Return of Organization Exempt From Income Tax

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

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

2019 Open to Public Inspection

504-284-8733

X Yes No

Form 990 (2019)

Go to www.irs.gov/Form990 for instructions and the latest information For the 2019 calendar year, or tax year beginning 03/01/19, and ending 02/29/20 Louisiana Fair Housing Action D Employer identification number C Name of organization Check if applicable Center, Inc. Address change 72-1306717 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 504-208-5050 1340 Poydras Street Suite 710 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ New Orleans LA 70112 G Gross receipts \$ 1,458,154 Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending Cashauna Hill H(b) Are all subordinates included? If "No," attach a list (see instructions) **X** 501(c)(3) 501(c) ((insert no) 4947(a)(1) or lafairhousing.org H(c) Group exemption number Year of formation 1995 X Corporation Trust M State of legal domicile Other > Form of organization Summarv 1 Briefly describe the organization's mission or most significant activities See Schedule O RECEIVED 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of the than 25% of its net assets. JAN 2 6 2021 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 4 Number of independent voting members of the governing body (Part VI, line 1b) OGDEN, UT 5 79 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 10 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b Prior Year **Current Year** SCANNED MAR 685,395 1,303,594 8 Contributions and grants (Part VIII, line 1h) 146,442 358,448 9 Program service revenue (Part VIII, line 2g) 200,168 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,244,011 1,458,154 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 779,674 863,801 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 65,838 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 325,484 393,349 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,257,150 1,105,158 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 201,004 138,853 19 Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 1,176,860 884,515 20 Total assets (Part X, line 16) 134,236 43,360 21 Total liabilities (Part X, line 26) 1,042,624 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Executive Director** Cashauna Hill Here Type or print name and title PTIN Check Print/Type preparer's name Paid 01/06/21 self-employed P00228955 Paul Andoh, Sr 72-0877929 Preparer BRUNO & TERVALON LLP Firm's EIN ▶ Firm's name **Use Only** 4298 Elysian Fields Ave

70122

LA

New Orleans,

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

	Louisiana Fair B		72-1306717	Page 2
	Statement of Program Ser	<u>-</u>	in this Bort III	$\overline{\mathbf{x}}$
	cribe the organization's mission	ns a response or note to any line	III tills Fait III	
See Sch	edule O			
2 Did the ergs	anation undertake any configur	at areas and areas during the vector who	h ware not listed on the	
prior Form 9	anization undertake any significar 990 or 990-EZ? scribe these new services on Sch	nt program services during the year whic nedule O	n were not listed on the	Yes X No
services?	anization cease conducting, or ma	ake significant changes in how it conduc	ts, any program	Yes X No
4 Describe the expenses \$	e organization's program service	accomplishments for each of its three la rganizations are required to report the ar	rgest program services, as measured by nount of grants and allocations to others,	
4a (Code The LAF		765,266 including grants of \$ pursued a number of) (Revenue \$ cases of housing disc	146,442 perimination
, forec		n and outreach train	ning and education in	
9200002	,	~ .		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
N/A				
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
N/A	, (=,pe.,sec +	moterning grante or t	, (,
	•			
4d Other progra	am services (Describe on Schedu	ule O)		
(Expenses	\$ inc	cluding grants of \$) (Revenue \$	
4e Total progra A	m service expenses ▶	765,266		Form 990 (2019)

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<u>P</u> :	art IV Checklist of Required Schedules		T.v	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			i
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ł		l
	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_	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	 	<u> </u>
·	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•	<u> </u>	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	J		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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,"		l	
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>	 	X
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		X
u	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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0	1	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	l	x
12a				
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	125	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ļ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	┼	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	\vdash	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I (see instructions)	17	,	х
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		Х
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	ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	1

domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
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		X
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	23		X
24a				
	\$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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1		ļ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ł		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u></u>	X
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	L	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V		,	
	1 1 -	,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	l	X

