue	512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants,	7,486			
Contrib and Otl	g h	Noncash contributions included in lines 1a-1f. \$  Total. Add lines 1a-1f	D,180 			
		Business C	ode			
Ven	2a	Educational Trainings 900099	226	226		
æ	b	Case Settlements 900099				
Program Service Revenue	С					
Jen	d					
Ē	е				-	
gra	f	All other program service revenue .				
Pro	g	Total. Add lines 2a–2f	<b>212,776</b>			
	3	Investment income (including dividends, inter and other similar amounts)	est,			
	4	Income from investment of tax-exempt bond proceed				
	5	Royalties	•			
		(i) Real (ii) Person	al			
	6a	Gross rents				
	b	Less. rental expenses	<del> </del>			
	c	Rental income or (loss)				
	d	Not rental manner or (less)	<b>&gt;</b>			
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	b	Less: cost or other basis and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)	<b>&gt;</b>			
venue	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a				
₹		Less: direct expenses b				
	C	Net income or (loss) from fundraising events .	<b>&gt;</b>			
		Gross income from gaming activities See Part IV, line 19 a				
		Less: direct expenses b				
		Net income or (loss) from gaming activities	<b>&gt;</b>			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
ļ	С					
ļ		Miscellaneous Revenue Business C	ode			
-	11a					
1	b					
1	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	<b>&gt;</b>			
	12	Total revenue. See instructions		212 776		

## Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	<u> </u>		s must complete co	olumn (A).
	Check if Schedule O contains a respon				<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	74,080		74,080	
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 ,,,000		7 17030	
7 8	Other salaries and wages	831,341 19,327	831,341 19,327		
9	Other employee benefits	90,649	90,649		
10	Payroll taxes	71,172	71,172		
11	Fees for services (non-employees):				
а	Management				
b	Legal	12,357	12,357		
¢	Accounting	2,785	2,785		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		-		
12	Advertising and promotion	17,961	17,961		
13	Office expenses	165,244	165,244		
14	Information technology	24.130	24,130		
15	Royalties				
16	Occupancy	12,939	12,939		
17	Travel	81,996	81,996	·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	20,746	20,746		
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	15,500	15,500		
23 24	Other expenses. Itemize expenses not covered	29,717	29,717		
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Testing	21,137	21,137		
b					
С					
d					
e	All other expenses	12,356	12,356		
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1,503,438	1,429,358	74,080	
<b>26</b>	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following ŠOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . 1 127,348 157,656 2 2 Savings and temporary cash investments . . . 1.471.977 1,265,676 3 3 4 4 179.420 161,976 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . . . . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 7 Notes and loans receivable, net . . . . . 8 Inventories for sale or use . . . . . . 1,186 8 1,186 Prepaid expenses and deferred charges . 9 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 413,428 10c b (78,792)407,176 Investments—publicly traded securities . . . . . 11 11 Investments - other securities. See Part IV, line 11 . 12 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 Other assets. See Part IV, line 11 . . . . . 15 2,176 15 9,736 Total assets. Add lines 1 through 15 (must equal line 34) . 16 2,195,535 16 2,003,405 17 Accounts payable and accrued expenses . . . . . . 17 48,905 101,174 18 18 19 Deferred revenue . . . . . 19 20 Tax-exempt bond liabilities . . . . . . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 274,584 276,003 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . . . . . . . . 25 26 Total liabilities. Add lines 17 through 25 323,489 26 377.177 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . 450,866 27 410,622 28 1,421,180 28 1,215,606 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ò complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 1,872,046 1,626,228 Total liabilities and net assets/fund balances . . . 34 2,195,535 2,003,405

Form 990 (2014)
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Page **12** 

Pari	XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			75,120
2	Total expenses (must equal Part IX, column (A), line 25)	2			03,438
3	Revenue less expenses. Subtract line 2 from line 1	3			8,318)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,87	72,046
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(1	7,500)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,62	26,228
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
1	Accounting method used to prepare the Form 990.   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O.	olaın ı	n	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both				<b>✓</b>
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.				<b>✓</b>
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overone of the audit, review, or compilation of its financial statements and selection of an independent account of the organization phonored other to everythin process or calculate process division than the contract of the organization phonored other to everythin process or calculate process division than the contract of the organization phonored other than the contract of the organization of the organiza	ntant?	2c		<b>✓</b>
_	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	orth i	n . <b>3</b> a	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		e 3b		1
			r	000	(004.4)

Form **990** (2014)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No 1545-0047

