



**CITY OF COSTA MESA  
2020-2021 COMMUNITY DEVELOPMENT BLOCK GRANT  
PUBLIC SERVICE GRANT APPLICATION**

**Application is due 3:00 PM January 28, 2020**

**Late Applications will not be accepted**

Submit 1 original application & supplemental documentation to:

*Mike Linares*

*Housing & Community Development*

*77 Fair Drive, Costa Mesa CA 92628*

**AND**

**Email the completed unsigned application form in MS-Word format to: [mike.linares@costamesaca.gov](mailto:mike.linares@costamesaca.gov)**

**To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.**

Check each item included in your application package & CD-ROM/USB drive. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature  
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name: Fair Housing Foundation

Program Name: Fair Housing Program

CDBG Amount Requested: \$20,000

- ..... Application
- ..... Attachment A: Past & Projected Accomplishments
- ..... Attachment B: Proposed Budget
- ..... Attachment C: CDBG Funded Personnel
- ..... Attachment D: Costa Mesa CDBG Outcomes Worksheet
- ..... Signed Conflict of Interest Questionnaire

**Submit the following materials as PDF files on a CD-ROM or USB Drive – Do not submit hard copies**

- ..... Proposed Program Application or Intake Sheet
- ..... IRS Tax Exempt Documentation (remove all passwords)
- ..... Current Board of Directors Roster
- ..... Most Recent Financial Audit & 990 Tax Filing (remove all passwords)

**1. APPLICANT GENERAL INFORMATION**

A. Organization Legal Name: Fair Housing Foundation

B. Address: 3605 Long Beach Blvd. Ste. 302, Long Beach, CA 90807 & 2300 E. Katella Ave. Ste 405, Anaheim, CA 92806

C. Program Name: Fair Housing Program

D. CDBG Amount Requested: \$20,000

E. Check the **ONE** category that best describes the proposed program

- |   |   |
|---|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services               | <input type="checkbox"/> Youth Services           |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Crime Awareness          |
| <input type="checkbox"/> Persons with HIV/AIDS Services               | <input type="checkbox"/> Homeless Services        |
| <input checked="" type="checkbox"/> Fair Housing Services             | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Severe Mental Illness Services               | <input type="checkbox"/> Child Care Services      |
| <input type="checkbox"/> Other Public Service (specify) _____         | <input type="checkbox"/> Health Services          |

F. Is this application submitted by a coalition of organizations?

- Yes     No (If "Yes," ensure Section 7 of the Application is completed)

G. Is this application submitted by a faith-based organization?

- Yes     No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): Direct client services are provided via our toll-free #800-446-3247, the Virtual Counseling Network, or at either the Long Beach or Anaheim offices.

I. Person to contact regarding this application & program administration:

Name: Stella Verdeja    Email Address: sverdeja@fhfca.org

Telephone: 800-446-3247 x 1100    Fax: 562-989-1836

J. Federal Tax ID Number: 95-6122678

K. DUNS Number: 14-830-7068

K. Official Authorized to Sign Contracts & Expend Funds:

Name: Stella Verdeja    Title: Executive Director

## **2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)**

Provide a brief summary of the proposed program, how will the program address a priority service need in Costa Mesa, and how CDBG grant funds will be used. If you are submitting a coalition application, discuss the role of coalition partners & how program & admin efforts will be coordinated.

The Fair Housing Foundation's (FHF's) Fair Housing Program Affirmatively Furthers Fair Housing as outlined in HUD's Fair Housing Planning Guide and requirement to meet the National Objective to benefit low and moderate income persons. FHF's Fair Housing Program addresses the high priority Fair Housing need as identified in the City of Costa Mesa's Consolidated plan.

The Fair Housing Program includes: 1) Fair Housing Discrimination Intake, Investigations, and Resolutions; 2) Education and Outreach Activities and Services; 3) Landlord and Tenant Counseling, Mediations, and Assistance; 4) Activities to Affirmatively Further Fair Housing

FHF currently provides a comprehensive Fair Housing Program to a total of 25 cities, 15 in Orange County and 10 in Los Angeles County. Without exceptions, FHF meets or exceeds the outcomes and objectives of each contract.

FHF utilizes the CDBG funds for salaries, benefits, space, communications, insurance, supplies, testing fees, and consultants.

## **3. COMMUNITY NEED**

Provide data relevant to the need for the proposed program in Costa Mesa. Ensure information is specific to Costa Mesa. Specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated or demonstrably reduced.

FHF's Fair Housing Program meets the U.S. Department of Housing and Urban Development (HUD) requirement that CDBG recipients must Affirmatively Further Fair Housing.

FHF's Fair Housing Program meets the National Objective to benefit low and moderate-income persons, area wide, throughout the entire city limits. The program specifically provides for the provision of public and community services for very low and moderate-income persons, those individuals with special needs including the disabled, seniors, veterans, and female headed households. Historically, over 83% of all clients are of low and moderate-income households.

Based on the 2018-2019 Annual Report for the City of Costa Mesa, FHF provided direct client services to 178 unduplicated household of which 92.13% were of extremely low to moderate-income. Overall, 220 households were provided assistance.

Through the Education and Outreach activities conducted in the City of Costa Mesa, FHF reached another 506 individuals through conducting: 1-Landlord Workshops, 1-Tenant Workshops, 3-Certificate Management Trainings, 1-Booth, and participated in 6-community and/or agency events.

#### **4. ORGANIZATION CAPACITY & EXPERIENCE**

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (i.e., license, academic credentials, etc.) & other relevant information. FHF is a non-profit corporation formed in 1964 and dedicated to eliminating discrimination in housing and promoting equal access to housing choices for everyone. As a HUD Approved Housing Counseling Agency, FHF currently provides a comprehensive and viable Fair Housing Program to the following 25 cities in Los Angeles and Orange Counties: Aliso Viejo, Anaheim, Bellflower, Buena Park, Compton, Costa Mesa, Downey, Fullerton, Garden Grove, Gardena, Huntington Beach, Huntington Park, Irvine, La Habra, Long Beach, Lynwood, Mission Viejo, Newport Beach, Norwalk, Orange, Paramount, San Clemente, South Gate, Tustin, and Westminster. The 2020/2021 fair housing program staff will include: the Executive Director, a Community Engagement Liaison, a Case Analyst, Outreach Coordinator, an Outreach Assistant, and 2 Housing Counselors. Five (5) staff are bilingual in Spanish, one (1) staff is bilingual in Vietnamese, and one (1) in American Sign Language (ASL). A contract with Certified Languages International provides real time interpreting in 200+ additional languages. On 12/14/16, HUD published the final Rule for Housing Counseling Certification, 24 C.F.R. Part 214, requiring ALL Housing Counselors to be Certified no later than 8/1/20. Currently 3 of 5 housing counseling staff have received Certification. Stability in staffing, with an average of 14 years experience, allows us the experience to see and therefore focus on meeting the every changing needs of the community and the City. As a HUD Approved Housing Counseling Agency, FHF receives a housing counseling grant through HomeFree USA. FHF, as a 501(c) (3) corporation, accepts, uses, and complies with the accounting practices set forth by federal regulations at 24 CFR part 85 and OMB Circular number A-87, A-110, A-122 and A-128. FHF complies via primary grantee for multiple confidential Research Grants from the Urban Institute in DC.
- B. Summarize your organization's experience administering CDBG public service grant funds. As a 501(c) (3) corporation, FHF accepts, uses, and complies with the accounting practices set forth by federal regulations at 24 CFR part 85 and OMB Circular number A-87, A-110, A-122 and A-128. FHF complies with the Single Audit Act and OMB Circular A-133 audit requirements and receives an outside independent financial audit yearly. As stated in the 2014-2015 audit report, FHF for the 22 year running cites no conditions, no findings, and no instances of noncompliance. The auditing firm of Maginis, Knechtel, and McIntyre, LLP uses FHF an example of fiscal compliance in the non-profit atmosphere. In 2015, HUD increased the audit threshold to \$750,000 from \$500,000. FHF has not met this requirement to date.