PE	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Г	Ye	s No
24		79		
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		К d	-
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		D 2	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1,	a	x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	—	b	- -
4a				1
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account		la	x
b	If "Yes," enter the name of the foreign country		,a	
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	· · · · ·	ia	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		ic	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u></u>		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6	a	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6	ь	İ
7	Organizations that may receive deductible contributions under section 170(c).	 	~ -	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	1 7	a	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		b	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u></u>		1
-	required to file Form 8282?	7	·c	x
d	If "Yes," indicate the number of Forms 8282 filed during the year	 	_	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	7 7	e i	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	<u> </u>	g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		h	X
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?	ľ	в 1	İ
9	Sponsoring organizations maintaining donor advised funds.		$\neg \vdash$	
а	Did the sponsoring organization make any taxable distributions under section 4966?	į g	a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	g	b	
10	Section 501(c)(7) organizations. Enter			
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			
а	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417	1	2a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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?	1	3a	
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	1	4a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	1.	4b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of	or		
	excess parachute payment(s) during the year?	_ 1	5	X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	e? <u>1</u>	6	X
	If "Yes," complete Form 4720, Schedule O			
			^	^^

Form 990 (2019) Louisiana Fair Housing Action 72-1306717 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 12 1b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Julia Peek 1340 Poydras Street Suite 710

504-208-5050

LA 70112

New Orleans

orm 990 (2019) Louisiana Fair Housing Actio	orm 990 (2019)	Louisiana	Fair	Housing	Actio
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response 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. See instructions for the order in which to list the persons above

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) (B) Name and title Average hours per week (list any		bo	x, unle	Pos check ess pe	rson i	than one s both an r/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer		Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Annie Clark Camb								· · · · · · · · · · · · · · · · · · ·	
	2.00								
Treasurer	0.00	X		X	<u> </u>		0	0	0
(2) Jeanie Donovan		1	1			1 1			
•	2.00								•
Member	0.00	X		<u> </u>			0	0	0
(3)Michael Dunn									
61 ,	2.00								•
Chair (4) Rosa Gomez-Herri	0.00	X		X	<u> </u>	 	0	0	0
(4) ROSA GOMEZ-HELL	2.00								
Member	0.00	x					0	0	0
(5) Victor Jones	0.00	^	_	-	<u> </u>	 	<u> </u>		0
(a) VICCOI DOMES	2.00								
Member	0.00	x					o	0	0
(6) Kathleen Legend		1		\vdash					
(o) - i a o i a coma a	2.00	l :			!	}			
Secretary	0.00	x		x			o	0	0
(7) Sarah Omojola		==							
, , J	2.00	1					,		
Vice Chair	0.00	X		X		1 1	0	0	0
(8) Victoria Adams I									<u> </u>
	2.00								
Member	0.00	X				,	0	0	0
(9) Erin Proven									
	2.00								
Member	0.00	X					0	0	0
(10) Reuben Thomas									
	2.00								
Member	0.00	X					0	0	0
(11) Sharonda William									
_	2.00							_	-
Member	0.00	X					0	0	Form 990 (2019)

72	_	1	3	Λ	6	7	1	7
12	_	ı		v	o	1	T	•

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than on box, unless person is both a officer and a director/trustee						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amou of other compensation from the		er ation e		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganızatıo ed organ			
(12) Justin Woods	2.00	x						. 0	0					
												•		
	·											_		
										,				
,											,			
									•					
Subtotal Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not l	ımıte	ed to		e lis	ted a	b b abov	re) who received more than	\$100,000 of					
3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization.	ormer officer, dir "complete Sche- e 1a, is the sum	ecto dule of re	r, tru <i>J for</i>	<i>suc</i> able	h ind	dividi ipens	<i>ial</i> satio	on and other compensation	from the		3		X X	
5 Did any person listed on line 1 for services rendered to the oil Section B. Independent Contractor	rganization? If "\								r individual		5		X	
Complete this table for your fir compensation from the organi	ve highest comp	ensa omp	ted ensa	inde _l	pend for t	dent o	cont	dar year ending with or with	nin the organization's tax ye	ear				
Name and	(A) business address							Descrip	(B) otion of services		(C) Compensation			
		_												
	•													
2 Total number of independent received more than \$100,000								se listed above) who	0					