2014

Open to Public Inspection

···	or the organization					Linployer identification	Humber
	TER NEW ORLEANS FAIR HOUSING						06717
Par							ons.
	organization is not a private founda						
1	A church, convention of churc			ibed in <b>s</b>	ection 17	70(b)(1)(A)(i).	
2	A school described in section		•				
3	A hospital or a cooperative ho						=
4	A medical research organization		onjunction with a hosp	pital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the
5	hospital's name, city, and stat		college or unucreity				
3	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6	A federal, state, or local gover	nment or govern	mental unit described	ın <b>secti</b>	on 170(b	)(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port fron	n a gover	nmental unit or fron	n the general public
8	A community trust described i	n section 170(b)	)(1)(A)(vi). (Complete	Part II.)			
9	☐ An organization that normally	receives: (1) mo	ore than 331/3% of its	support	from con	itributions, members	hip fees, and gross
	receipts from activities related	d to its exempt	functions-subject to	certain	exceptio	ns, and (2) no more	than 331/3% of its
	support from gross investme acquired by the organization a	int income and fter June 30, 19	unrelated business 75. See <b>section 509</b> (a	taxable i a <b>)(2).</b> (Co	income (i mplete Pa	less section 511 ta art III.)	x) from businesses
10	☐ An organization organized and						
11	☐ An organization organized and						out the purposes of
•	one or more publicly supported	organizations d	lescribed in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check
	the box in lines 11a through 11						
а	☐ Type I. A supporting organiz	ation operated,	supervised, or control	lled by its	support	ed organization(s), ty	pically by giving
	the supported organization(s organization. You must con			ct a majo	ority of th	e directors or trustee	es of the supporting
b				nection v	vith its su	pported organization	n(s), by having
	control or management of th	e supporting org	ganization vested in th	ne same p	oersons t	hat control or manag	e the supported
	organization(s). You must co	omplete Part IV	, Sections A and C.	•		•	• • •
С	Type III functionally integra its supported organization(s)						y integrated with,
d			•		-	• •	od organization(a)
_	that is not functionally integr						
	requirement (see instructions						an attentiveness
е	C 05 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ation received a	written determination	from the	IRS that	t it is a Type I, Type I	I, Type III
f	Enter the number of supported of		onany integrated supp	or ting or	garnzano	111.	
g			orted organization(s)				• •
	(i) Name of supported organization	(II) EIN	(III) Type of organization	,	organization	(v) Amount of monetary	(vi) Amount of
		,,	(described on lines 1-9	listed in yo	ur governing	support (see	other support (see
			above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)				-			
(D)							
(E)							
		<b>一致现在的</b> 基	ALL VIET OF THE				
Total	<u> </u>	- THE PROPERTY OF	27 10 人名英格兰	No. of the	THE REAL PROPERTY.	1	

Part							
	(Complete only if you checked the				•	•	alıfy under
<del></del>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	( ) 0040	43.0044	430040	(1) 0040	( ) 0044	(n =
	idar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the	502,020	486,651	823,153	1,105,948	1,037,666	3,955,438
_	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	502,020	486,651	823,153	1,105,948	1,037,666	3,955,438
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 Cooti	Public support. Subtract line 5 from line 4.	Ĺ					3,955,438
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(=) 0010	(4) 0040	(2) 0014	(6) T-1-1
7	Amounts from line 4	·	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest, dividends,	502,020	486,651	823,153	1,105,948	1,037,666	3,955,438
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	57,885	223,683	107,270	268,463	24,677	681,978
9	Net income from unrelated business	37,000	220,000	101,210	200,403	24,077	001,370
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )					212,776	212,776
11	Total support. Add lines 7 through 10	لبسبا					4,850,192
12	Gross receipts from related activities, etc					12	4,850,192
13	First five years. If the Form 990 is for the organization, check this box and stop he				-		
Socti	on C. Computation of Public Suppor				<u> </u>		🕨 🗀
14	Public support percentage for 2014 (line	···		1 column (f)		14	24 2 0/
15	Public support percentage from 2013 Sci					15	81.6 % 85.4 %
16a	331/3% support test—2014. If the organi						heck this
	box and stop here. The organization qua						
b	331/3% support test-2013. If the organ						
	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test - 20	<b>014.</b> If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box an	id <b>stop here.</b> E	xplain in
	Part VI how the organization meets the "f	facts-and-circu	mstances" tes	st. The organiza	ation qualifies	as a publicly si	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test -26	<b>013.</b> If the orga	ınizatıon dıd ne	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organizar						
	Explain in Part VI how the organization m				he organizatio	n qualifies as a	publicly
18	supported organization						. 🕨 🗌
10	instructions	и посспеск а	box on line 13,	, 100, 100, 1/8	t, or 1/b, cnec	K this dox and	see

