



**CITY OF RANCHO SANTA MARGARITA
2023-2024 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

APPLICATION DUE DATE - 3:00 PM JANUARY 27, 2023

Submit 1 original application to:

Mike Linares
City of Rancho Santa Margarita
22112 El Paseo Rancho Santa Margarita CA 92688

**Also, submit this Application Form (MS Word format) by the due date/time to:
mlinares@cityofrsm.org**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Click on the appropriate box to insert text or checkmark; "Tab" from field to field to complete the application. Avoid hard returns within the text box. Narrative text fields are limited in space, so provide concise responses.

PLEASE DO NOT MODIFY THE APPLICATION FORM

Organization Legal Name: Orange County Fair Housing Council, Inc.

Proposed Program Name: RSM Fair Housing Education, Counseling and Enforcement

CDBG Amount Requested: \$3,500

☒ Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

SUBMIT THE FOLLOWING MATERIALS AS PDF FILES COPIED TO A USB DATA STORAGE DEVICE

☒ Proposed Program Application or Intake Sheet

☒ IRS Tax-Exempt Documentation

☒ Current Board of Directors Roster

☒ Most Recent 990 Tax Filing (remove password protection)

☒Most Recent Financial Statement & Audit (remove password protection)

Please do not submit testimonials, letters of support, or program literature.

APPLICANT GENERAL INFORMATION

- A. Organization Legal Name: Orange County Fair Housing Council, Inc.
- B. Mailing Address: 2021 E. 4th Street, Ste 122, Santa Ana, CA 92705-3912
- C. Proposed Program Name: RSM Fair Housing Education, Counseling and Enforcement
- D. Check the **ONE** category that best describes the proposed program
- ☐ Youth ☐ Senior ☐ Disabled Adults ☐ Low/Mod General
- ☐ Homeless ☒ Fair Housing ☐ Housing
- E. Is this application submitted by a faith-based organization? ☐ Yes ☒ No
- F. Is this request for a New ☐ or Existing ☒ program?
- G. Location of where service will be provided (i.e., specify if the program is citywide, a street address, a school site, etc.): Citywide, largely via telephone & email from our Santa Ana office, with on-site services in RSM as needed and appropriate.
- H. Person to contact regarding this application:
- Name: Violet Rodriguez Email Address: vrodriquez@fairhousingoc.org
- Telephone: 714-881-0542 Fax: 714-835-0282
- I. Federal Tax ID Number: 95-2538829 UEI Number: EGGLXAMDJE43
- J. Organization officials that will execute the grant agreement (2 required):
- Name: Denise Y Cato Title: President / CEO
- Name: Oscar Rodriguez Title: Board Chair

2. COMMUNITY NEED FOR PROGRAM

- A. Summarize the nature and need for the proposed program in RSM. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, and other distinguishing characteristics) and data that supports the unmet need for the proposed program in RSM. Federal regulations require CDBG eligible jurisdictions plan for and undertake actions to affirmatively further fair housing within their jurisdiction. Additionally, achieving the goal of good governance requires that local discriminatory housing practices be countered and equal housing opportunities advanced. This program is a vital part of a system of local justice, which helps make RSM a better place to live for all.

Unlawful housing discrimination occurs with the city of RSM, as it does broadly, in violation of federal and California civil rights laws. Based on services previously delivered, we anticipate 1 current or potential RSM household will make allegations of housing discrimination sufficiently meritorious to warrant the creation of a case file during the 2023-24 PY. The Fair Housing Council of Orange County (FHCOC) will effectively respond to any and all such complaints or allegations. In the event at least one case file is not opened, we will substitute a paired rental test of an RSM multi-family rental property to assess the possible existence of discriminatory housing practices.

Also, other housing disputes and housing law violations arise within RSM, some of which may result to substandard housing conditions. Based again on prior years' experience, about 7 RSM landlord-tenant housing issues involving significant substandard conditions will be addressed from among about 55 unduplicated households served for a variety of inquiries, issues, or disputes. It is estimated households served will make a total of 60 requests for service to address 170 issues, disputes or inquiries. Our landlord-tenant education and counseling activities result in an improved exercise of rights and compliance with obligations for both housing consumers and providers, and will directly influence improvements in housing conditions in RSM.

The vast majority of RSM households served are those eligible under CDBG requirements. Based on prior years' experience, 80% will be very-low or low income (0%-50% AMI) and another 10% low-moderate income (51%-80% AMI). About 25% include persons age 62 or older. The racial composition is approximately 65% White, 3% Black, 10% Asian and another 22% other racial backgrounds. About 27% will be of Hispanic ethnicity.

- B. Discuss if other organizations provide a similar service to RSM residents and how the proposed program differs or augments these similar services. Explain why this program is cost-effective compared to similar services provided by another agency. No other private non-profit organization currently provides these proposed services in RSM. Services provided by federal and state agencies are available to address fair housing law violations, but they do not offer the education and counseling components we propose, or the conducting of tests for possible discrimination. The proposed landlord-tenant services are not available from these government agencies.

The costs for the proposed services are reasonable as they match, proportionately, the costs for operating identical services for other entitlement jurisdictions in Orange County. It is estimated that the per unit cost for the City of Rancho Santa Margarita to deliver similar services using "in-house" resources would be at least double what we propose. Our "fair share" funding approach (approx. 1.5% for RSM) allows the City of RSM to have a "stand-alone" program while benefiting from the economies of scale in providing services we provide to about 48% of the county population.

- C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program between **7/1/2023 and 6/30/2024**:
1. How many unduplicated individuals will benefit from the proposed activity **regardless of City of residence**? 165 Individuals
 2. How many unduplicated RSM residents will the proposed activity assist? 160 Individuals
 3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? 150 Individuals
- D. Provide a Performance Plan (Goals and Objectives) via a "breakdown" of the number of RSM residents to be served and the type of service(s) to be provided. Each resident serviced should be counted one time for the year and toward a single service category. See the sample below.