Form 990 (2019) Louisiana Fair Housing Action 72-1306717 Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d 481,917 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 821,677 1f g Noncash contributions included in lines 1a-1f 1a |\$ 1,303,594 \blacktriangleright h Total. Add lines 1a-1f Business Codi 135,338 135,338 Program Service Revenue Case Settlements 8,074 8,074 b Fair Housing Five 3,030 3,030 Educational Training f All other program service revenue 146,442 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,118 8,118 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6a Gross rents 6a **b** Less rental expenses 6b 6c c Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets 7a other than inventory Other Revenue **b** Less cost or other basis and sales exps 7b 7с c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a b Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses \blacktriangleright c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue 11a b

 \triangleright

1,458,154

146,442

8,118

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Seçt	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo	omplete all columns All othe	er organizations must comp	olete column (A)	
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
			ехрепзез	general expenses	
1	Grants and other assistance to domestic organizations				
2	and domestic governments See Part IV, line 21 Grants and other assistance to domestic				
2	individuals See Part IV, line 22				
2	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	, · · · · · · · · · · · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101,224		101,224	
_	trustees, and key employees	101,224		101,224	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	610,509	487,756	75,616	47,137
7	Other salaries and wages	010,309	401,130	73,010	41,131
8	Pension plan accruals and contributions (include	10 470	13,003	5,266	1,210
_	section 401(k) and 403(b) employer contributions)	19,479 78,311	57,691	15,879	4,741
9	Other employee benefits	54,278	37,713	12,863	3,702
10	Payroll taxes	54,218	31,113	12,003	<u> </u>
11	Fees for services (nonemployees)				•
а	Management	24 41 5	24 41 5		
b	Legal	34,415	34,415	17 056	
С	Accounting	17,956	15 070	17,956	
d	, ,	15,070	15,070		
е	· F				
f	Investment management fees	-			
g	· · · · · · · · · · · · · · · · · · ·				
	(A) amount, list line 11g expenses on Schedule O)	2 120	. 2.100		39
12	Advertising and promotion	3,139	3,100	02.240	39
13	Office expenses	32,685	9,345	23,340	
14	Information technology	15,729	2,199	13,530	
15	Royalties			4.5.000	
16	Occupancy	46,232	10 100	46,232	740
17	Travel	35,050	18,493	15,817	740
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,539		6,539	····
23	Insurance	14,303		14,303	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а		39,024		39,024	
b	Events	38,329	28,588	1,933	7,808
С	Equipment	27,369	3,077	24,292	
d	Dues & Subscriptions	21,033	20,051	982	·
e		46,476	34,765	11,250	461
25	•	1,257,150	765,266	426,046	65,838
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				
DAA				· 	Form 990 (2019)