- C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
2019	\$15,000	Fair Housing Foundation
2018	\$19,000	Fair Housing Foundation
2017	\$19,435	Fair Housing Foundation

- D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes  No

If "Yes," explain reasons: \_\_\_\_\_

- E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes  No

If "Yes," explain reasons: FHF does it best to set reasonable accomplishment goals. Unfortunately, it is extremely difficult to forecast how many CM residents/landlords will contact FHF for assistance. Even with FHF's various outreach activities in the community to promote fair housing services, there are multiple market factors that impact a client's motivation to contact FHF. In a continuing effort to improve FHF's methods of promoting services, FHF has increased proposed outreach activities by including 2 additional presentations and attending 1 additional community meeting.

- F. If you have not received CDBG funding from Costa Mesa in the past 3 years, list 3 references for 3 grant fund providers that have funded the proposed program: NA

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

- G. Compliance with OMB Circular A-133 (Single Audit):

- In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes  No
- During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes  No  If "Yes" please provide a copy of most recent Single Audit. If "No" please explain why a Single Audit was not prepared. FHF did not meet the \$750,000 threshold.

## 5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- |   |                  |
|---|------------------|
| 1. 2020-2021 Costa Mesa CDBG Grant Funds Requested:   | <u>\$20,000</u>  |
| 2. Total 2020-2021 Program Budget:<br>(The total budget for same program that may be offered at multiple jurisdictions) | <u>\$588,322</u> |
| 3. Total 2020-2021 Agency Budget:   | <u>\$614,233</u> |

B. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline. FHF utilizes CDBG funds to accomplish the objectives and goals of the Fair Housing Program including: salaries, benefits, rent, communications, mileage, insurance, consultants, staff development, testing, general office supplies, printing, outreach expenses, and advertising.

C. What is the per unit cost to delivery of the proposed program? 29.15/person

D. How does this cost per unit of service compare to other similar services? Less than average.

E. Does the proposed program serve Veterans? (Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.) Yes  No   
If “Yes,” what is the total percentage of Veteran clients served by the program? 1.00%

F. Provide the following information regarding full-time, part-time, contract & volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for any personnel costs, **Attachment C “CDBG Funded Personnel”** must be completed).

Full-Time Staff: 7  
 Contract Staff: 0

Part-Time Staff: 5  
 Volunteers: 2

G. What percentage of the organization’s total budget is spent on fundraising & overall administration?  
18%

H. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program:

1. Total number of unduplicated clients, **regardless of city of residence** that will be service by the program between 7/1/20 & 6/30/21? 7,000 Individuals
2. Total number of unduplicated **Costa Mesa clients** that will be served with requested CDBG funds between 7/1/20 & 6/30/21? 186 Individuals
3. What is the **total** proposed program budget for FY 2020-2021? \$20,000.00
4. What % of the total program budget will be used to serve unduplicated Costa Mesa residents?  
100%

I. Budget Leveraging

1. Will CDBG or other grant funding be requested for this program from any other city or the County?  
 Yes  No  ‡

If “Yes” how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF AGENCY	CDBG/GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

‡ Ensure that these amounts are also listed in “ATTACHMENT B PROPOSED 2020-2021 PROGRAM BUDGET.”

2. Will grant funding be requested for this program from any other funder to serve Costa Mesa residents? Yes  No

If "Yes" how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

- J. Is this a new program? Yes  No  If this is **not** a "New" program, how will this program be expanded from current program efforts? Utilizing FHF's annual review process, FHF's analysis reflects an increase in the number of Female Head of Households, Seniors, and those whom are disabled. Therefore, FHF will specifically target, promote and address the needs of these protected classes. Additionally, FHF's data for the past 10-years reflects that overall, only 18% of Costa Mesa households assisted are duplicated year-to-year, therefore FHF expands education and outreach efforts annually by reaching additional individuals from unrepresented areas within the City
- K. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes  No
- L. Will requested CDBG funds be used to match funding requested for another funder? Yes  No  If "Yes," provide information regarding the other grant source & match requirements. \_\_\_\_\_

## 6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2020 through 6/30/2021:

- A. Number of unduplicated Costa Mesa residents the program will serve **with requested CDBG funds?**  
186 Individuals.

What % of these individuals will be of low/moderate income? 85%

*Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for programs that exclusively serve a "**presumed beneficiary**" population; however, documentation of presumed beneficiary status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.*

- B. Does the proposed program application/intake form collect all HUD-required information?  
Yes  No  If "**Yes,**" how is this information documented?

a. Self-Certification (HUD requires full income documentation for 10% to 20% of program beneficiaries)

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category  List category \_\_\_\_\_

If "**No,**" how will this information be collected & reported to the City? \_\_\_\_\_

- C. Submit a copy of the current or proposed program application/intake form with your application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are "chronic homeless?"  
\_\_\_\_%  Not Applicable

*HUD defines **chronically homeless** as:*

*(1) An individual who:*

*(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &*

*(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &*

*(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;*

*(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or*

*(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.*

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

**OBJECTIVE** - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

**OUTCOMES** - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

## 7. COALITION APPLICATION INFORMATION

*NOTE: A coalition is defined as two or more agencies (at least one of which is applying for CDBG public service grant funds) with the goal of addressing an identifiable community need, eliminating duplication of services & reducing grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.*

*Coalition points may also be awarded to those applications that can demonstrate they work in partnership with the City to implement homeless or neighborhood improvement initiatives.*

**CHECK BOX IF NOT APPLICABLE (NOTE: UP TO 10 RATING POINTS ARE AVAILABLE FOR COALITION APPLICATIONS)**

A. List coalition members:

Lead Agency:
Member:
Member:
Member:
Member:

B. Describe the target population to be served by the coalition.

C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked & reported. *(If seeking points as a City initiatives partner, list services to be provided & how services will be coordinated with City efforts.)*

D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success.

E. How many clients will be served by coalition efforts during the 2020-2021 Program Year with requested CDBG funds?

**8. CERTIFICATION**

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Costa Mesa (“City”) by the Board of Directors of Fair Housing Foundation (“Agency”). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Costa Mesa residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Costa Mesa residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Stella Verdeja

Title: Executive Director

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Signature

Date

# ATTACHMENT A

## PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

**Program Name:** Fair Housing Program

*Do not use percentages*  
*List actual number of unduplicated Costa Mesa residents served in past years or estimate number of unduplicated Costa Mesa residents to be served with requested CDBG funds*

INCOME CATEGORY	2017-2018 ACTUAL NUMBER OF CM PERSONS SERVED	2018-2019 ACTUAL NUMBER OF CM PERSONS SERVED	2019-2020 <b>PROJECTED NUMBER</b> OF CM PERSONS TO BE SERVED	2020-2021 <b>PROJECTED NUMBER</b> OF CM PERSONS TO BE SERVED
<b>MODERATE-INCOME</b> 80% + MEDIAN INCOME	24	14	12	16
<b>LOW-INCOME</b> 50%-80% MEDIAN INCOME	45	38	30	35
<b>VERY LOW-INCOME</b> 30%-50% MEDIAN INCOME	65	40	48	55
<b>EXTREMELY LOW- INCOME</b> 0%-30% MEDIAN INCOME	72	86	85	80
<b>TOTAL</b>	<b>204</b>	<b>178</b>	<b>175</b>	<b>186</b> §

§ Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

**ATTACHMENT B**  
**PROPOSED 2020-2021 PROGRAM BUDGET**

**Program Name:** Fair Housing Program

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$3,034.00	\$0.00	\$3,034.00
Program Staff Salaries & Benefits	\$11,271.00	\$0.00	\$11,271.00
Program Supplies	\$1,586.00	\$350.00	\$1,936.00
Rent/Lease	\$2,264.00	\$559.00	\$2,823.00
Communications	\$353.00	\$126.00	\$479.00
Utilities	\$0.00	\$0.00	\$0.00
Insurance	\$317.00	\$101.00	\$418.00
Professional Services (Specify)	\$0.00	\$0.00	\$0.00
Other (Specify) Travel & Mileage	\$299.00	\$103.00	\$402.00
Other (Specify) Consultants	\$839.00	\$750.00	\$1,589.00
Other (Specify) Staff Development	\$37.00	\$11.00	\$48.00
Other (Specify)	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$20,000.00</b>	<b>\$2,000.00</b>	<b>\$22,000.00</b>

**List Source of "Other" Program Funds to be use to Assist CM Residents**

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
HUD Housing Counseling through HomeFree USA	\$2,000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$2,000</b>	

## ATTACHMENT C CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

**LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING CDBG FUNDING**

### AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
Executive Director	\$73,542.00	\$12,393.00	\$85,935.00	\$3,034.00	3.53%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

### PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
Community Engagement Liaison	\$56,119.00	\$11,937.00	\$68,056.00	\$2,402.00	3.53%
Outreach Coordinator	\$50,100.00	\$11,116.00	\$61,216.00	\$2,161.00	3.53%
Case Analyst	\$45,169.00	\$10,410.00	\$55,579.00	\$1,962.00	3.53%
Outreach Assistant	\$40,344.00	\$9,787.00	\$50,131.00	\$1,770.00	3.53%
Housing Counselor	\$30,000.00	\$9,121.00	\$39,121.00	\$1,381.00	3.53%
Housing Counselor	\$30,000.00	\$9,121.00	\$39,121.00	\$1,381.00	3.53%
CDBG Testers	\$5,000.00	\$871.00	\$5,871.00	\$214.00	3.65%

### PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

## ATTACHMENT D

### COSTA MESA CDBG OUTCOMES WORKSHEET

This sheet is designed to help applicants for Costa Mesa CDBG funding better plan their program and identify their desired program goals and outcomes. It will not factor into the application process, but rather, can be used to help applicants think about their program.

<b>Program Goal</b>	<b>Program Activities</b>	<b>Program Output</b>	<b>Indicator</b>	<b>Program Outcome</b>	<b>Target Population(s)</b>
<i>Goals:</i> This is an overarching objective of what you are trying to achieve with your program. It should be as specific and clear as possible.	<i>Activities:</i> This describes the who, what, when & where of your program. What tasks/activities will be done in pursuit of the desired goal.	<i>Outputs:</i> This describes the intermediate step of what effort(s) your team exerted in pursuit of the outcome. This is often easily quantifiable (# of classes held, # of meals served, # of participants engaged, etc.)	<i>Indicators:</i> This <b>measures progress</b> “measures” or “benchmarks.” It answers the question: Are we on track to reach the outcome?	<i>Outcomes:</i> This describes the <b>end result</b> and impact on the target population. It answers the question: What would we expect to see as a result of the efforts (change in knowledge, behavior or community)?	<b>Please identify which of the following high-priority populations your outcomes serve</b> _ Homeless Services/ Fair Housing _ Youth Services _ Disabled Services _ Elderly/ Frail, Senior Services
Goal 1: Fair Housing	Counsel, intake, investigate, and resolve	14 Households	4 Households per quarter	Correct illegal housing discrimination	Fair Housing
Goal 2: Landlord & Tenant	Counsel, resolve, mediate, assist, and refer	172 Households	44 Households per quarter	Resolve landlord & tenant issues, screen for fair housing discrimination	Fair Housing
Goal 3: Education & Outreach	Educate community on fair housing and landlord tenant	500 individuals 3- Fair Housing Workshops 1- Booth, 2- Community contacts, 3 - Presentations, 1- Community meetings, and 2,800- Literature distribution	1/4 accomplished per quarter	Educate and bring awareness to fair housing, provide resources	Fair Housing

# FHF Client Intake Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M. Interviewer: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Female Male Unknown Contract City Name: \_\_\_\_\_

Race: Am Ind/ Alsk Am Ind/Alsk & Black Am Ind/Alsk & White Asian Asian & White Blk/ Afr  
Am Blk/Afr Am & White Pacific Islander White Other \_\_\_\_\_

Ethnicity:  Latino  Non Latino National Origin: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Language Spoken: Armenian Cambodian English Indonesian Khmer Mandarin Russian  
Spanish Vietnamese Other \_\_\_\_\_

Type of Visit: Email Office Telephone Website Other \_\_\_\_\_

Type of Caller: Homebuyer In-place Tenant Landlord/Manager Management Company  
Realtor Property Owner Rental Home-seeker Other

Referral: City Hall CBO FH Council FHF Activity Friend Newsprint Radio Television  
Other \_\_\_\_\_

Council District: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Income Level: High Medium Low Very Low  
Income Amnt: \_\_\_\_\_ No. of people in household \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Comments: \_\_\_\_\_

Female Head: Yes No Rent Control: Yes No Disabled: Yes No Senior Citizen: Yes No

## General Housing Issue

Eviction G.H. Issue Harassment Illegal Entry Late Fees Lease Terms Lockout  
Notices Parking Pets Ref. to Rent Ref. to Sell Rent Control Rent Increase  
Section 8 Sec. Deposit Habitability Utilities Other: \_\_\_\_\_

## General Housing Action

Ref. to Attorney Building and Safety Code Enforcement Consumer Affairs  
Correspondence County Assessor Discrimination Department Health Department  
Housing Authority Legal Aid Mediation Other FH Group  
Resolved Rent Stabilization Small Claims Court U.D. Assistance  
Habitability Coordinator Other: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Time Spent: \_\_\_\_\_

## Discrimination

Age Ancestry Color Familial Status Gender  
Harassment Marital Status Mental Disability National Origin Physical Disability  
Race Religion Sexual Orientation Source of Income Arbitrary: \_\_\_\_\_

## Discrimination Action

Resolved Other (Pending an action) Case Opened: Case # \_\_\_\_\_

Interviewer: \_\_\_\_\_ Time Spent: \_\_\_\_\_

## Habitability Action

Resolved Other (Pending an action) Case Opened: Case # \_\_\_\_\_

Interviewer: \_\_\_\_\_ Time Spent: \_\_\_\_\_



## Family Members

Number of Adults in Household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship Type:  Adult  Child Date of Birth/Age: \_\_\_\_\_

Ethnicity:  African American  Native American  Asian Pacific  Caucasian

Latino  Other: \_\_\_\_\_ National Origin: \_\_\_\_\_

Gender:  Female  Male Relationship to Complainant: \_\_\_\_\_

Disabled:  No  Yes: \_\_\_\_\_

Source of Income:  Salary  AFDC  SSI  Child Support  Retirement

Alimony  Self Employed  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ # Years: \_\_\_\_\_

Total Monthly Income from all sources: \$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship Type:  Adult  Child Date of Birth/Age: \_\_\_\_\_

Ethnicity:  African American  Native American  Asian Pacific  Caucasian

Latino  Other: \_\_\_\_\_ National Origin: \_\_\_\_\_

Gender:  Female  Male Relationship to Complainant: \_\_\_\_\_

Disabled:  No  Yes: \_\_\_\_\_

Source of Income:  Salary  AFDC  SSI  Child Support  Retirement

Alimony  Self Employed  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ # Years: \_\_\_\_\_

