	. Y	***	* AMENDED RETURN - SECT									
Form	990-T	E	Exempt Organization Bus			ax Return	_	OMB No 1545-0687				
			(and proxy tax und			P 30, 201	3 I	2017				
	`	For ca	lendar year 2017 or other tax year beginning \underbrace{OCT} 1 ;				8'	2017				
Depart	tment of the Treasury	l	Go to www.irs.gov/Form990T for in				Ope	n to Public Inspection for				
Interna	Il Revenue Service		Do not enter SSN numbers on this form as it ma Name of organization (and see instructions.)		501	(c)(3) Organizations Only				
A L	Check box if address changed			identification number ;, es' trust, see ns)								
	kempt under section Print NATIONAL FAIR HOUSING ALLIANCE							<u>-1676364</u>				
X	501(C)(3_) or Number, street, and room or suite no. If a P.O. box, see instructions.						Unrelated (See instri	business activity codes uctions)				
	408(e) 220(e)	Туре	1331 PENNSYLVANIA AVE,	NW								
	408A530(a) 529(a)		90009	9								
C Boo	□ 529(a) WASHINGTON, DC 20004 900099 C Book value of all assets at end of year and											
4, 238, 359. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust												
H De	scribe the organizatio	n's prim	ary unrelated business activity. REPEAL	OF	512(A)(7)							
	• • •	•	poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ L	Yes	□ No .				
			tifying number of the parent corporation.									
			SALOME ARINGO		Teleph	one number 🕨 2	02-89					
Pa	rt I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expenses		(C) Net				
1 a	Gross receipts or sale	es										
b	Less returns and allo	wances	c Balance	10								
2	Cost of goods sold (S			2								
3	Gross profit. Subtrac	t line 2 f	rom line 1c	3				-				
	Capital gain net incor	•	·	4a								
			Part II, line 17) (attach Form 4797)	4b								
C	Capital loss deduction			4c								
5	Income (loss) from partnerships and S corporations (attach statement) 5											
6	Rent income (Schedule C)							· · · · · · · · · · · · · · · · · · ·				
7	Unrelated debt-finance		· ·	7								
8			and rents from controlled organizations (Sch. F)	8								
9 (A)			on 501(c)(7), (9), or (17) organization (Schedule G	9 10								
Ö	Exploited exempt act			11		· · ·						
<u></u>	Advertising income () Other income (See in		· ·	12				· · · · · · · · · · · · · · · · · · ·				
SCAINNE	Total. Combine lines			13	0.		<u> </u>					
Pa			ot Taken Elsewhere (See instructions f				<u> </u>	<u> </u>				
			utions, deductions must be directly connected									
A 8 65 15272020	•	ficers, d	irectors, and trustees (Schedule K)				14					
_15 	Salaries and wages						15					
3 6	Repairs and mainter	nance					16					
2√17	Bad debts			AC I	0520		17					
78	Interest (attach sch	edule)		C(I)	00 a		18	·				
	Taxes and licenses	(0-					19	 -				
20			e instructions for limitation rules)		1 04 1		20					
21	Depreciation (attach		n Schedule A and elsewhere on return		21 22a		22b					
22 23	Depletion	iaiineu u	ii Schedule A and eisewhere dii return		224		23					
24	Contributions to def	forred on	mnancation plans				24					
25	Employee benefit pr						25					
26	Excess exempt expe	_					26					
27	Excess readership of						27					
28	Other deductions (a	-	•				28					
29	Total deductions. A						29	0.				
30			income before net operating loss deduction. Subtra	ct line 2	9 from line 13		30	0.				
31			n (limited to the amount on line 30)				3					
32			income before specific deduction. Subtract line 31	from line	30		32	0.				
33			ly \$1,000, but see line 33 instructions for exception			34	38	1,000.				
34			e income. Subtract line 33 from line 32. If line 33 is		than line 32, enter the sn	- 1						
	line 32						34	0.				
		D	work Doduction Act Notice, see instructions					Form QQA-T (2017)				

95	1-	90	90	
Eorm	gar)_T	/201	7

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52-1392008

Paid

Preparer

Use Only

AVE SUITE 800N

CPA

RICHARD J. LOCASTRO

Firm's name ► GELMAN

ROSENBERG

4550 MONTGOMERY

Firm's address ► BETHESDA, MD 20814-2930

&

self- employed

Firm's EIN ▶

Phone no.

(301)

FOOTNOTES

STATEMENT

1

DUE TO THE REPEAL OF 512(A)(7) THE FOLLOWING LINES HAVE CHANGED:

FORM 990-T, PART I, LINE 12 FORM 990-T, PART II, LINES 19,30,32,34

FORM 990-T, PART III, LINES 35C,40

FORM 990-T, PART IV, LINES 42,44,48

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
TAX PAID WITH ORIGINALLY FILED RETURN	2,782.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE	2,782.