Part X Balance Sheet

				(A)		(B)
				Beginning of year		End of year
-	1	Cash—non-interest-bearing		346,540	1	398,5 <u>6</u> 4
-	2	Savings and temporary cash investments		465,793	2	524,201
	3	Pledges and grants receivable, net			3	
ł	4	Accounts receivable, net		19,489	4	212,443
	5	Loans and other receivables from any current or form	er officer, director,			
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
ı		controlled entity or family member of any of these per	sons		_5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
र्घ		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		_6	
Assets	7	Notes and loans receivable, net	<u> </u>		_7	
⋖	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges	, ,	22,257	9	15,819
	10a	Land, buildings, and equipment cost or other				
i		basis Complete Part VI of Schedule D	10a 32,697			
- }	b	Less accumulated depreciation	10b 9,264	29,972	10c	23,433
	11	Investments—publicly traded securities	<u>_</u>		11	
	12	investments—other securities See Part IV, line 11	<u> </u>		12	
٠,	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets	_		14	<u> </u>
- 1	15	Other assets See Part IV, line 11	<u> </u>	464	15	2,400
-4	16	Total assets. Add lines 1 through 15 (must equal line	33)	884,515	16	1,176,860
	17	Accounts payable and accrued expenses	<u> </u>	43,360	_17	34,236
	18	Grants payable	<u> </u>		18	
1	19	Deferred revenue	<u> </u>		19	100,000
-		Tax-exempt bond liabilities	<u> </u>		_20 _	
- 1	21	Escrow or custodial account liability Complete Part IV			_21	
<u>s</u>	22	Loans and other payables to any current or former offi				
≝		trustee, key employee, creator or founder, substantial		1		
Liabilities		controlled entity or family member of any of these pers			_22	
		Secured mortgages and notes payable to unrelated th	· · · · · · · · · · · · · · · · · · ·		_23	_ .
		Unsecured notes and loans payable to unrelated third			_24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	i) Complete Part X			
	00	of Schedule D	<u> </u>	42 360	25	124 226
-+	26	Total liabilities. Add lines 17 through 25	▶ ☑	43,360	26	134,236
اي		Organizations that follow FASB ASC 958, check he	ere 🕨 🛕			
일	22	and complete lines 27, 28, 32, and 33.		0/1 155		1 040 604
<u> </u>	27	Net assets without donor restrictions	 	841,155	27	1,042,624
9	28	Net assets with donor restrictions			28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, c	leck nere ▶ ∐			
5	20	and complete lines 29 through 33.	İ	1		
<u>s</u>		Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipme	ant friend		29	
SSE			-		30	
αi		Retained earnings, endowment, accumulated income, Total net assets or fund balances	or other tunas	841,155	31	1,042,624
글 [32					

orm	990 (2019) Louisiana Fair Housing Action 72-1306717	_		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			154
2	Total expenses (must equal Part IX, column (A), line 25)	2			150
3	Revenue less expenses Subtract line 2 from line 1	3			004
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	41,	<u> 155</u>
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u>465</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,0	42,	624
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	_			X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audite, explain why an Schedula O and describe any stone taken to undergo such audite		3h	1	1

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

na Fair Housing Action

Louisiana Fair Housing Action

Employer identification number

Inspection

OMB No 1545-0047

Open to Public

Center, Inc. 72-1306717 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (vi) Amount of (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule-A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	764,408	1,365,741	921,318	685,395	1,303,594	5,040,456
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	764,408	1,365,741	921,318	685,395	1,303,594	5,040,456
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,040,456
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	764,408	1,365,741	921,318	685,395	1,303,594	5,040,456
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,978	1,402	_6,971	6,006	8,118	35,475
9	Net income from unrelated business 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)						
11	Total support. Add lines 7 through 10						5,075,931
12	Gross receipts from related activities, etc	(see instructions)				12	974,65 <u>4</u>
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ir as a section 501	(c)(3)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	 					
14	Public support percentage for 2019 (line 6			ın (f))		14	99.30%
15	Public support percentage from 2018 Sche					15	98.92%
16a	33 1/3% support test—2019. If the organi				33 1/3% or more, o	check this	⊾ ♥
	box and stop here. The organization quali				5 . 00 4/00/		▶ X
b	33 1/3% support test—2018. If the organi				5 is 33 1/3% or m	ore, cneck	▶ □
4-	this box and stop here. The organization of				o or 16h and line	14 10	
1/a	10%-facts-and-circumstances test—201 10% or more, and if the organization meet						
	Part VI how the organization meets the "fa						
	-	icis-and-circumsta	nces test The org	gamzation qualities	as a publicly supp	Sorted	▶ □
h	organization 10%-facts-and-circumstances test—201	R If the organizati	on did not check a	hox on line 13, 16	a 16b or 17a an	d line	
U	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						
	supported organization	Joto the Taots-and	J., 555ta505 te	organizatio	4-200 00 0 0		▶ □
18	Private foundation. If the organization did	d not check a box o	on line 13 16a 16	b. 17a. or 17b. che	ck this box and se	ee	٠ ـــا
	instructions			_,, _,,		-	▶ □
						Schedule A (Form 9)	

GNOFHAC 01/05/2021 8 11 AM Louisiana Fair Housing Action 72-1306717 Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part/II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (a) 2015 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Sec	Section C. Computation of Public Support Percentage						
15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15		%			
	Public support percentage from 2018 Schedule A, Part III, line 15	16		%			

		mo Porcontag	_

Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2019 (line/10c, column (f), divided by line 13, column (f))	17	9