## 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	-					
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					-	
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support				L		
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				· · · · · · · · · · · · · · · · · · ·	1,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		_				
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on		ļ				
40	<b>,</b>						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d. third, fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🖂
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch	nedule A, Part	III, line 15 .		<u></u>	16	%
	on D. Computation of Investment In			<del></del>			
17	Investment income percentage for 2014 (					17	<u>%</u>
18	Investment income percentage from 2013					18	<u>%</u>
19a	331/3% support tests—2014. If the organi	ization did not	The exceptation	con line 14, al	na line 15 is m	ore than 331/39	
L	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2013. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di						
		ooon a		,		and occinional	× <u></u>

## Part IV

#### **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	on A. All Supporting Organizations			
4	Are all of the avanagements are avanaged avanagements as listed by page in the avanagements are	<u></u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<del></del>		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		i i	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
_	organization made the determination.	3b	ļ	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	20		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a		4c	-	
Ja	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also		i .	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		· · · · · · · · · · · · · · · · · · ·
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
00	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	Ja		
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	-		
_		10a		_
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	L	LI	

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	ļ	
C 4	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Section	on B. Type I Supporting Organizations		14	L
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	<u> </u>		<b> </b>
Section	on D. All Type III Supporting Organizations	1	l	
OCCU	on b. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u></u>	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<u> </u>		
Soction		3	<u> </u>	L
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
<b>a</b>	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			•
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u> </u>	<b> </b>	
L	·	2a	<del> </del>	<del> </del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations Answer (a) and (b) below.	20		<del>                                     </del>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		l	
	of its supported organizations? If "Vos." describe in Part III the role played by the organization in this record	2h	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			<del></del>
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	•	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	, ,	
5 Income tax imposed in prior year	5	Α	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III support	ing organization (see

Part		s) Supporting Organi	zations (continued)	
•	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	-
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
9	(provide details in <b>Part VI</b> ). See instructions.  Distributable amount for 2014 from Section C, line 6			
<u>_</u>	Line 8 amount divided by Line 9 amount			
10	Line 6 amount divided by Line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			<u>.                                    </u>
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
b			· · · · · · · · · · · · · · · · · · ·	
<u> </u>				
d	5 0040			
	From 2013			
<u>f</u>	Total of lines 3a through e			
	Applied to underdistributions of prior years Applied to 2014 distributable amount		<del></del>	
<u>h</u>	Carryover from 2009 not applied (see instructions)			
<u>'</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section		· . · · · · · · · · · · · · · · · · · ·	
4	D, line 7:			
а	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
е	Excess from 2014			

Schedule A (F <b>Part VI</b>	Form 990 or 990-EZ) 2014  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
rait vi	Part III, line 12. Also complete this part for any additional information. (See instructions.)
Part II, Line	10: Other Income includes Case Settlements \$212,551 and Educational Trainings \$226
	······································

#### SCHEDULE D (Form 990)

**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. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

▶ Attach to Form 990. Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization GREATER NEW ORLEANS FAIR HOUSING ACTION CENTER, INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X . . .

Part									
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of th	e follov	wing that are a	signıfıcanı	t use of its
а	☐ Public exhibition		ď	🗌 Loan	or exchang	e prog	rams		
b	☐ Scholarly research		е	Other	•				
С	☐ Preservation for future generation	s							
4	Provide a description of the organiza XIII.		and expla	ain how t	hey further	the org	ganızatıon's exe	mpt purp	ose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other simi	lar	
	assets to be sold to raise funds rathe	r than to be mainta	ained as <sub>l</sub>	part of the	e organizati	on's co	ollection?	Ye	es 🗌 No
Part	IV Escrow and Custodial Arra	angements.						-	
	Complete if the organization 990, Part X, line 21.						·		Form
	Is the organization an agent, trustee included on Form 990, Part X?							_	es 🗌 No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the fo	llowing ta	able:				
								Amount	
C	Beginning balance					10	:		
d	Additions during the year					1d	1		
е	Distributions during the year					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	ustodia	l account liabilit	y? 🗌 <b>Y</b> e	es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been	provide	ed in Part XIII .		
Par									
	Complete if the organization	n answered "Yes	" to For	n 990, P	art IV, line	10.			
	<u> </u>	(a) Current year		or year	(c) Two year		(d) Three years bar	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	L	nd balanc	e (line 10	L column (a	)) held	as.		
a	Board designated or quasi-endowme			, , , , , , , , , , , , , , , , , , ,	,, 00,0,,,,,,	,, Hola .	uo.		
b	Permanent endowment ►	%	/ 0						
c	Temporarily restricted endowment								
·	The percentages in lines 2a, 2b, and		1004						
32	Are there endowment funds not in the			zation the	at are held	and ad	ministored for t	·ho	
O.	organization by:	ie possession or tr	ie organi	Zation the	at are rield	and ad	irininstered for t	.116	Yes No
								0-(3)	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organ							. 3b	
4	Describe in Part XIII the intended use		on's end	owment ii	unas.				
Pari			" + - <del>-</del>	000 5	N 1	44-4	D <b>F</b> 000	D- 4 V 1	40
	Complete if the organization			1					
	Description of property	(a) Cost or ot (investm			or other basis ther)		Accumulated epreciation	(d) Boo	k value
1a	Land						1		
b	Buildings		485,968				-78,792		407,176
С	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d)	must equal Form 9	90 Part	X column	(B) line 10	)c.)	•		