SAMPLE PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
20	Phone Referrals
50	Education / Outreach (community presentations, distribution of flyers, pamphlets, etc.)
10	Counseling Services
5	Direct Assistance (rental, transitional housing, legal services, emergency shelter, etc.)
85	TOTAL

PROPOSED PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
5	Fair housing counseling, investigative & enforcement activities for allegations of discrimination that may merit the opening of at least one case file
155	Landlord-tenant counseling to assist housing consumers and providers
40	1 tenant workshop, 1 landlord workshop, and participate in or make about 2 outreach presentation or public events, all either in-person or virtual
	NOTE: outreach participants will not be verifiably unduplicated
200	TOTAL

- E. From the list below, select one HUD-required "Objective" and one HUD-required "Outcome" that the proposed activity will address.

HUD Objectives

- ☒ Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- ☐ Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- ☐ Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

HUD Outcomes

- ☐ Availability/Accessibility: Services, infrastructure, housing, or shelter will be available/accessible to Low- & Moderate-Income people, including the disabled.
- ☐ Affordability: The activity will provide affordability for Low- & Moderate-Income people, including the creation/maintenance of affordable housing, basic infrastructure, or services.
- ☒ Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community by making it livable or viable by providing benefits to Low/Moderate-Income people.

- F. Regarding the "Outcome" selected above, describe how the success and effectiveness of proposed services will be measured. Include a definition of success/effectiveness, tools to measure program success/effectiveness, and the percentage of individuals to be served that will meet the success/effectiveness threshold. Discuss steps to implement performance measurements if outcome measurements are not in place. Our goals are based on the two most recently completed fiscal years' actual services. A change in services delivered in those years causes an increase or decrease in proposed service levels for the upcoming fiscal year, and sometimes a resulting funding request change (after adjusting for base program cost changes). This allows reasonable output estimation and allows us realistically to meet our proposed services.

Program success has at least 3 major measures: a) whether the agency helped resolve the client's housing problem to the client's satisfaction; b) whether more than 75% of the housing problems presented are addressed by the agency without having to refer the client elsewhere; and, c) whether we delivered no less than 90% of the services proposed.

Due to the "self-help" nature of services we do not follow-up with clients except for those making allegations of discrimination with an opened case file. We do track service delivery levels quantitatively through the use of Access databases, which allows us to regularly monitor service delivery levels and evaluate progress towards our goals.

3. ORGANIZATIONAL CAPACITY AND EXPERIENCE

- A. Summarize your organization's experience in carrying out the proposed program. Include information regarding the length of time providing service, professional qualification of staff (include license, academic credentials, etc.), and other relevant information. We have provided fair housing services to CDBG entitlement jurisdictions since the inception of the program (48 years). We currently serve 7 jurisdictions comprising over 48% of the county's population. We have 9 full-time staff members who are qualified, trained and experienced in fair housing law, landlord-tenant law and HUD housing programs. Our services comply with HUD-recognized methods to "affirmatively further fair housing", being recognized by HUD as a Qualified Fair Housing Organization (QFHO). We are a HUD-approved Housing Counseling Program agency, and have been recognized by the County courts as a referral resource for persons involved in eviction cases.

We are governed by a 4-member volunteer Board of Directors (with 5th position vacant), which establishes and oversees all policies. The background of the board is diverse. They include real estate professionals, an attorney/CPA, and a retired former agency employee.

Cooperating, pro bono attorneys are available to assist as needed. Staff members periodically attend training and conferences on fair housing law, landlord-tenant law and HUD programs. One staff member is a certified mediator, and another a HUD-certified housing counselor. Our staff, between them, has over 80 years of experience in the fields of fair housing and landlord-tenant law. We provide comprehensive counseling services in English and Spanish, and are seeking to replace a Vietnamese-speaking counselor.

Finally, as a QFHO we receive direct HUD funding for both private fair housing enforcement (PEI) and education and outreach (EOI) under the highly-competitive FAIR Housing Initiatives Program (FHIP). Our services meet or exceed HUD's regulations concerning a local entitlement jurisdiction's annual CDBG certification of providing services that affirmatively further fair housing.

- B. Has your agency previously received CDBG funding from the City of RSM? Yes ☒ No ☐

- C. Summarize your organization's experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
7 Different O.C. Jurisdictions	2022	\$227,150	F.H. Educ., Counseling & Enforce.
7 Different O.C. Jurisdictions	2021	\$275,000	F.H. Educ., Counseling & Enforce.
7 Different O.C. Jurisdictions	2020	\$225,000	F.H. Educ., Counseling & Enforce.

- D. Are you requesting funding for this program from any other City or County?

Yes ☐ No ☒ If "Yes," from whom and how much?

City/County	Funding Source	Amount Requested
		\$
		\$
		\$

- E. Will volunteers, donated goods/services, and/or fundraising activities be used to supplement the proposed program? Yes ☒ No ☐ Summarize these efforts. Our agency raises funds from financial institutions, the housing industry, other corporate donors, and from individuals. We also obtain unrestricted funds through seminar fees and the settlement or adjudication of fair housing cases that are used to support fair housing services. We do not utilize donated goods or services that directly support

program activities, but from time to time we received donations of "capital" equipment such as computers and/or furnishings. We do receive volunteer labor on an irregular basis that is used to help in the direct provision of the proposed program services.