18	Investment income percentage from 2018	Schedule A, Part III, line 17
102	22 1/2% cupport tosts-2019 If the orga	nization did not check the how on line 14, and line 15 is mor

	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
,	33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2016. If the program and that check a box of time 14 of time 194, and time 10 is more than 33 1/3%, a	
/line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

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Page 4

Schedule A (Form 990 or 990-EZ) 2019

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I. complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. A	All Suppo	rting Orgai	nizations
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- Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer 3a (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 3с purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 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) 4c purposes 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 Part VI, 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 Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 6 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 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 Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? It "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

9b

9c

10a

Schedula A (Form 990 or 990-EZ) 2019

Louisiana Fair Housing Action

72-1306717

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Schedule A (Form 990 or 990-EZ) 2019 LOUISIANA FAIR HOUSING ACCI		/Z-1306	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org. 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.			<u> </u>
.1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations must be a continuous continuous.			
Section A - Adjusted Net Income	St COMP	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain			
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		
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)
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)			
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		
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-functionally integrated	Type III	supporting organization	see
	• •	,,	

Schedule A (Form 990 or 990-EZ) 2019

instructions)

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Schedule-A (Form 990 or 990-EZ) 2019

Louisiana Fair Housing Action

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sèct	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support			
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			MANAGE AND A STATE OF THE STATE
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7 \$,	
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			<u> </u>
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7			}
a	Excess from 2015			
b	Excess from 2016			} }
	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Louisiana Fair Housing Action

72-1306717

age 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ

► Go to www irs.gov/Form990 for instructions and the latest information

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	section 501(c)(4), (5), or (6) organizations. Complete Part II	l , _			
	of organization Louisiana Fair Hous			Employer ident	ification number
	Center, Inc.			72-13067	
Pa	t I-A Complete if the organization is exen	npt under section 501(c) or is a section	on 527 organizatio	on
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV (see ın	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instru				
Pa	t I-B Complete if the organization is exen	npt under section 501(c	<u>)(3). </u>		
1	Enter the amount of any excise tax incurred by the organiz	zation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV			504(-)(0)	
Pa	t I-C Complete if the organization is exen		······	ion 501(c)(3).	·
1	Enter the amount directly expended by the filing organization	ion for section 527 exempt fund	tion		
_	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection		
	527 exempt function activities		•	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-PO	L,	. .	
	line 17b	-0		▶ \$	□v _{ee} □ v _e
4	Did the filing organization file Form 1120-POL for this year			and to which the files	∐ Yes ∐ No
5	Enter the names, addresses and employer identification n	, ,	-	<u> </u>	
	organization made payments. For each organization listed	•			
	the amount of political contributions received that were pro	• •	•	•	
	as a separate segregated fund or a political action commit		(c) EIN		(e) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)					<u></u>
. • ,					
(2)					
. -,]	
(3)					
(4)					
	<u> </u>				
(5)					
(6)					