Part VII	Investments - Other Securi		000 5 1 11 11	441.0.5	000 B 1771 40
	Complete if the organization		1 -1		
<u> </u>	(a) Description of security or cat (including name of security		(b) Book value		hod of valuation -of-year market value
(1) Financial					
	eld equity interests				
(3) Other	·····				
					<del> </del>
(C) (D)					
(E)					
(F)					
(G)				•	
(H)					
	b) must equal Form 990, Part X, col (B) line 12	1 >			<del>. · .</del>
Part VIII	Investments-Program Rel		<u> </u>		
	Complete if the organization		m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investmen		(b) Book value	(c) Me	thod of valuation
(1)					· · · · · · · · · · · · · · · · · · ·
(1)					
(3)	•				
(4)					
(5)		<del></del>			· <del>···</del> ··-
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13	) <b>&gt;</b>			
Part IX	Other Assets.				
	Complete if the organization		m 990, Part IV, line	11d. See Form	
		(a) Description			(b) Book value
(1)					
(2)					
(3)	· · · · · · · · · · · · · · · · · · ·	<del></del>			
(4)					
<u>(5)</u> (6)		<del></del>	•		
(7)			···		
(8)					· · · · · · · · · · · · · · · · · · ·
(9)					
Total. (Colu	mn (b) must equal Form 990, Part	X, col. (B) line 15.)			
Part X	Other Liabilities.				· · · · · · · · · · · · · · · · · · ·
	Complete if the organization	answered "Yes" to For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)		. <u>.</u> .			
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25	1 •			
	r uncertain tax positions. In Part XIII,		ata ta tha arganization	n's financial stateme	ente that reports the
Z. LIADIIIV IO	i unicertain tax positions, in r art xiii.	חססום פווה ופצו טו ווופ וסטוו	iole lo life organization	i o ilitariolal otatellit	HILS HILL IEPOHO HIE

Dovi	VI Donnellisting of Donnel of A. Pt. 15' consist Chatema		Will B	D . 1	
Part				Ketu	rn.
	Complete if the organization answered "Yes" to Form 990, F			г	
1	Total revenue, gains, and other support per audited financial statements	• •		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	۱.	I		
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants			4	
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XII Reconciliation of Expenses per Audited Financial Statem			5	
Part	· · ·			er ne	turn.
	Complete if the organization answered "Yes" to Form 990, F				
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
	Donated services and use of facilities	مم ا	I		
a		2a			
b	Prior year adjustments			1	
c d	Other losses	2c 2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .			
a	Investment expenses not included on Form 990, Part VIII, line 7b	42			
-	integration expenses her moraded entrementation, may be a	144			
ь	Other (Describe in Part XIII.)	4b		1.	
b c	Other (Describe in Part XIII.)	4b		4c	
	Add lines <b>4a</b> and <b>4b</b>			4c 5	
5				$\overline{}$	
c 5 Part	Add lines <b>4a</b> and <b>4b</b>	 e 18)		5	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18)	art IV, lines 1b and 2b	5 ; Part	
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Schedule D (Fo	rm 990) 2014	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
	- Continued of the cont	
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#### 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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

GREATER NEW ORLEANS FAIR HOUSING ACTION CENTER, INC	/2-1306/1/
Form 990, Part III, Section 1, Mission Description Contd.: lending, and insurance. GNOFHAC is dedicated	ed to fighting housing discrimination
not only because it is illegal, but also because it is a divisive force that perpetuates poverty, segregati	on, Ignorance, fear and hatred.
Form 990, Part VI, Section B, Line 11b - Board representatives review the document and reports to the	Board.
Form 990, Part VI, Section B, Line 12c - The Board periodically requires disclosures.	
Form 990, Part VI, Section B, Line 15 - The salary is determined by the Board and voted upon by the m	embers.
Form 990, Part VI, Section C, Line 19 - The documents are available to the public on-site or via electron	nic means.
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Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
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