			** 6767767 540/2	\	\ <b></b>	29393	320	7003	11		
,	`aaa =		** SECTION 512(A	.) ( 7	) REPEAL **			OMP No. 1545	0607		
Form	990-   Exempt Organization Business income Tax Return 1979   1985										
1.	(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019  2018										
									U		
Depart	Go to www.irs.gov/Form990T for instructions and the latest information.    Open to Public Inspection								spection for		
interna											
AL	Check box if address changed		Name of organization ( L Check box if name c	changed and see instructions.)				(Employees' trust, see instructions)			
D Ev		Drine	NATIONAL FATE HOUSING	HOUSING ALLIANCE				52-1676364  EUnrelated business activity code			
	rempt under section [] 501(C)(3 )	Print or									
<u> </u>	501(C)(B) or Number, street, and room or suite no. If a P.O. box, see instructions.  408(e) 220(e) 1331 PENNSYLVANIA AVENUE, NW, NO. 650							nstructions)			
-		-									
	]529(a)	City or town, state or province, country, and ZIP or foreign postal code  WASHINGTON, DC 20004									
C Boo	k value of all assets F Group exemption number (See instructions )								00099		
at e	C Book value of all assets at end of year  4,999,926. G Check organization type   X 501(c) corporation  Describe the organization's unrelated trades or businesses.							Oth	er trust		
4,999,926. G Check organization type ► 🗶 501(c) corporation 501(c) trust 401(a) trust H Enter the number of the organization's unrelated trades or businesses. ► Describe the only (or first) unrelated											
trade or business here $\triangleright$ 512(A)(7) REPEAL . If only one, complete Parts I-V. If more than one,											
			ice at the end of the previous sentence, complete Pa	arts I an		-					
	siness, then complete	•	•		, ,						
I Dui	ring the tax year, was	the corp	poration a subsidiary in an affiliated group or a parer	nt-subs	diary controlled group?	<b></b>	Ŭ Ye	s No			
			tifying number of the parent corporation.		,						
J The	e books are in care of	<b>&gt;</b> 3	SALOME ARINGO		Telepho	one number 🕨	(202	)898- <u>16</u>	61		
Pai	rt I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense	es	(C) Ne	et		
1a	Gross receipts or sale	es									
b	Less returns and allow	wances	c Balance ►	10							
2	Cost of goods sold (S	Schedule	A, line 7)	2							
3	Gross profit, Subtract	l line 2 fi	rom line 1c	3							
4a	Capital gain net incon	ne (attac	h Schedule D)	4a							
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b							
	Capital loss deduction			4c			•				
			ship or an S corporation (attach statement)	5							
	Rent income (Schedu			6							
	Unrelated debt-finance		,	7							
	Interest, annuities, royalties, and rents from a controlled organization (Schedule F			8							
	nvestment income of a section 501(c)(7), (9), or (17) organization (Schedule G			9							
===	•	xploited exempt activity income (Schedule I)									
甜		dvertising income (Schedule J)						-			
$\sim$	Other income (See in:		·	12	0.			-			
J	Total. Combine lines		gn 12 o <b>t Taken Elsewhere</b> (See instructions fo	13							
CLFAI			of Taken Elsewhere (see instructions to utions, deductions must be directly connected			s income.)					
H-14	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			-	14				
12 15 2020 17	Salaries and wages	iiceis, ül	rectors, and trustees (Schedule K)			•	15				
22,6	Repairs and mainten	ance					16				
2217	Bad debts						17				
18	Interest (attach sche	idule) (s	ee instructions)				18				
19	Taxes and licenses	) (3	ee instructions)			19					
20		ons (Se	e instructions for limitation rules)	roi			20				
21	Depreciation (attach	•	I MAY a -	121	21			-			
22			n Schedule A and elsewhere on return	151	22a		22b				
23	Depletion		OCDEN	<u> </u>		23					
24	Contributions to defe	erred co	Mensation plans OGDEN, UT	ĺ			24				
25	Employee benefit pri				25						
26	Excess exempt expe		chedule I)				26				
27	Excess readership c						27				
28	Other deductions (at				28						
29	Total deductions. Add lines 14 through 28						29		0.		
30	Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13								0.		
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)						30				
32	Unrelated business taxable income. Subtract line 31 from line 30						32		0.		
			work Reduction Act Notice, see instructions.					Form <b>990-</b>	<b>-T</b> (2018)		

Form 990-1	(2018) NATIONAL FAIR HOUSING ALLIANCE	52-16	76364	Page 2
Part i	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	·
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	-	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	·		
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation		1	<u> </u>
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b></b>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from			•
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \			<del>-                                      </del>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions)		<b>-</b>  `	
	General business credit. Attach Form 3800 45c		-}	
C	Credit for prior year minimum tax (attach Form 8801 or 8827)		<b>-</b>	
			45e	
	Total credits. Add lines 45a through 45d		46	0.
46	Subtract line 45e from line 44  Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att			
47		ach schedule)		0.
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	
	Payments: A 2017 overpayment credited to 2018	1 105	<b>-</b>	
	2018 estimated tax payments	1,125	<b>-</b>	
	Tax deposited with Form 8868		<b>⊣</b>	
	Foreign organizations: Tax paid or withheld at source (see instructions)		4	
	Backup withholding (see instructions) 50e		<b>⊣</b> 1	
	Credit for small employer health insurance premiums (attach Form 8941)	_	<b>⊣</b> ∙l	
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 50g			1 105
51	Total payments. Add lines 50a through 50g		51	1,125.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	rc -	53	- 1 105
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	72, >	54	1,125.
55	,	nded 10 🕨	\$5	1,125.
Part \	I Statements Regarding Certain Activities and Other Information (see instruction)	ions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			-   '
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my kn	owledge and beli	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		May the IDC diese	iss this return with
lere	Lisa Rice   04/28/2020 PRESIDENT & CEO	) ['t	the preparer show	
	Signature of officer Date Title		nstructions)?	
	Print/Type preparer's name Preparer's signature Date Cl	heck	if PTIN	
<b>.</b>		elf- employed	1	
Paid	CPA //:// // / / / // // // /// //////////	unipioyat		288314
Prepa	CELMAN DOCEMBERC C EDEEDMAN	irm's EIN		392008
Use C	Only 4550 MONTGOMERY AVE SUITE 800N	IIII S LIIV	. J <u>. 1</u>	
		Phone no.	(301)	51-9090
	THIN S & UNITED DA, MD & UOT 4-2330	HONG HU.		