che	dule C (Form 990 or 990-EZ) 2019 Loui	siana Fair	Housing Ac	tion	72-1306717	Page 2			
	rt II-A Complete if the organ				filed Form 5768 (ele	ection under			
	section 501(h)).	•							
(Check ▶ ☐ If the filing organization	n belongs to an affi	liated group (and lis	st in Part IV ea	ch affiliated group mem	ber's name,			
	address, EIN, expens	es, and share of ex	cess lobbying expe	nditures)					
3 (Check ▶ ☐ if the filing organization				у				
	l imits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated			
	(The term "expenditures"				organization's totals	group totals			
1a	Total lobbying expenditures to influence								
	Total lobbying expenditures to influence								
	Total lobbying expenditures (add lines 1a				-				
	d Other exempt purpose expenditures								
	Total exempt purpose expenditures (add	lines 1c and 1d)							
	Lobbying nontaxable amount. Enter the a	•	ing table in both	Γ					
	columns								
ſ	If the amount on line 1e, column (a) or (b)	is: The lobbying no	ntaxable amount is:						
	Not over \$500,000	20% of the amour	nt on line 1e						
Ī	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15°	% of the excess over \$5	00,000					
Ī	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10°	% of the excess over \$1,	,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000 \$1,000,000								
g	Grassroots nontaxable amount (enter 25	% of line 1f)				<u> </u>			
h	Subtract line 1g from line 1a If zero or le	ss, enter -0-							
i	Subtract line 1f from line 1c If zero or les	ss, enter -0-							
j	if there is an amount other than zero on	either line 1h or line 1i	, did the organization	file Form 4720					
	reporting section 4911 tax for this year?					Yes No			
		4-Year Averag	ing Period Under	Section 501(h)				
	(Some organizations that ma					nns below.			
		See the separate i							
	. 1	obbying Expendit	ures During 4-Yea	r Averaging P	eriod				
		obbjing anjoined							
	Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total			
	beginning in)	(-,		',	, ,				
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount								
	(150% of line 2a, column (e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount	· · · · · · · · · · · · · · · · · · ·							
е	Grassroots ceiling amount								
	(150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2019

72-1306717 Schedule.C (Form 990 or 990-EZ) 2019 Louisiana Fair Housing Action Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No Amount description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of X a Volunteers? X b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X 50 c Media advertisements? $\overline{\mathbf{x}}$ d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X 15,020 g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? 15,070 i Total Add lines 1c through 1i X 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year b Carryover from last year 2b 2c c Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Schedule C, Part IV, Additional Information

- Pre-session briefings, meetings, and strategy related to landlord-tenant and housing bills, as well as other GNOFHAC policy priorities.
- Assist in the development of key alliances and coalitions in support of landlord-tenant and housing bills, as well as other GNOFHAC policy priorities.

Part IV Supplemental Information (continued)

- Monitor and review state legislative activity pertaining to GNOFHAC's mission.
- Advise and assist GNOFHAC with discussions and meetings with legislators, stakeholders, and others to provide information about selected bills, and/or subject matter.
- Advise and assist GNOFHAC with preparation of strategies to improve the movement and posture of landlord-tenant and housing bills, as well as other GNOFHAC policy priorities.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public

Inspection Employer identification number Name of the organization Louisiana Fair Housing Action 72-1306717 Center, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 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? 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 conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat 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 a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, 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 tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? 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" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB 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 FASB 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 on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2019 Louisiana	a Fair Hous	sing A	ction	_	12-1	306/1/			Page 2
	at III Organizations Maintainin					or Othe	r Similar A	ssets	(continue	d)
3.	 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply) 									
а	Public exhibition	d \square	Loan or exc	change pro	gram					
b	Scholarly research	e 🗍	Other	3. [J					
c	Preservation for future generations	٠ ـ								
4	Provide a description of the organization's c	ollections and explain	n how they t	further the	organization'	s exempt	purpose in Pa	ırt		
•	XIII		,,		g		F F			
5	During the year, did the organization solicit	or receive donations	of art. histor	rical treasu	res, or other	sımılar				
	assets to be sold to raise funds rather than t								Yes	☐ No
Pa	ert IV Escrow and Custodial Ar			· · · · · · · · · · · · · · · · · · ·						
-	Complete if the organization		" on Form	n 990. Pa	art IV, line 9	9, or rep	orted an ar	nount	on Form	
	990, Part X, line 21			,	,					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tributions o	or other asse	ts not				
-	included on Form 990, Part X?		,						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	е						لبيا
_	, so, explain the arrangement are a		J						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	Form 990. Part X. line	e 21. for esc	row or cus	todial accour	nt liability?		<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII					-			لسيا	П
	rt V Endowment Funds.		·							· · ·
	Complete if the organization	n answered "Yes	" on Form	n 990, Pa	art IV, line	10				
		(a) Current year	1	or year	(c) Two yea		(d) Three yea	rs back	(e) Four ye	ars back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and					•				
_	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
_	programs				į					
f	Administrative expenses									
a										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a. c	column (a))	held as				•	
a	Board designated or quasi-endowment ▶	%		(-//						
b	Permanent endowment ▶ %									
	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3a	Are there endowment funds not in the posse		ation that ar	e held and	administered	d for the				
	organization by	•							Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	ired on Sch	edule R?					3b	
4	Describe in Part XIII the intended uses of th									
Pa	art VI Land, Buildings, and Equ				•					
	Complete if the organization		" on Form	n 990, Pa	art IV, line	11a See	Form 990	, Part	X, line 10	
	Description of property	(a) Cost or other		(b) Cost or			Accumulated		(d) Book val	
		(investment)		(oth	ier)	de	epreciation			
1a	Land									
	Buildings									
	Leasehold improvements				32,697		9,26	4	23	3,433
	Equipment									
	Other									
	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Par	t X, column	(B), line 10	0c)				23	3,433