Total Monthly Income from all sources: \$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship Type:  Adult  Child Date of Birth/Age: \_\_\_\_\_

Ethnicity:  African American  Native American  Asian Pacific  Caucasian

Latino  Other: \_\_\_\_\_ National Origin: \_\_\_\_\_

Gender:  Female  Male Relationship to Complainant: \_\_\_\_\_

Disabled:  No  Yes: \_\_\_\_\_

Source of Income:  Salary  AFDC  SSI  Child Support  Retirement

Alimony  Self Employed  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ # Years: \_\_\_\_\_

Total Monthly Income from all sources: \$ \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_

**Rental Information**

Length of at complaint residence: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Security Deposit: \_\_\_\_\_

Section 8 Voucher Amount: \_\_\_\_\_ Case Worker Name: \_\_\_\_\_

Section 8 Pending Status: \_\_\_\_\_

Property Type:  Condo  Single Family  Multi Family  Apartment  
 Townhouse  Duplex  Mobile Home  Other: \_\_\_\_\_

3 day, 30 day, unlawful detainer notice pending: \_\_\_\_\_

If Home-seeker, attire when applied: \_\_\_\_\_

## Property Information

Name of Complex: \_\_\_\_\_ Cross Streets: \_\_\_\_\_  
# of Units: \_\_\_\_\_ Year Built: \_\_\_\_\_ Census Tract: \_\_\_\_\_  
APN #: \_\_\_\_\_ Ref APN: \_\_\_\_\_ Tract: \_\_\_\_\_  
Lot: \_\_\_\_\_ Page Old: \_\_\_\_\_ Page New: \_\_\_\_\_  
Vacancy:  Yes  No Language on Sign: \_\_\_\_\_ Sign:  Yes  No  
Ad Date: \_\_\_\_\_ Source: \_\_\_\_\_ Page #: \_\_\_\_\_  
Description: \_\_\_\_\_  
# of Priors: \_\_\_\_\_ Comment: \_\_\_\_\_

### Manager

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Race:  African American  Native American  Asian Pacific  Caucasian  
 Latino  Other: \_\_\_\_\_ National Origin: \_\_\_\_\_  
Gender:  Female  Male Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Office Hours: \_\_\_\_\_ Property Search:  Yes  No  
National Origin: \_\_\_\_\_  
Comments: \_\_\_\_\_

### Owner

Legal Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Owned Since: \_\_\_\_\_  
Race:  African American  Native American  Asian Pacific  Caucasian  
 Latino  Other: \_\_\_\_\_ National Origin: \_\_\_\_\_  
Gender:  Female  Male Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Office Hours: \_\_\_\_\_ Property Search:  Yes  No  
National Origin: \_\_\_\_\_  
Comments: \_\_\_\_\_

### Management Company

Company Name: \_\_\_\_\_  
Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_  
Managed Since: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Office Hours: \_\_\_\_\_ Property Search:  Yes  No  
Comments: \_\_\_\_\_



**U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE**

REC'D DEC 17 1965

DISTRICT DIRECTOR  
P. O. BOX 231  
LOS ANGELES, CALIFORNIA 90053

December 15, 1965

IN REPLY REFER TO  
Form L-178  
Code 414:JFS  
LA-EO-65-1039

**Fair Housing Foundation of Long Beach  
903 Security Building  
Long Beach, California**

PURPOSE	
Charitable	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE	
Los Angeles	
FORM 990-A RE- QUIRED	ACCOUNTING PERIOD ENDING
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	December 31

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

*R. A. Riddell*

R. A. Riddell  
District Director



Department of the Treasury  
Internal Revenue Service  
P.O. Box 9941  
Ogden UT 84409

In reply refer to: 2916808252  
Oct. 31, 2000 LTR 252C  
95-6122678 000000 00 000  
00657

FAIR HOUSING FOUNDATION  
200 PINE AVE STE 240  
LONG BEACH CA 90802-3037008

Taxpayer Identification Number: 95-6122678

Dear Taxpayer:

Thank you for the inquiry dated Sep. 06, 2000.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Thank you for your cooperation.

Sincerely yours,

Georgia Warren  
Chief, Research & Perfection Branch

**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** December 20, 2000

**Person to Contact:**  
Michael Dutcher 31-07421  
Customer Service Specialist  
**Toll Free Telephone Number:**

Fair Housing Foundation  
200 Pine Ave Ste 240  
Long Beach, CA 90802-3037

**8:00 a.m. to 9:30 p.m. EST**  
877-829-5500

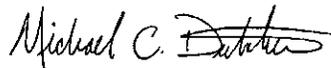
**Fax Number:**  
513-263-3756

Dear Sir or Madam:

Enclosed is the information you requested in your letter dated October 20, 2000.

Please accept our apology for the delay in responding to your request and for any inconvenience this may have caused you or your organization.

Sincerely,



Michael Dutcher 31-07421  
Customer Service Specialist

Enclosure: Letter affirming exempt status, name change and Amended Articles of Incorporation

**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** December 20, 2000

Fair Housing Foundation  
200 Pine Ave Ste 240  
Long Beach, CA 90802-3037

**Person to Contact:**  
Michael Dutcher 31-07421  
Customer Service Specialist  
**Toll Free Telephone Number:**

8:00 a.m. to 9:30 p.m. EST  
877-829-5500

**Fax Number:**  
513-263-3756

**Federal Identification Number:**  
95-6122678

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on June 22, 2000. We have updated our records to reflect those changes and revised your name as indicated above.

Our records indicate that a determination letter issued in December 1965 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Fair Housing Foundation  
95-6122678

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

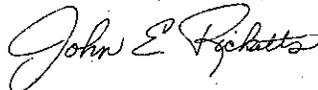
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services

STATE OF CALIFORNIA

FRANCHISE TAX BOARD

SACRAMENTO, CALIFORNIA 95867

April 16, 1985



In reply refer to  
342:APP:RWN:ca:g

Fair Housing Foundation of Long Beach  
c/o Robyn Poliner  
2023 Pacific Avenue  
Long Beach, CA 90806

Purpose : Charitable  
Form of Organization : Corporation  
Accounting Period Ending: June 30  
Organization Number : 0483197

On the basis of the information submitted and provided your present operations continue unchanged or conform to those proposed in your application, you are exempt from state franchise or income tax under Section 23701d, Revenue and Taxation Code. Any change in operation, character or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

You are required to file Form 199 (Exempt Organization Annual Information Return) or Form 199B (Exempt Organization Annual Information Statement) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

If the organization is incorporating, this approval will expire unless incorporation is completed with the Secretary of State within 60 days.

Exemption from federal income or other taxes and other state taxes requires separate applications.

This exemption effective as of December 30, 1964.

D. Hareid, Supervisor  
Central Audit Section  
Telephone (800) 852-5711



**FRANCHISE TAX BOARD**

1025 P STREET  
SACRAMENTO, CALIFORNIA 95814

December 28, 1964

Fair Housing Foundation of Long Beach  
903 Security Building  
110 Pine Avenue  
Long Beach 2, California

Re: Exemption from franchise tax

Gentlemen:

It is the opinion of this office, based upon the evidence presented, that you are exempt from State franchise tax under the provisions of Section 23701f of the Revenue and Taxation Code.

Accordingly, you will not be required to file franchise tax returns unless you change the character of your organization, the purposes for which you were organized, or your method of operation. You are required to report any such changes immediately to this office in order that their effect upon your exempt status may be determined.

If in any year your gross income exceeds \$25,000, you are required to file an information return on Form 199 on or before the 15th day of the 5th month following the close of your fiscal year. These forms will be mailed to you if you provide us with your current postal address.

If the organization is not yet incorporated or has not yet qualified to do business in California, this approval will expire unless incorporation or qualification is completed within thirty days.

Very truly yours,

James T. Philbin  
Associate Tax Counsel

JTP:ef  
cc: Secretary of State  
(f)

FTB 4216 (10-64)



**Fair Housing Foundation**

**Board of Directors - Confidential Roster**

<b>Name</b>	<b>Employment</b>	<b>Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Term Expires</b>	<b>Telephone Number</b>
Connie Haynes Chair	Realtor	2859 Chestnut Avenue	Long Beach	90806	1/1/21	562-833-9688
Richard Hernandez Vice Chair	Systems Change Advocate Disabled Resources Center Inc	1417 W. 55th Street	Los Angeles	90062	1/1/21	213-926-1469
Carole Vargas Secretary	Admin CPA Office	1939 E. Fruit St.	Santa Ana	92701	1/1/21	714-679-7008
Kendall Hastings Treasurer	Marrket Research Marking Research Corp.	13601 La Pat Place	Westminster	92683	1/1/21	714-655-4937
Stella Verdeja Executive Director Ex-Officio	Executive Director Fair Housing Foundation	1871 Gladys Ave.	Signal Hill	90755	Ex Officio	951-452-1025
Julia Moore	Retired	16521 Landau Ln	Huntington Beach	92647	1/1/21	714-841-3396
Malcolm Bennett	President & Founder Internatinal Realty	11215 S. Western Avenue	Los Angeles	90047	1/1/21	213-718-1874

## **Fair Housing Foundation**

3605 Long Beach Blvd., #302  
Long Beach, CA 90807

∞

2300 E. Katella Ave. #405  
Anaheim, CA 92806



Attached please find our most current financial audit. It covers the period of **July 1, 2014 through June 30, 2015**. The reason this is our most current audit is because effective January 1, 2015, the Office of Management and Budget (OMB) increased their threshold for A-133 compliance audits from \$500,000 to \$750,000 per fiscal year. Our budget for 2015/2016 was \$617,000, for 2016/2017 our budget was \$645,239, for 2017/2018 our budget was \$608,157, and for 2018/2019 our budget was \$545,792. Since Fair Housing Foundation has not expended more than \$750,000 per fiscal year, we have not completed a Single Audit.



FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)

FINANCIAL STATEMENTS  
WITH INDEPENDENT AUDITORS' REPORT

FOR THE YEAR ENDED JUNE 30, 2015

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)

FINANCIAL STATEMENTS WITH INDEPENDENT AUDITORS' REPORT

FOR THE YEAR ENDED JUNE 30, 2015

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**MAGINNIS KNECHTEL & MCINTYRE, LLP**  
**CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS**  
**950 SOUTH ARROYO PARKWAY**  
**PASADENA, CALIFORNIA 91105**  
**TELEPHONE 626/449-3466**  
**FACSIMILE 626/577-9361**

INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Fair Housing Foundation  
Long Beach, California

**Report on the Financial Statements**

We have audited the accompanying financial statements of Fair Housing Foundation (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Fair Housing Foundation as of June 30, 2015, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Matters**

*Other Information*

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

**Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated July 20, 2016, on our consideration of Fair Housing Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Fair Housing Foundation's internal control over financial reporting and compliance.

*Maguire, Knechtel & McHugh, LLP*

July 20, 2016

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)  
STATEMENT OF FINANCIAL POSITION  
JUNE 30, 2015

ASSETS

Cash	\$ 47,367
Grants receivable	26,021
Prepaid expenses	750
Equipment, net of accumulated depreciation of \$11,686	<u>0</u>
Total assets	<u>\$ 74,138</u>

LIABILITIES AND NET ASSETS

Accrued liabilities	<u>\$ 45,764</u>
Total liabilities	45,764
Net assets-unrestricted	<u>28,374</u>
Commitments and contingencies (Note 3)	
Total liabilities and net assets	<u>\$ 74,138</u>

The accompanying notes are an integral part of these financial statements.

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)  
STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED JUNE 30, 2015

UNRESTRICTED

CHANGES IN UNRESTRICTED NET ASSETS:

Revenue and other support	
Grant revenue	\$859,035
Other revenue	<u>21,183</u>
Total revenues and other support	<u>880,218</u>
EXPENSES:	
Program services	880,365
Management & general	<u>92,012</u>
Total expenses	<u>972,377</u>
Change in net assets	(92,159)
Net assets, beginning of year	<u>120,533</u>
Net assets, end of year	<u>\$ 28,374</u>

The accompanying notes are an integral part of these financial statements.

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)  
STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED JUNE 30, 2015

	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Total</u>
Personnel	\$496,407	\$ 68,334	\$564,741
Professional fees	61,563	5,500	67,063
Public information, training, and testing	190,340	0	190,340
Travel	9,130	1,257	10,387
Rent	45,365	6,245	51,610
Office expenses	28,225	3,885	32,110
Telephone	12,978	1,786	14,764
Insurance	6,935	955	7,890
Equipment	12,157	1,674	13,831
Other costs	<u>17,265</u>	<u>2,376</u>	<u>19,641</u>
Total expenses	<u>\$880,365</u>	<u>\$ 92,012</u>	<u>\$972,377</u>

The accompanying notes are an integral part of these financial statements.

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED JUNE 30, 2015

INCREASE (DECREASE) IN CASH

Cash flows from operating activities:	
Cash received as public support	\$1,000,451
Cash paid to employees and other costs	(995,987)
Interest paid	0
Income taxes paid	<u>0</u>
Net cash provided by operating activities/Net increase in cash	4,464
Cash at beginning of year	<u>42,903</u>
Cash at end of year	<u>\$ 47,367</u>
Reconciliation of Change in Net Assets to net cash provided by operating activities:	
Change in Net Assets	<u>\$ (92,159)</u>
Adjustments to reconcile Change in Net Assets to net cash provided by operating activities:	
Changes in assets and liabilities:	
Decrease in grants receivable	120,233
Decrease in prepaid expenses	4,550
Decrease in accrued liabilities	<u>(28,160)</u>
Total adjustments	<u>92,623</u>
Net cash provided by operating activities	<u>\$ 4,464</u>

The accompanying notes are an integral part of these financial statements.

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)  
NOTES TO FINANCIAL STATEMENTS

(1) Purpose And Operations

The purpose of Fair Housing Foundation (the "Foundation") is to advocate and encourage the existence and maintenance of multi-ethnic neighborhoods where all people can live and exist in harmony. The Foundation provides leadership and coordination for the elimination of illegal discrimination against individuals seeking housing. The Foundation promotes every person's right to exercise unqualified free choice in the selection of housing.

(2) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Foundation have been prepared on the accrual basis. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Basis of Preparation

The financial statements are presented in accordance the Financial Accounting Standards Board in its Statement of Financial Accounting Standards Number 117, Financial Statements of Not-For-Profit Organizations. Under SFAS Number 117, the Foundation is required to report information regarding its financial position and activities according to three classifications of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Cash Equivalents

For purposes of the statement of cash flows, the Foundation considers all highly liquid investments, with maturities of three months or less to be cash equivalents.

Expendable Restricted Resources

Operating funds restricted by the grantor for particular operating purposes are deemed to be earned and reported as revenues of operating funds when the Foundation has incurred expenditures or earned fees in compliance with the specific restrictions.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the U.S.A. includes the use of estimates that affect the financial statements. Accordingly, actual results could differ from those estimates.