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

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

4. PROGRAM INFORMATION AND BUDGET

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

- | | |
|--|------------------|
| 1. 2023-2024 CDBG Grant Funds Requested: | <u>\$3,500</u> |
| 2. Total 2023-2024 Program Budget: | <u>\$4,650</u> |
| 3. Total 2023-2024 Budget for <u>all programs offered by your agency:</u> | <u>\$870,000</u> |

B. Outline how requested CDBG funds will be utilized (e.g., staff salaries, benefits, program supplies, insurance, direct client assistance, etc.). Include information on how requested funds will directly benefit RSM residents. (Ensure that **Attachment A, "Proposed Program-Budget,"** reflects this outline.) Funds will be used to pay salaries and benefits for program and administrative staff for fair housing education, counseling and enforcement program activities, combined with counseling and education/outreach services for landlords and tenants concerning general landlord-tenant law.

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

Full-Time staff:	<u>9</u>	Part-Time staff:	<u>0</u>
Contract staff:	<u>0</u>	Program volunteers:	<u>1-2</u>

5. CLIENT INTAKE INFORMATION

- A. HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes ☒ No ☐

If "**Yes**," how is the information documented?

1. Self-Certification: ☒
2. Analysis of household income documents such as tax returns/paychecks: ☐

If "**No**," how will this information be collected and/or reported to the City? _____

*Note: Income documentation is not required but requested for "**presumed beneficiary**" category clients. Per HUD regulations, presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farmworkers. Documentation of "presumed beneficiary" status is required.*

- B. Will the proposed program exclusively serve presumed beneficiaries?

Yes, the proposed activity ☐ No ☒

If "**Yes**," list the category _____

6. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Rancho Santa Margarita ("City") by the Board of Directors of **Orange County Fair Housing Council, Inc.** ("Applicant"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Rancho Santa Margarita residents. Applicant understands that general liability, auto liability insurance, and workers' compensation insurance are required and will be provided per a grant agreement to be executed between the City and the Applicant. Applicant 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 according to this agreement and consistent with applicable federal regulations. If the Applicant fails to serve eligible Rancho Santa Margarita residents during the term of the contract or fails to substantially attain projected accomplishments (defined as at least 75% of the projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. The Applicant also certifies that it complies with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide the program.

Name: Denise Y. Cato

Title: President / CEO

Signature

Date

ATTACHMENT A

PROPOSED 2023-2024 PROGRAM BUDGET

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$550.00	\$40,045.00	\$40,595.00
Program Staff Salaries & Benefits	\$2,950.00	\$191,020.00	\$193,970.00
Program Supplies	\$	\$2,175.00	\$2,175.00
Rent/Lease	\$	\$24,860.00	\$24,860.00
Communications	\$	\$4,770.00	\$4,770.00
Utilities	\$	\$0.00	\$0.00
Insurance	\$	\$2,740.00	\$2,740.00
Professional Services (Specify) audit, CPA, Atty, IT	\$	\$4,000.00	\$4,000.00
Other (Specify) Local Travel, Testing, Invest.	\$	\$2,850.00	\$2,850.00
Other (Specify) Staff Training	\$	\$2,700.00	\$2,700.00
Other (Specify) Education & Outreach	\$	\$8,350.00	\$8,350.00
Other (Specify) Bank, Dues&Subscrip, Other	\$	\$5,140.00	\$5,140.00
TOTAL	\$3,500.00	\$288,650.00	\$292,150.00

List Source of "Other" Program Funds

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
Seminar Fees (non-CDBG activities)	\$25,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fundraising	\$27,150.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Case / Complaint Settlements	\$13,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CDBG Funding from 6 Other Jurisdictions	\$223,500.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$288,650.00	

ATTACHMENT B
PROPOSED CDBG FUNDED PERSONNEL
(Only list staff for which CDBG funding is requested)

☐ Not Applicable – no CDBG funding is requested for staff.

AGENCY ADMINISTRATION STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
Grants Manager (admin)	\$50,000.00	\$9,500.00	\$59,500.00	\$210.00	0.50%
Dir CDBG / Record Clerk (admin)	\$58,000.00	\$11,020.00	\$69,020.00	\$340.00	0.50%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
Grants Manger (prog.)	\$50,000.00	\$9,500.00	\$59,500.00	\$330.00	0.60%
Dir CDBG / Record Clerk (prog.)	\$58,000.00	\$11,020.00	\$69,020.00	\$390.00	0.80%
Landlord-Tenant Specialist (Span.)	\$41,600.00	\$7,900.00	\$49,500.00	\$775.00	1.70%
Landlord-Tenant Specialist (Span.)	\$41,600.00	\$7,900.00	\$49,500.00	\$775.00	1.70%
Landlord-Tenant Specialist (Viet. TBH)	\$34,100.00	\$6,480.00	\$40,580.00	\$680.00	1.70%

PROGRAM CONTRACT STAFF

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

LANDLORD/TENANT CALLSHEET

Start _____

End _____

(Must Get Info from Client)

English ☐ Spanish ☐

City _____ Zip code _____ Client: _____ Person ☐ Call ☐

Wk. Phone _____ Subject Address _____

Hm. Phone _____ Mailing Address _____

Cell Phone _____ Counselor _____ Date _____

Type of Dwelling _____ # of Bedroom _____ Total Rent Amount _____ Homeless _____

(Caller's info-Statistic Purpose)

of Persons in Household _____ #of Persons 62+ _____ Gross Monthly Income _____ A B C D E F G H I J K L
0 1 2 3 N/A

Male/Female _____ If Female, Single Parent? Yes ☐ No ☐ Disabled Yes ☐ No ☐

Tenant _____ Manager _____ Owner _____ Relative _____ Friend _____ Gov't/Pub. _____ Agent _____ Other _____

ETHNICITY:	NHW	NHB	NHA	NHN	NHI	NHBW	NHAW	NHNB	NHNW	NHO
N/A	HW	HB	HA	HN	HI	HBW	HAW	NB	HNW	HO

ISSUES:

3 D Notice to Pay/Perf/Quit 7/30/60/90- Day Notice UD Sheriffs Notice Lock out Abandonment Guests
Break Lease Change of Terms Defective Notice Disability Discrimination Entry by LL Occupancy Pets
Harassment Holding Deposit Housing Assistance Late Fees Maintenance Nuisance Parking Utilities
Personal Belongings Receipts Reimbursement Rental Agreement Rent Increase Repairs Retaliation
Sec. Dep. Self-Help Eviction Sub-Standard Sub-Tenancy Single Lodger Hotel/Motel Mortgage/Foreclosure
Mobile Home Reasonable Accommodation/Modification AB 1482 SB644 Other _____
Tenant's Rent Portion/ HUD Agency _____ Voucher Pending/ Termination Date _____

Client Requires Reasonable Accommodation ☐

LEP: Limited English Proficient ☐

DISPOSITIONS:

Res. W/O ref. _____ Answer UD _____ Code Enforcement _____ Health Dept. _____ Housing Authority _____ Vector Control _____
HUD File _____ Legal Aid/PLC _____ Attorney _____ Enforcement _____ Mediation _____ Foreclosure/Modification _____ Small Claims Court _____

Info Mailed/Faxed/Emailed/Hand Deliver: Yes ☐ No ☐ Email: _____ Fax: _____

Referred by: _____ Mgmt Co: _____

Name of Complex: _____ Mgmt Contact: _____ #Units _____

Owner/Mgr. Name: _____ Ph.# _____ Fax#: _____

Dept. Amt _____ Amt Refunded _____ Amt. Charged _____ Occupancy _____ Date Moved _____
No-Days/Months/Years

Notes:

F.H. ENFORCEMENT INVESTIGATIVE CONTACT SHEET

City _____ Client _____ Date _____

Home/Msg. Phone _____ Counselor _____ Log # _____

Cell Phone: _____ c/o _____ Case # _____

Subject Complex: _____ Mail Info – Yes / No

Subject Address: _____

Client's Address: _____

.....

Tenant Manager Owner Other

Caucasian / White Latino / Hispanic African - American Asian / Pacific Islander

American Indian Multi- (specify) _____ Other (specify) _____
Racial

.....

Male or Female (Ask FEMALE CLIENTS Only) Single Parent Y / N

.....

of Persons in Household _____ # of Persons 62+ _____ # of Disabled Persons _____

Gross Income \$ _____ Monthly # of Units at Subject Address _____

Subject Address Rent \$ _____ Monthly # of Bedroom(s) at Subject Address _____

.....

Issues

Race Color Religion Sex National Origin Familial Status Disability

Sexual Orientation Source of Income Marital Status Ancestry Age Gender

Gender Identity/Expression Veteran/Military Status Genetic Information Arbitrary (Unruh)

.....

Actions Taken/Disposition

Review Investigation Intake Test: RWR (NoRC)

FTP Other: (specify) _____

Referred to: LL/T Mediation Litigation Pvt. Atty.

DFEH HUD

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Notes:



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752153593
Feb. 05, 2020 LTR 4168C 0
95-2538829 000000 00

00032077

BODC: TE

ORANGE COUNTY FAIR HOUSING
2021 E 4TH ST STE 122
SANTA ANA CA 92705-3912

038552

Employer ID number: 95-2538829
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Jan. 27, 2020, about
ORANGE COUNTY FAIR HOUSING

We issued you a determination letter in December 1969, recognizing
you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)
(3).

We also show you're not a private foundation as defined under IRC
Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC
Section 170. You're also qualified to receive tax deductible bequests,
legacies, devises, transfers, or gifts under IRC Sections 2055, 2106,
and 2522.

In the heading of this letter, we indicated whether you must file an
annual information return. If you're required to file a return, you
must file one of the following by the 15th day of the 5th month after
the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income
Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt
Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1)
Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual
information return or notice for 3 consecutive years, we'll revoke
your tax-exempt status on the due date of the 3rd required return or
notice.

You can get IRS forms or publications you need from our website at
www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,
local time, Monday through Friday (Alaska and Hawaii follow Pacific

0752153593
Feb. 05, 2020 LTR 4168C 0
95-2538829 000000 00
00032078

ORANGE COUNTY FAIR HOUSING
2021 E 4TH ST STE 122
SANTA ANA CA 92705-3912

time).









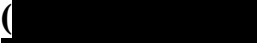





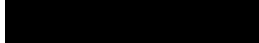








Thank you for your cooperation.

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3

Board of Directors Fair Housing Council of Orange County

<p><i>Chair</i> Oscar Rodriguez Aguila  Santa Ana, CA 92705 Affil: ProActive Realty Inv., Inc. Real Estate Broker Work:  Cell:  Fax:  Term Expires: February 19, 2023 <a data-bbox="235 676 511 718" domain"="" email="" href="mailto:Oscar@">Oscar@</p>	<p><i>Vice Chair</i> Vacant</p>
<p><i>Secretary</i> Karen Kehetian  Tustin, CA 92782 Affil: First Team Real Estate Real Estate Salesperson Home:  Work:  Cell: ( Fax:  Term Expires: February 19, 2022 <a data-bbox="357 1213 511 1255" domain"="" email="" href="mailto:karenkehettian@">karenkehettian@</p>	<p><i>Treasurer</i> Michael P. Simondi  Laguna Beach, CA 92651 Affil: Michael P. Simondi & Assoc. Atty/CPA Partner Home:  Work:  Cell:  Fax:  Term Expires: February 19, 2022 <a data-bbox="998 1213 1274 1255" domain"="" email="" href="mailto:msimondi@">msimondi@</p>
<p>Khoi Pham  Tustin, CA 92782 Affil: Retired Home:  Cell:  Term Expires: February 19, 2023 <a data-bbox="373 1623 581 1665" domain"="" email="" href="mailto:khoiphamfhcoc@">khoiphamfhcoc@</p>	<p><u>President / CEO (non-voting)</u> Denise Y. Cato 2021 E. 4th Street, Suite 122 Santa Ana, CA 92705-3912 Work: (714) 881-0536 Cell:  Fax: (714) 835-0282 <a data-bbox="950 1623 1255 1665" domain"="" email="" href="mailto:dcato@">dcato@</p>

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2020****Open to Public Inspection**

A For the 2020 calendar year, or tax year beginning 07/01/2020 and ending 06/30/2021																							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ORANGE COUNTY FAIR HOUSING</td> <td>D Employer identification number 95-2538829</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number 714-569-0823</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2021 E 4TH STREET SUITE 122</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92705</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: DENISE CATO 2021 E 4TH STREET SUITE 122, SANTA ANA, CA 92705</td> <td>G Gross receipts \$ 637,388</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3">J Website: ▶ WWW.FAIRHOUSINGGOC.ORG</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1968 M State of legal domicile: CA</td> </tr> </table>	C Name of organization ORANGE COUNTY FAIR HOUSING		D Employer identification number 95-2538829	Doing business as		E Telephone number 714-569-0823	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2021 E 4TH STREET SUITE 122		City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92705		F Name and address of principal officer: DENISE CATO 2021 E 4TH STREET SUITE 122, SANTA ANA, CA 92705		G Gross receipts \$ 637,388	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	J Website: ▶ WWW.FAIRHOUSINGGOC.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1968 M State of legal domicile: CA
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PROMOTE/EXTEND EQUAL HOUSING OPPORTUNITIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	545,769	597,048
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,170	40,340
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	577,939	637,388
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	454,228	422,777
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	182,832	154,881
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	637,060	577,658
19	Revenue less expenses. Subtract line 18 from line 12	-59,121	59,730	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	248,703	290,404
	22	Net assets or fund balances. Subtract line 21 from line 20	181,434	167,698
			67,269	122,706

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date	5-17-22		
	Signature of officer DENISE CATO, CEO				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name Jeffrey Hill	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P02459689
	Firm's name ▶ JEFFREY A HILL CPA CORPORATION			Firm's EIN ▶ 85-2496100	
	Firm's address ▶ 19602 Fariman Drive, Carson, CA 90746			Phone no. 310-749-1014	
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:PROMOTE/EXTEND EQUAL HOUSING OPPORTUNITIES.**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 \$ 503,396 including grants of \$ 0) (Revenue \$ 0)FAIR HOUSING COUNCIL OF ORANGE COUNTY PROVIDED SERVICES TO HANDLE LANDLORD AND TENANT DISPUTES
HOUSING DISCRIMINATION COMPLAINTS AND HOUSING COUNSELING SERVICES.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4e** Total program service expenses **▶** 503,396

Part IV Checklist of Required Schedules

	Yes	No
1 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>	1 ✓	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2 ✓	
3 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>	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	✓
7 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>	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	11a ✓	
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>	11b	✓
c 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>	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e ✓	
f 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>	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a ✓	
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>	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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>	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions</i>	17	✓
18 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>	18	✓
19 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>	19	✓
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
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>	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 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>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 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>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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 on 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
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b Enter the number of voting members included on line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 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 on Schedule O		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

ORGANIZATION STAFF, (714)569-0823

2021 E 4TH STREET SUITE 122, SANTA ANA, CA 92705

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

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

Form **990** (2020)

[illegible]

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		✓
4		✓
5		✓

(A) Name and business address	(B) Description of services	(C) Compensation
None		

Form **990** (2020)

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	594,241			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,807			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0			
	h	Total. Add lines 1a-1f		597,048			
	Program Service Revenue			Business Code			
2a							
b							
c							
d							
e							
f	All other program service revenue . .			40,340	40,340	0	0
g	Total. Add lines 2a-2f			40,340			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a				
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c	0	0		
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			0		
12	Total revenue. See instructions			637,388	40,340	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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	89,000	89,000		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	333,777	291,499	42,278	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	46,788	42,109	4,679	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	28,640	25,776	2,864	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONSULTANTS</u>	26,025	16,840	9,185	0
b <u>TELEPHONE</u>	14,541	13,087	1,454	0
c <u>DUES AND SUBSCRIPTIONS</u>	7,276	0	7,276	0
d <u>OTHER EXPENSES</u>	26,695	20,661	6,034	0
e All other expenses	4,916	4,424	492	
25 Total functional expenses. Add lines 1 through 24e	577,658	503,396	74,262	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	43,230	1	13,165
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	198,715	3	260,355
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,657	9	2,778
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 70,152		
	b Less: accumulated depreciation	10b 56,046	4,101	10c 14,106
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	248,703	16	290,404	
Liabilities	17 Accounts payable and accrued expenses	21,539	17	16,040
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	104,299	24	91,769
	25 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	55,596	25	59,889
	26 Total liabilities. Add lines 17 through 25	181,434	26	167,698
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	67,269	27	122,706
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	67,269	32	122,706
33 Total liabilities and net assets/fund balances	248,703	33	290,404	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	637,388
2	Total expenses (must equal Part IX, column (A), line 25)	2	577,658
3	Revenue less expenses. Subtract line 2 from line 1	3	59,730
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	67,269
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,293
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	122,706

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were 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 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c 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 on Schedule O.	✓	
3a 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 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		

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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ORANGE COUNTY FAIR HOUSING

Employer identification number

95-2538829

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 1/3% 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 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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)						
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	778,933	624,067	702,090	545,769	597,048	3,247,907
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	778,933	624,067	702,090	545,769	597,048	3,247,907
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3,247,907

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	778,933	624,067	702,090	545,769	597,048	3,247,907
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,247,907
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	100 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	100 %
16a 33¹/₃% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2019. 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 stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. 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 stop here . 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 10%-facts-and-circumstances test—2019. 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 stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2020. 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 stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33¹/₃% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No," provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . .			
b Excess from 2017 . . .			
c Excess from 2018 . . .			
d Excess from 2019 . . .			
e Excess from 2020 . . .			

Part VI

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

[illegible]

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ORANGE COUNTY FAIR HOUSING

Employer identification number

95-2538829

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X ► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ► \$ b Assets included in Form 990, Part X ► \$	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Term endowment ▶%

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	70,152	56,046	14,106
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,106

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) ACCRUED VACATION	59,889
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	59,889

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☐

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 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ORANGE COUNTY FAIR HOUSING

Employer identification number

95-2538829

Form 990, Part VI, Section B, Line 11b - THE CEO REVIEWS THE TAX RETURNS AND SHARES THE RESULTS OF HER REVIEW WITH THE ENTIRE BOARD OF DIRECTORS.

Form 990, Part VI, Section B, Line 12c - CONFLICT OF INTEREST FORMS TO DISCLOSE ANY RELATIONSHIP THAT IS CONSIDERED A CONFLICT OF INTEREST ARE COMPLETED UPON ACCEPTANCE TO THE BOARD OF DIRECTORS OR AT THE START OF EMPLOYMENT. THESE FORMS ARE UPDATED ON AN ANNUAL BASIS.

Form 990, Part VI, Section B, Line 15 - THE BOARD OF DIRECTORS SET THE SALARY FOR TOP MANAGEMENT PERSONNEL. THE BOARD USES SALARY SURVEYS FOR NON-PROFIT ORGANIZATIONS AS A REFERENCE GUIDE ON THE AMOUNT OF EACH PERSONS SALARY. THE CEO SETS THE SALARY FOR ALL EMPLOYEES. THE CEO USES SALARY SURVEYS FOR NON-PROFIT ORGANIZATIONS AS A REFERENCE GUIDE ON THE AMOUNT OF EACH PERSONS SALARY.

Form 990, Part VI, Section C, Line 19 - ALL GOVERNING DOCUMENTS ARE MAINTAINED AT OUR CORPORATE OFFICE AND ARE AVAILABLE UPON REQUEST.

Form 990, Part XI, Line 9 - ADJUSTMENT TO PRIOR YEAR ACCOUNTS PAYABLE BALANCE.

***FAIR HOUSING COUNCIL
OF ORANGE COUNTY
(A California not-for-profit corporation)
AUDITED FINANCIAL STATEMENTS
JUNE 30, 2020***

FAIR HOUSING COUNCIL OF ORANGE COUNTY

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JEFFREY A. HILL CPA, INC.

19602 Fariman Drive, Carson, CA 90746 • Phone: (310) 749-1014

To the Board of Directors
Fair Housing Council of Orange County
Santa Ana, California

INDEPENDENT AUDITOR'S REPORT

We have audited the accompanying financial statements of **Fair Housing Council of Orange County** (a California not-for-profit corporation) which comprise the statement of financial position as of June 30, 2020 and the related statements of activities, functional expenditures 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

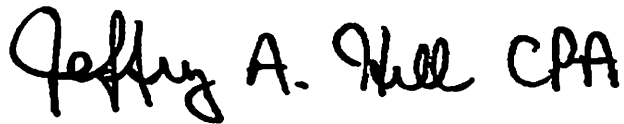
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued 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 opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of **Fair Housing Council of Orange County** as of June 30, 2020, 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 Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated June 4, 2021 on our consideration of **Fair Housing Council of Orange County's** internal control over financial reporting and 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 the 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 Council of Orange County's** internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Jeffrey A. Hill CPA". The signature is written in a cursive, flowing style.

Carson, California
June 4, 2021

FAIR HOUSING COUNCIL OF ORANGE COUNTY**STATEMENT OF FINANCIAL POSITION**

At June 30, 2020

ASSETS**CURRENT ASSETS:**

Cash and cash equivalents	\$ 43,230
Grants receivable (Note 3)	198,715
Other current assets	<u>2,657</u>

Total current assets	<u>244,602</u>
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PROPERTY AND EQUIPMENT

Furniture and equipment	59,718
Less accumulated depreciation	<u>(55,617)</u>

Net property and equipment	<u>4,101</u>
----------------------------	--------------

TOTAL ASSETS	<u><u>\$ 248,703</u></u>
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LIABILITIES AND NET ASSETS**CURRENT LIABILITIES:**

Accounts payable and accrued expenses	\$ 21,539
Loans payable-current portion (Note 4)	11,401
Accrued vacation (Note 5)	<u>59,889</u>

Total current liabilities	<u>92,829</u>
----------------------------------	---------------

LONG-TERM LIABILITIES:

Loans payable-net of current portion (Note 4)	<u>92,898</u>
---	---------------

Total liabilities	<u>185,727</u>
--------------------------	----------------

NET ASSETS:

Without donor restrictions	<u>62,976</u>
----------------------------	---------------

Total net assets	<u>62,976</u>
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TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 248,703</u></u>
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The accompanying notes are an integral part of these financial statements.

FAIR HOUSING COUNCIL OF ORANGE COUNTY
STATEMENT OF ACTIVITIES
For the year ended June 30, 2020

	<u>Without donor restrictions</u>	<u>Total</u>
REVENUES:		
Grants and contracts	\$ 471,677	\$ 471,677
Program income	32,170	32,170
Donations	60,646	60,646
Litigation settlement	10,000	10,000
Miscellaneous income	<u>3,446</u>	<u>3,446</u>
Total revenues	<u>577,939</u>	<u>577,939</u>
EXPENDITURES:		
Program services	561,608	561,608
Management and general	<u>79,745</u>	<u>79,745</u>
Total expenditures	<u>641,353</u>	<u>641,353</u>
Decrease in net assets	(63,414)	(63,414)
Net assets, beginning of the year	<u>126,390</u>	<u>126,390</u>
Net assets, end of the year	<u><u>\$ 62,976</u></u>	<u><u>\$ 62,976</u></u>

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

FAIR HOUSING COUNCIL OF ORANGE COUNTY
STATEMENT OF FUNCTIONAL EXPENDITURES
For the year ended June 30, 2020

	<u>Program Services</u>	<u>Management and general</u>	<u>Total</u>
EXPENDITURES:			
Bank service charge	\$ -	\$ 1,420	\$ 1,420
Consultants	31,100	9,135	40,235
Depreciation	-	28	28
Dues and subscriptions	-	6,254	6,254
Equipment rental and maintenance	3,972	441	4,413
Insurance	23,729	2,637	26,366
Janitorial	1,604	178	1,782
Miscellaneous	6,196	1,481	7,677
Mileage/parking	5,481	609	6,090
Outreach	4,508	-	4,508
Real estate taxes	23	3	26
Copier lease	4,856	540	5,396
Payroll fees	-	2,976	2,976
Postage and delivery	1,040	116	1,155
Program supplies	632	-	632
Salaries, taxes and benefits	412,669	45,852	458,521
Staff development	134	-	134
Office space rent	49,685	5,521	55,205
Telephone	11,723	1,303	13,026
Interest	-	780	780
Utilities	4,256	473	4,729
Total expenditures	\$ <u>561,608</u>	\$ <u>79,745</u>	\$ <u>641,353</u>

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

FAIR HOUSING COUNCIL OF ORANGE COUNTY

STATEMENT OF CASH FLOWS

For the year ended June 30, 2020

Cash flows from operating activities:

Decrease in net assets \$ (63,414)

**Adjustments to reconcile change in net assets
to net cash provided by operating activities:**

Depreciation 28

Changes in operating assets and liabilities:

(Increase) decrease in assets:

Grants receivable (15,652)

Other current assets 172

Increase (decrease) in liabilities:

Accounts payable and accrued expenses 20,604

Accrued vacation 4,293

Net cash used by operating activities (53,969)

Cash flows from investing activities:

Cash paid for property and equipment (4,129)

Cash proceeds from security deposit 5,336

Net cash provided by investing activities 1,207

Cash flows from financing activities:

Cash proceeds from loan 108,000

Principal payments on loans (11,701)

Net cash provided by financing activities 96,299

Net increase in cash 43,537

Cash and cash equivalents, beginning of the year (307)

Cash and cash equivalents, end of the year \$ 43,230

SUPPLEMENTAL INFORMATION:

Cash paid for interest expense \$ 780

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

FAIR HOUSING COUNCIL OF ORANGE COUNTY

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - ORGANIZATION

Fair Housing Council of Orange County (Fair Housing) is organized as a California not-for-profit corporation. It receives federal awards through direct and pass-through awards from the federal government.

The purpose of FHCOC is to promote and extend equal housing opportunities in Orange County. It does this principally through the handling of landlord-tenant disputes, housing discrimination complaints and housing counseling services. FHCOC is supported by grants, donations and fees.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION

The accompanying financial statements are prepared on the accrual basis in accordance with the AICPA's Audit and Accounting Guide, "Not-for-Profit Organizations" which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without Donor Restrictions: - Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of Fair Housing. These net assets may be used at the discretion of Fair Housing's management and the board of directors. Also, contributions that are restricted by the donor are reported as increases in net assets Without Donor Restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized.

Net assets with Donor Restrictions - Net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Fair Housing had no net assets with donor restriction at June 30, 2020.

ESTIMATES

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of revenues and expenses during the reporting period and the reported amounts of assets and liabilities at the date of the financial statements. On an ongoing basis, Fair Housing's management evaluates the estimates and assumptions based upon historical experience and various other factors and circumstances, however, the actual results could differ from those estimates.

These notes are an integral part of the preceding financial statements.

FAIR HOUSING COUNCIL OF ORANGE COUNTY

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

CASH AND CASH EQUIVALENTS

Cash equivalents are short-term, interest bearing, highly liquid investments with original maturities of three months or less. Fair Housing maintains cash balances at one financial institution. Deposit accounts at this bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per account.

GRANTS RECEIVABLE

Grants receivable are primarily unsecured non-interest-bearing amounts due from government grantors on cost reimbursement or performance grants. Management believes that all outstanding grants receivable are collectible in full, therefore no allowance for uncollectible receivables has been provided.

PROPERTY AND EQUIPMENT

Property and equipment are reported in the statement of financial position at cost, if purchased, and at fair value at the date of donation, if donated. All land and building are capitalized. Furniture, equipment, automobiles and leasehold improvements are capitalized if it has a cost of \$1,000 or more and a useful life when acquired of more than 1 year. Repairs and maintenance that do not significantly increase the life of the asset are expensed as incurred. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, as follows:

Asset	Estimated Life
Furniture and equipment	5
Vans and automobiles	5
Leasehold improvements	15
Buildings	15

All property and equipment are reviewed for impairment when a significant change in the asset's use or another indicator of possible impairment is present. No impairment losses were recognized in the financial statements in the current period.

GRANT REVENUE

Grant revenue is recognized when the qualifying costs are incurred for cost-reimbursement grants or contracts or when a unit of service is provided for performance grants. Grant revenue from Federal agencies is subject to independent audit under the Office of Management and Budget's audit requirements for Federal awards and review by grantor agencies. The review could result in the disallowance of expenses under the terms of the grant or reduction of future grant funds. Based on prior experience, the Fair Housing's management believes that costs ultimately disallowed, if any, would not materially affect the financial position of Fair Housing.

These notes are an integral part of the preceding financial statements.

FAIR HOUSING COUNCIL OF ORANGE COUNTY

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

EXPENSE RECOGNITION AND ALLOCATION

The cost of providing program services and other activities is summarized on a functional basis in the statement of activities and the statement of functional expenditures. Expenses that can be identified with a specific program or support service are charged directly to that program or support service. Costs common to multiple functions have been allocated among the various functions benefited on the basis of periodic time or usage studies.

Management and general expenses include those costs that are not directly identifiable with any specific program, but which provide for the overall support and direction of Fair Housing.

TAX STATUS

Fair Housing is exempt from Federal income taxation under Section 501(c) (3) of the Internal Revenue Code (IRC), though it would be subject to tax on income unrelated to its exempt purpose (unless that income is otherwise excluded by the IRC). Contributions to Fair Housing are tax deductible to donors under Section 170 of the IRC. Fair Housing is not classified as a private foundation.

NOTE 3 - GRANTS RECEIVABLE

Grants receivable consists of the following at June 30, 2020:

<u>Description</u>	<u>Amount</u>
Community Development Block Grant Funds	\$ 32,896
Fair Housing Initiatives Program-EOI	29,576
Fair Housing Initiatives Program	<u>136,243</u>
Total	<u>\$ 198,715</u>

These notes are an integral part of the preceding financial statements.

FAIR HOUSING COUNCIL OF ORANGE COUNTY

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - LOANS PAYABLE

Description	Amount
In November, 2019, Fair Housing entered into a fixed rate loan payable to a financial institution. The loan is payable in 24 monthly installments of principal and interest of \$1,120.24 beginning on March 1, 2020. The loan is unsecured and the interest rate on this loan is 6%.	\$ 21,299
An SBA PPP loan dated May 5, 2020 payable to a local bank for \$83,000. The loan is unsecured and has an interest rate of 1%. The terms for repayment of principal and interest will be deferred until the amount of the loan forgiveness is determined in accordance with Section 1106 of the CARES Act.	<u>83,000</u>
Total	104,299
Less current portion	<u>(11,401)</u>
Long-term portion	<u>\$ 92,898</u>

Principal maturities are listed as follows:

Year ended June 30,	Amount
2021	\$ 11,401
2022	9,898
2023	-0-
2024	-0-
2025	-0-
Thereafter	<u>83,000</u>
Total	<u>\$ 104,299</u>

NOTE 5 - COMPENSATED ABSENCES

Employees can earn annual vacation leave at various rates depending on their years of service with Fair Housing. The maximum permissible accumulation is 320 hours. At termination or retirement, employees are paid for any accumulated annual vacation time. The liability for accumulated unpaid vacation at June 30, 2020 is \$59,889

These notes are an integral part of the preceding financial statements.

FAIR HOUSING COUNCIL OF ORANGE COUNTY

NOTES TO FINANCIAL STATEMENTS

NOTE 6 - OPERATING LEASE COMMITMENTS

Fair Housing has an operating lease agreement for the rental of its office space located in Santa Ana, California. The lease agreement dated December 1, 2014 has a term of five years. The amount of the rent due is \$4,000 per month for the next five years. Rent expense was \$59,843 for the year ending June 30, 2020.

The future minimum annual payments for non-cancelable lease agreements as of June 30, 2020 are as follows:

<u>Year ended June 30,</u>	<u>Office Space</u>
2021	48,000
2022	24,000
2023	-0-
2024	-0-
2025	-0-
Thereafter	<u>-0-</u>
Total	\$ <u>72,000</u>

NOTE 7 - COMMITMENTS AND CONTINGENCIES

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.

NOTE 8 - LIQUIDITY AND AVAILABILITY OF RESOURCES

<u>Description</u>	<u>Amount</u>
Cash and cash equivalents	\$ 43,230
Accounts receivable	<u>198,715</u>
Total financial assets	\$ <u>241,945</u>

In addition to the financial assets listed above to meet general operating expenses over the next year, Fair Housing operates with a balance budget and anticipates covering its general operating expenses by collection of revenues and support. Fair Housing reviews its financial position on a regular basis to ensure adequate financial assets are available to meet general operating expenses.

These notes are an integral part of the preceding financial statements.

FAIR HOUSING COUNCIL OF ORANGE COUNTY

NOTES TO FINANCIAL STATEMENTS

NOTE 9 - SUBSEQUENT EVENTS

Fair Housing's management has evaluated subsequent events for the period from June 30, 2020 through June 4, 2021, the date the financial statements were available to be issued. Management did not identify any transactions that require disclosure or that would have an impact on the financial statements.

These notes are an integral part of the preceding financial statements.

***SUPPLEMENTARY INFORMATION SECTION REQUIRED BY
GOVERNMENT AUDITING STANDARDS***

JEFFREY A. HILL CPA, INC.

19602 Fariman Drive, Carson, CA 90746 • Phone: (310) 749-1014

To the Board of Directors
Fair Housing Council of Orange County
Santa Ana, California

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

We have audited, in accordance with the 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, the financial statements of **Fair Housing Council of Orange County**, which comprise the statement of financial position as of June 30, 2020, and the related statements of activities, functional expenditures and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated June 4, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered **Fair Housing Council of Orange County's** internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of **Fair Housing Council of Orange County's** internal control. Accordingly, we do not express an opinion on the effectiveness of **Fair Housing Council of Orange County's** internal control.

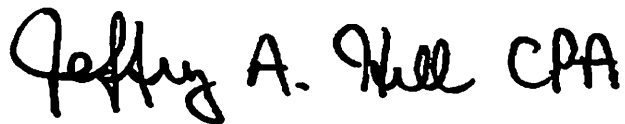
A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A significant deficiency is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether **Fair Housing Council of Orange County's** 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 or other matters that are required to be reported under Government Auditing Standards.

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Jeffrey A. Neal CPA". The signature is written in a cursive, flowing style.

Carson, California
June 4, 2021