	form 990) 2019 Louisiana Fair Hous.	ing Action	72-1306/17	Page 3
Part VII	Investments – Other Securities.	F 000 D-+ IV Iv		Dark V. June 40
•	Complete if the organization answered "Yes"			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(4) Francis			3000 01 0110 01 70	
(1) Financial			<u> </u>	
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
•	n (b) must equal Form 990, Part X, col_(B) line 12)	>		······································
Part VIII	Investments – Program Related.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11c See Form 990, F	Part X, line 13
	(a) Description of investment	(b) Book value (c) Method of v		
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
_(8)				
_(9)				
	in (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets.	F 000 D+ IV Iv	444 0 5 000 1	Dank V. June 45
	Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne i ia See Form 990, i	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)			<u> </u>	
(5)				
(6)				
(7) (8)				
(9)				
_	nn (b) must equal Form 990, Part X, col (B) line 15)	 	>	
Part X	Other Liabilities.			•
	Complete if the organization answered "Yes"	on Form 990, Part IV, lii	ne 11e or 11f See Form	990, Part X,
	line 25			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			<u></u>	
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)	·		<u> L</u>
	r uncertain tax positions. In Part XIII, provide the text of the			
organization's	liability for uncertain tax positions under FASB ASC 740 (Check here if the text of the fo	otnote has been provided in f	Part XIII

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

5

Schedule D (Form 990) 2019 Louisiana Fair Housing Action
Part XIII Supplemental Information (continued)

72-1306717

Page 5

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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Louisiana Fair Housing Action Center, Inc.

72-1306717

Form 990 - Organization's Mission

Louisiana Fair Housing Action Center (LAFHAC) is a private non-profit civil rights organization established in the summer of 1995 to eradicate housing discrimination throughout the greater New Orleans area. Through education, investigation, and enforcement activities, LAFHAC promotes fair competition throughout the housing marketplace, rental, sales, lending and insurance. LAFHAC is dedicated to fighting housing discrimination not because it is illegal, but also because it is a divisive force that perpetuates poverty, segregation, ignorance, fear and hatred.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Board representatives review the document and report to the Board.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board periodically requires disclosures.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Salary is determined by the Board and voted upon by the members.

Form 990, Part VI, Line 15b - Compensation Process for Officers Salary is determined by the Board and voted upon by the members.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available to the public on-site or via electronic means.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Louisiana Fair Housing Action

Page 2

Employer identification number

72-1306717

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
Adjustment to Beginning Net Assets \$ 465

Form 990, Part XII, Line 3b - Reason for Not Undergoing Required Audit Management has engaged a CPA Firm to conduct the audit.

STATE OF LOUISIANA

NAME CHANGE AMENDMENT

R.S. 12:238

Old Name:

GREATER NEW ORLEANS FAIR HOUSING ACTION CENTER, INC.

New Name:

LOUISIANA FAIR HOUSING ACTION CENTER, INC.

Date Amendment Adopted:

10/23/2019

Manner of Adoption:

NO SHAREHOLDERS, UNANIMOUSLY APPROVED BY DIRECTORS

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM AN OFFICER.