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)  
NOTES TO FINANCIAL STATEMENTS

(2) Summary of Significant Accounting Policies, Continued  
Equipment

Equipment purchases with grant funds where in the grantor retains title to the equipment are expensed as acquired.

Income Taxes

The Foundation has been determined to be exempt from Federal and California Franchise taxes under Section 501(c)(3) of the Internal Revenue Service Code and corresponding California provisions. The federal and state jurisdictions where the Foundation files returns have statutes of limitations through four years. No returns are currently under examination.

Contributions

The Foundation accounts for contributions in accordance with the Financial Accounting Standards Board in SFAS Number 116, Accounting for Contributions Received and Contributions Made. In accordance with SFAS Number 116, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. All donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Promises to Give

Unconditional promises to give are recognized as revenues in the period received and as assets, decrease of liabilities, or expenses depending on the form of the benefits received. Promises to give are recorded at net realizable value if expected to be collected in one year and at fair value if expected to be collected in more than one year. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)  
NOTES TO FINANCIAL STATEMENTS

(3) Commitments And Contingencies

Commitments

The Foundation leases office space under a lease expiring on September 30, 2016. Future approximate annual lease payments as of June 30, 2015 are as follows:

2016	\$ 44,661
2017	45,996
2018	47,376
2019	48,795
2020	12,288
Total	<u>\$199,116</u>

During the year ended June 30, 2015 the Foundation incurred \$51,610 of rent expense.

Contingency/Government Contracts

Revenues from government contracts are recorded to the extent expenses under the contracts are incurred. Revenues recorded under the contracts are subject to government audit and adjustment. Management believes it has complied with all applicable contract provisions.

The Foundations exempt returns are subject to audit by the Internal Revenue Service and Franchise Tax Board. Management believes it has complied with all reporting requirements.

(4) Subsequent Events

The Foundation evaluated subsequent events through July 20, 2016, the date the financial statements were available for issuance.

FAIR HOUSING FOUNDATION  
 (A NONPROFIT CALIFORNIA CORPORATION)  
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
 FOR THE ENDED JUNE 30, 2015

<u>Funding Source/Pass through Grantor/Additional information</u>	<u>Federal CFDA Number</u>	<u>Expenditures</u>
<u>Pass-through Awards</u>		
<u>U.S. Department of Housing and Urban Development</u>		
Community Development Block Grants Program		
Total Federal Awards, passed through the County Of Los Angeles and various cities	14.218	<u>\$859,835</u> (1)*

NOTES:

- (1) Represents revenue allocable to the Federal Government.
- (2) The schedule of expenditures of federal awards presented above includes the federal grant activity of Fair Housing Foundation and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

\* Denotes a major program

See accompanying Independent Auditors' report.

**MAGINNIS KNECHTEL & MCINTYRE, LLP**  
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS  
950 SOUTH ARROYO PARKWAY  
PASADENA, CALIFORNIA 91105  
TELEPHONE 626/449-3466  
FACSIMILE 626/577-9361

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE AND ON INTERNAL CONTROL  
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF FINANCIAL STATEMENTS  
PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors  
Fair Housing Foundation  
Long Beach, California

We have audited the financial statements of Fair Housing Foundation as of and for the year ended June 30, 2015, and have issued our report thereon dated July 20, 2016. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether Fair Housing Foundation financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Fair Housing Foundation internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control

over financial reporting and its operation that we consider to be material weaknesses.

This report is intended solely for the information and use of the federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*Maguire Knechtel & McIntyre, LLP*

July 20, 2016

**MAGINNIS KNECHTEL & MCINTYRE, LLP**  
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS  
950 SOUTH ARROYO PARKWAY  
PASADENA, CALIFORNIA 91105  
TELEPHONE 626/449-3466  
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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO THE MAJOR PROGRAM AND INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Board of Directors  
Fair Housing Foundation  
Long Beach, California

Compliance

We have audited the compliance of Fair Housing Foundation with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to its major federal program for the year ended June 30, 2015. Fair Housing Foundation's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to its major federal program is the responsibility of Fair Housing Foundation's management. Our responsibility is to express an opinion on Fair Housing Foundation's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Fair Housing Foundation's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Fair Housing Foundation's compliance with those requirements.

In our opinion, Fair Housing Foundation complied, in all material respects, with the requirements referred to above that are applicable to its major federal program for the year ended June 30, 2015.

Internal Control Over Compliance

The management of Fair Housing Foundation is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered Fair Housing Foundation's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended solely for the information and use of the federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*Maginnis & Mechtel + McC Lutz, LLP*

July 20, 2016

FAIR HOUSING FOUNDATION  
(A NONPROFIT CALIFORNIA CORPORATION)  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED JUNE 30, 2015

**Component 1 - Summary of Auditor Results:**

The audit of Fair Housing Foundation (the "Foundation") June 30, 2015 financial statements and schedule of expenditures of federal awards resulted in an unqualified opinion.

The June 30, 2013 Single Audit Report contained no findings and recommendations, accordingly the Foundation required no action as a result of the June 30, 2013 audit. The opinion on compliance on the major program is unqualified. We report no conditions or findings that are required to be reported in accordance with Section 510a of OMB Circular A-133. The results of our tests disclosed no instances of noncompliance which are material to the financial statements.

**Major Program:**

U.S. Department of Housing and Urban Development CFDA 14.218.

Threshold used to distinguish between Type A and B programs:  
\$300,000.

**Low-risk auditee:**

The Foundation did qualify as a low risk auditee.

**Component 2 - Financial Statement Findings:**

None.

**Component 3 - Federal Awards Findings and Questioned Costs:**

None.



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

<b>Notice</b>	CP211A
<b>Tax period</b>	June 30, 2019
<b>Notice date</b>	December 9, 2019
<b>Employer ID number</b>	95-6122678
<b>To contact us</b>	Phone 877-829-5500 FAX 877-792-2864

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FAIR HOUSING FOUNDATION  
3605 LONG BEACH BLVD STE 302  
LONG BEACH CA 90807-4025

Page 1 of 1

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Important information about your June 30, 2019 Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2019 Form 990.

Your new due date is May 15, 2020.

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### What you need to do

File your June 30, 2019 Form 990 by May 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

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### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a)
- For tax forms, instructions, and publications, visit [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY





**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

- 1 Briefly describe the organization's mission:  
**The Fair Housing Foundation is a non-profit organization dedicated to eliminating discrimination in housing and promoting equal access to housing choices for everyone. The Fair Housing Foundation provides a Fair Housing Program consisting of: Fair Housing allegation counseling, intake, investigations, and resolution; Landlord and Tenant Counseling, Mediations, and Assistance; and conducting Education and Outreach Activities.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 575,929 including grants of \$ 575,929) (Revenue \$ 575,929)  
**The Fair Housing Foundation (FHF) provided a comprehensive Fair Housing Program for 24 Cities in Los Angeles and Orange Counties. FHF counseled 468 allegations of housing discrimination and opened 143 cases covering the federal and state protected classes of Disability, Race, Familial Status, National Origin, Sexual Orientation, Source of Income, Gender, Marital Status, and Religion. To determine violations, FHF conducted 325 different types of investigations on the 143 cases. FHF conducted FHF assisted 8,139 Households with Landlord and Tenant Counseling, conducted 23 Mediations, and provided assistance in completing Unlawful Detainer forms to 59 households. Over 93% of households assisted were of low & mod-income households. FHF assisted another 27,606 individuals through the Education and Outreach Program and presence in each City.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ 17,500 including grants of \$ 17,500) (Revenue \$ 17,500)  
**Housing Counseling Services**

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses **593,429**

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	✓	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		✓
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		✓
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		✓
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		✓
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		✓
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		✓
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		✓
<b>9</b>	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		✓
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		✓
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>		✓
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		✓
<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		✓
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>		✓
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		✓
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		✓
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>		✓
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>		✓
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		✓
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>		✓
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		✓
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>		✓
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>		✓
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		✓
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		✓

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>20 a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		✓
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
<b>23</b>	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? <i>If "Yes," complete Schedule J . . . . .</i>		✓
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		✓
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

Part 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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for Form 1096, Form W-2G, Form W-3, and various organizational requirements.

**Part VI 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 in Schedule O.	6	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	6	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		✓
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<b>7a</b>	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? . . . . .		✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	✓	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		✓

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		✓
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	✓	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	✓	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		✓
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	✓	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	✓	
<b>b</b>	Other officers or key employees of the organization . . . . .	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		✓
<b>b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**Fair Housing Foundation, (562)989-1206**  
 3605 Long Beach Blvd 302, Long Beach, CA 90807





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0						
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0						
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0						
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0						
	<b>e</b> Government grants (contributions)	<b>1e</b> 550,929						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 47,401						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	25,000						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶						598,330	
<b>Program Service Revenue</b>	<b>2a</b> Business Code							
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .							
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		0					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶							
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶							
	<b>5</b> Royalties . . . . . ▶							
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)	0					0
	<b>d</b> Net rental income or (loss) . . . . . ▶							
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .	0					0
		<b>d</b> Net gain or (loss) . . . . . ▶						
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events . ▶						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue		Business Code						
<b>11a</b>	_____							
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			0					
<b>12 Total revenue.</b> See instructions. . . . . ▶			598,330	0	0	0		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	94,139	80,018	14,121	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	288,312	288,312	0	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	6,100	3,100	3,000	0
<b>9</b> Other employee benefits . . . . .	53,229	45,245	7,984	
<b>10</b> Payroll taxes . . . . .	32,650	27,752	4,898	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	0	0	0	0
<b>c</b> Accounting . . . . .	0	0	0	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	16,920	14,420	2,500	0
<b>12</b> Advertising and promotion . . . . .	3,101	2,933	168	0
<b>13</b> Office expenses . . . . .	32,402	25,476	6,926	0
<b>14</b> Information technology . . . . .	16,189	7,235	8,954	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	78,747	77,989	758	0
<b>17</b> Travel . . . . .	11,695	11,476	219	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	1,000	1,000	0	0
<b>20</b> Interest . . . . .	1,665	1,665	0	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	0	0	0	0
<b>23</b> Insurance . . . . .	6,906	6,808	98	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>Miscellaneous</u> . . . . .	10,180	0	10,180	0
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses . . . . .	0			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	653,235	593,429	59,806	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	50,705	<b>1</b>	38,227
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	89,505	<b>4</b>	66,185
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,166	<b>9</b>	3,166
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	143,376	<b>16</b>	107,578	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	82,085	<b>17</b>	101,192
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	82,085	<b>26</b>	101,192
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	61,291	<b>27</b>	6,386
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	61,291	<b>33</b>	6,386	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	143,376	<b>34</b>	107,578	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>598,330</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>653,235</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>-54,905</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>61,291</b>
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	<b>0</b>
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses . . . . .	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	<b>0</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	<b>6,386</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>		✓
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>		
<b>3a</b> 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? . . . . .	<b>3a</b>		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

**FAIR HOUSING FOUNDATION**

Employer identification number

**95-6122678**

**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)**.
- 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.)
- 9  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: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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)**.
- 12  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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	812,658	709,561	677,269	744,405	598,330	3,542,223
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	812,658	709,561	677,269	744,405	598,330	3,542,223
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						3,542,223

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .	812,658	709,561	677,269	744,405	598,330	3,542,223
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						3,542,223
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	100 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100 %
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III 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**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV 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. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b <b>From 2013</b> . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a <b>Excess from 2013</b> . . . . .			
b Excess from 2014 . . . . .			
c Excess from 2015 . . . . .			
d Excess from 2016 . . . . .			
e Excess from 2017 . . . . .			



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**FAIR HOUSING FOUNDATION**

Employer identification number

**95-6122678**

Form 990, Part VI, Section B, Line 11b - Form 990, Part VI, Section B, Line 11b - Form 990 and related schedules are prepared by the Executive Director based on FHF's accounting records and financial statements which are reviewed by the entire Board of Directors on a quarterly basis. Form 990 and related schedules are reviewed by the Board Chair and Treasurer. Once reviewed and approved as correct and in compliance with grant funders and applicable federal and state regulatory agencies, it is signed by the Executive Director and submitted via e-file.

Form 990, Part VI, Section B, Line 12c - Form 990, Part VI, Section B, Line 12c - FHF maintains a written conflict of interest policy. The Executive Director and Program Manager monitor and enforce compliance with this policy.

Form 990, Part VI, Section B, Line 15 - FHF's salaries and hourly rate are set forth in the Salary Standardization Policy which includes a 10-step salary and wages chart. All exception from the policy for new hired and current employees promoted are reviewed and approved by the Executive Director. The salary and wages chart is reviewed and updated every 3 to 5 years to reflect current pay scales of similar organizations and positions.

Form 990, Part VI, Section C, Line 18 - FHF's Annual 990 is available upon written request to the Fair Housing Foundation, and is available at <https://www.guidestar.org>.

Form 990, Part VI, Section C, Line 19 - FHF's accounting and related documents are available to the public. Financial reports and required back-up documents were submitted to government regulation agencies and were available for public review. Public record documents are available for review upon request at 3605 Long Beach Blvd., #302, Long Beach, CA 90807.

## Barbara Shull

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**From:** 990 Online Tech Support <Support@Form990.org>  
**Sent:** Wednesday, May 8, 2019 6:37 AM  
**To:** Barbara Shull  
**Subject:** Form 990 E-filing Receipt - IRS Status: Accepted

Organization: FAIR HOUSING FOUNDATION  
EIN: 95-6122678  
Return Type: Form 990  
Return Year: 2017  
Submission ID: 8600762019128d318509  
Return Timestamp: 5/8/2019 1:57:33 AM  
Accepted Date: 5/8/2019

Thank you for using the 990 Online system for preparing and electronically filing your Form 990 return. This email contains some important identifying information about the return we transmitted. You may want to keep this email in case you need to contact the IRS regarding your return.

The return described above was transmitted to the IRS. The IRS has ACCEPTED the return. Congratulations.

NOTE: The IRS does NOT reject returns for being late. If this return was transmitted to the IRS after the due date, and your organization has not filed a Form 8868 (Request for Extension), you may receive a letter from the IRS indicating whether your organization owes any penalties or other fees.

Please visit <https://protect-us.mimecast.com/s/QjdBCIYXZZS1DmUGt0I3?domain=efile.form990.org> to stay informed of enhancements to our e-filing systems.

Once again, thank you for using the 990 Online system.

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e-file.form990.org technical support  
Phone: 888-666-1773 (toll free)  
email: Support@Form990.org

Form 990 Online Filers: Please sign and date (if Part II) and then email a scanned PDF copy of the signed form to [signatureforms@form990.org](mailto:signatureforms@form990.org) or fax it to 800-679-3915.

8453-E0

**Exempt Organization Declaration and Signature for Electronic Filing**

Employment year 2017, or the year beginning 03/01, 2017, and ending 06/30, 2016

For Use With Forms 990, 990-EZ, 990-PF, 1120-POL, and 9968

17

Department of the Treasury  
Internal Revenue Service

Name of exempt organization:

FAIR HOUSING FOUNDATION

Employer identification number:

95-6122678

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on the line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	1b Total revenue, if any (Form 990, Part VIII, column (A), line 17)	1b	948,310
2a Form 990-EZ check here <input type="checkbox"/>	2b Total revenue, if any (Form 990-EZ, line 2)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	3b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	4b Tax based on investment income (Form 990-PF, Part VI, line 2)	4b	
5a Form 9968 check here <input type="checkbox"/>	5b Balance due (Form 9968, line 3c)	5b	

**Part II Declaration of Officer**

I authorize the U.S. Treasury and its designated Financial Agent to initiate an automatic Clearing House (ACH) electronic funds withdrawal (direct debit) entry in the financial institution account indicated in the tax processing software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To make payment, I must contact the U.S. Treasury Financial Agent at [taxpayer@irs.gov](mailto:taxpayer@irs.gov) with a statement signed by the government (government) debit card and authorize the financial institutions involved in the processing of the electronic payment of taxes to exchange confidential information necessary to answer queries and to solve issues related to the payment.

If a copy of this return is being filed with a state or territories (including the District of Columbia) as part of the IRS Redesign program, I certify that I selected the electronic disclosure consent option and will file a copy allowing disclosure by the IRS of the Form 990/990-EZ/990PF via electronically sent in Part I above to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount on Part I above is the amount shown on the copy of the organization's electronic return, transmitted to the IRS, and I have followed all other requirements in the instructions (including e-file rules) information for Authorized e-file preparers for Business Returns. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Sign Here

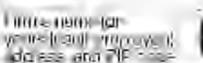
  
Date 5-2-19

Barbara Shull, Executive Director  
Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-E0 are accurate and correct to the best of my knowledge. If I am only a preparer, I am not responsible for review of the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information received with the IRS, and have followed all other requirements in the instructions (including e-file rules) information for Authorized e-file preparers for Business Returns. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

FICR#   
Time period year(s) last prepared, address and ZIP code 

Date \_\_\_\_\_  
 I am a self-employed preparer  
 I am an employee  
 OR (check one)  
 Self-employed  
 Employee  
 Title \_\_\_\_\_

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (based on information of which the preparer has any knowledge).

Paid Preparer Use Only

Preparer's name \_\_\_\_\_  
 Preparer's signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Self-employed  
 Employee  
 Title \_\_\_\_\_  
 Phone no. \_\_\_\_\_

## 990 Online (Civic Leadership Project)

**You paid \$44.00 USD**

to 990 Online (Civic Leadership Project)  
Details

### **Paid with**

Visa x-1803

\$44.00 USD

This transaction will appear on your statement as PAYPAL \*990 ONLINE

### **Purchase details**

Receipt number: 1NS989430T219935C

We'll send confirmation to:

shull95@outlook.com

### **Merchant details**

990 Online (Civic Leadership Project)

**Return to Merchant**



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

<b>Notice</b>	CP211A
<b>Tax period</b>	June 30, 2018
<b>Notice date</b>	December 17, 2018
<b>Employer ID number</b>	95-6122678
<b>To contact us</b>	Phone 1-877-829-5500 FAX 801-620-5555

173149.771126.0599.17225 1 AB 0.408 536



FAIR HOUSING FOUNDATION  
3605 LONG BEACH BLVD STE 302  
LONG BEACH CA 90807-4025



Page 1 of 1

173149

Important information about your June 30, 2018 Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2018 Form 990.

Your new due date is May 15, 2019.

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### What you need to do

File your June 30, 2018 Form 990 by May 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

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### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a)
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>FAIR HOUSING FOUNDATION</b>	<b>Enter filer's identifying number, see instructions</b> Employer identification number (EIN) or <b>95-6122678</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3605 LONG BEACH BLVD. #302</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LONG BEACH, CALIFORNIA (CA), 90807</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Fair Housing Foundation, 3605 Long Beach Blvd. #302, Long Beach, CA 90807

Telephone No. ▶ (562) 989-1206 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 07/01, 20 17, and ending 06/30, 20 18.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

## Barbara Shull

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**From:** ExpressExtension <support@expressextension.com>  
**Sent:** Tuesday, November 20, 2018 1:31 PM  
**To:** Barbara Shull  
**Subject:** [ExpressExtension] Accepted By the IRS - Form 8868 for the Tax year 2017!  
**Attachments:** Form8868\_57629.pdf



Dear Barbara Shull,

Congratulations! Your Tax Extension Form 8868 for your business **Fair Housing Foundation** has been accepted by the IRS for the Tax Year **2017**.

If you have chosen to pay the Taxes using Direct debit(EFW), US Treasury will initiate the withdrawal shortly. If you have chosen other ways to pay the taxes, please send the money to IRS now.

Thanks for your business and we look forward to seeing you next time.



[www.ExpressExtension.com](http://www.ExpressExtension.com)



[support@expressextension.com](mailto:support@expressextension.com)



803-514-5155



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Our mailing address is:

Span Enterprises LLC. 202 E Main St, Rock Hill, SC 29730



## 2017 TAX EXTENSION APPROVAL FORM 8868 ONLINE FILING

### Congratulations

Your 2017 tax extension has been approved by the IRS. We would like to thank you for preparing your exempt organization tax extension, IRS Form 8868, with ExpressExtension. We hope you had a good experience and that our intuitive system helped you complete your return quickly and accurately.

Please note, Form 8868 does not extend the time to pay any potential taxes. Any estimated tax balance left un- paid by the regular due date may be subject to penalties and interest.

### ELECTRONIC RETURN DETAILS

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#### FORM INFORMATION

TAX YEAR: 2017

IRS SUBMISSION ID: 32051420183240000002

FORM EXTENDED: Form 990/990EZ

EXTENSION TYPE: Six Month Automatic

RETURN ID: 4A003241829665-2

E-FILE TIME STAMP: 11/20/2018 1:30:33 PM (PST)

EXTENDED DUE DATE: 5/15/2019

#### TAXPAYER INFORMATION

NAME: Fair Housing Foundation

ADDRESS: 3605 Long Beach Blvd. #302

STATE: California

PHONE: (562) 989-1206

TAX ID: XX-XXX2678

CITY: Long Beach

ZIP: 90807

EMAIL: bshull@fhfca.org

#### TAX PAYMENT INFORMATION (if applicable)

AMOUNT DUE: 0.00

PAYMENT METHOD: NONE

PAYMENT INSTRUCTIONS:  
NONE

AMOUNT PAID: 0.00

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#### PLEASE PRINT A COPY OF THIS LETTER FOR YOUR RECORDS

Thank you again for your business. If you have any questions or need any assistance, please contact our customer support center by live online chat, by email at [support@expressextension.com](mailto:support@expressextension.com) or by phone at 803-514-5155. We're here to help!

Sincerely,

ExpressExtension Support Team  
(803) 514-5155  
[support@expressextension.com](mailto:support@expressextension.com)

ExpressExtension • (803) 514-5155 • 202 East Main Street • Rock Hill, SC • 29730

# ExpressExtension.com

**ExpressExtension****Span Enterprises LLC**

202 E. Main Street

Rock Hill SC 29730

803-514-5155

support@expressextension.com

Date	Receipt#
11/20/2018	57629

**Barbara Shull**

3605 Long Beach Blvd. #302

Long Beach, CA 90807.

bshull@fhfca.org

(562) 989-1206

Description	Amount
E-Filing of the Form 8868	\$14.90

\*Charges will appear on your credit card as ExpressExtension.com

**Name On Credit Card:** Barbara Shull  
**Last 4 digit of the Credit Card:** 8796  
**Credit Card Approval Code:** 020061  
**Processed Date:** 11/20/2018

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**Thank you for your Business!**