ELECTRONIC SIGNATURE: CASHAUNA HILL (12/12/2019)

TITLE: EXECUTIVE DIRECTOR



October 23, 2019

BOARD OF DIRECTORS

SHARONDA MILUAMS Board Chair

CAMBRIA

CAMBRIA

CAMBRIA

CAMBRIA

CAMBRIA

CAMBRIA

MCTORIA ADAMS PHIPPS ERIN PROVEN

JUSTIN WOODS

SARAH UMO IOLA

EXECUTIVE DIRECTOR

CASHAUNA HILL

AMENDMENT TO ARTICLES GREATER NEW ORLEANS FAIR HOUSING ACTION CENTER

A meeting of the Board of Directors was held on October 23, 2019, and a unanimous decision was made to make the following changes to the Articles of Incorporation of the Greater New Orleans Fair Housing Action Center, Inc.

The first sentence of Article I will be updated to reflect the organization's new name: the Louisiana Fair Housing Action Center, Inc.

Article II shall be updated to reflect that the location and post office address of the organization's registered office shall be: 1340 Poydras Street, Suite 710, New Orleans LA 70112.

Sharonda Williams

Board President, Greater New Orleans Fair Housing Action Center

Annie Clark Cambria

Board Secretary, Greater New Orleans Fair Housing Action Center

Comission is for life Wew Orleans.

Harde (Ward CSBA 32000

ANY ANY SERVICE STREET AND STEEL ADD STREET STREET, SANGER STREET, SANGER STREET, SANGER STREET, SANGER STREET,

R. Kyle Ardoin SECRETARY OF STATE

12/12/2019

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

ONLINE FILING chill@gnofairhousing.org

LOUISIANA FAIR HOUSING ACTION CENTER, INC.

It has been a pleasure to approve and place on file your name change. The appropriate evidence is attached for your files.

Payment of the filing fee is acknowledged by this letter.

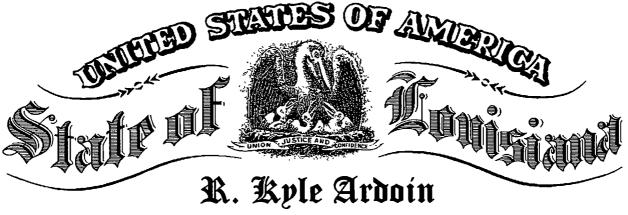
In addition to email and text notifications, business owners now have the option to enroll in our secured business filings (SBF) service. This service is available online, at no charge, by filing a notarized affidavit. Upon enrollment, an amendment cannot be made to your entity without approval using your personal identification number. This is another way to protect your business from fraud and identity theft.

Please note that as of January 1, 2018, business owners in the following parishes will be required to file all available business documents online through geauxBIZ: Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, Ouachita, Rapides, St. Tammany, Tangipahoa and Terrebonne.

Online filing options are available if changes are necessary to your registration or if you need to file an annual report. Please visit our website at **GeauxBiz.com** for your future business needs.

Sincerely,

The Commercial Division WFB



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

a copy of an Amendment to the Articles of Incorporation of

GREATER NEW ORLEANS FAIR HOUSING ACTION CENTER, INC.

Domiciled at NEW ORLEANS, LOUISIANA, changing the corporate name to

LOUISIANA FAIR HOUSING ACTION CENTER, INC.

Was filed and recorded in this Office on December 12, 2019.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 12, 2019

R 12fe 162 Secretary of State

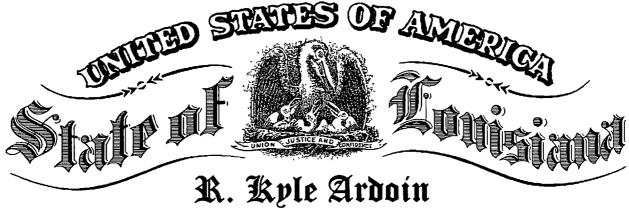
WEB 34505251N



Certificate ID: 11148151#G6D52

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the attached document(s) of

LOUISIANA FAIR HOUSING ACTION CENTER, INC.

are true and correct and are filed in the Louisiana Secretary of State's Office.

43701490

NMCHG

12/12/2019 1 page

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 12, 2019

B. Tafe No.

WEB 34505251N



Certificate ID: 11148152#Q8E52

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov