Form **990** 

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Department of the Treasury Internal Revenue Service

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# **Return of Organization Exempt From Income Tax**

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. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

11/01/16

Α	For tl	he 2015 calen	dar year, or tax	year begi	nning		, 2015	, and	endin	g		-	,		
В	Check	f applicable	applicable C Name of organization FAIR SHARE HOUSING CENTER, INC.						D Employer identification number						
	A	ddress change	Doing business as 22-2111275												
		ame change	Number and street (or P O box if mail is not delivered to street address) Room/suite								E Teleph	one numt	ber		
	In	atial return	510 <u>PARK</u>	-							(85	6) 6	65-54	44	
	Fir	nal return/terminated	City or town, sta	City or town, state or province, country, and ZIP or foreign postal code											
	Ar	mended return	CHERRY HI	$LL_{-}$			NJ	080	002				\$1,32	0,119	-
		pplication pending	F Name and addr	ess of principa	al officer						a group retur			Yes	XNO
			KEVIN WALS		PARK BLVI	CHERI	RY HILL N	J 08	002	H(b) Are al If 'No.	l subordinates ' attach a list	included	? uctions)	Yes	N₀
1	Tax	exempt status	X 501(c)(3)	501(c) (	)  (	nsert no )	4947(a)(1) or	r   !	527				,		
J	We	bsite: ► FA	IRSHAREHOU	JSING.C	DRG					H(c) Group	exemption n	umber 🕨	-		
ĸ		n of organization	X Corporation	Trust	Association	Other P	L	Year of	formatio	<u>n 197</u>	'5 <b>M</b>	State of le	egal domicil	e NJ	
Pa	rt I	Summar	<u> </u>		<u>-</u>										
	1		e the organizati	~ ~ _							ATORY OF				
e S			WHICH HAVE												
Activities & Governance			PPORTUNITY							ERS_S	AFE, D	ECENI	AND	SANI	TARY
ern	-		NEAR EMPLO												
<u>Sov</u>	2 3		x ► if the o ting members of	•			•					ssets			
8	4		lependent voting	Ŷ	• • •	-	,					4			4
ies	5		of individuals en	•	•	• • •	•					5			4
tivit	6				•	•	•					6		4	
Act	7a	Total unrelate	of volunteers (e d business reve business taxabl	nue from P	art VIII, colum	nn (C), <del>Įine</del>	12 0		· <b>[</b> "\ · · ·			7a			0.
	b	Net unrelated	business taxabl	e income f	rom Form 990	)-T, line 34	RECE	IVC	Ψ.			7b			0.
						6		_			Prior Year			rrent Ye	
e	8		and grants (Par		•	···· 12	· NOV 1	5·20	16 • •	<u>p</u>	669,		1	,185,	853.
nuə	9	•	ice revenue (Pai	-	0,	· · · · 🗸				15	425,				474.
Revenue	10		come (Part VIII,						17	' 🖺 🗌		259.			792.
u	11		e (Part VIII, colu												
	12		- add lines 8 th	_				· · · · · · · · · · · · · · · · · · ·			1,095,			,320,	119.
	13		milar amounts p	•							20,1	200.			
	14	-	to or for membe	•		•									
es	15		r compensation,		-			•			442,	911.		614,	017.
sue	16 a	Professional f	undraising fees	(Part IX, co	olumn (A), line	911e)									
Expenses	b	Total fundrais	ing expenses (P	art IX, colu	ımn (D), line 2	25) ► _	;	36,8	62.						
	17	Other expens	es (Part IX, colu	mn (A), line	es 11a-11d, 1	1f-24e) .			•••		286,	558.		233,	739.
	18	Total expense	es Add lines 13-	17 (must e	qual Part IX, o	column (A)	, line 25) — —				749,	469.		847,	756.
	19	Revenue less	expenses. Sub	ract line 18	B from line 12		<u></u> .				345,	550.		472,	363.
2 8											ing of Curre		En	d of Yea	ar
alar alar	20	•	Part X, line 16)								472,			985,	871.
Net A <del>ss</del> ets ( Fund Balanc	21	Total liabilities	s (Part X, line 26	)	• • • • • • •				••••		401,	425.		442,	830.
Ϋ́ς	22	Net assets or	fund balances	Subtract lin	e 21 from line	20					70,	678.		543,	041.
	rt II	Signatur													
Unde	r penal	ities of perjury, I dec eclaration of prepar	dare that I have exam er (one) than officer)	ined this return is based on al	n, including accom	panying scheo uch preparer h	lules and statements	s, and to	the bes	at of my know	wledge and be	elief, it is ti	rue, correct,	and	

Sign ⊱Here	Signature of the ALSH								
	Type or print name and title								
NON	Print/Type preparer's name Reparer's signature								
Paid	Edward A. Suarez, CPA, MBA								
<b>D</b> Proparar	Firm's name 🔹 Renzi, Bernardi, Suarez & C								
May the IRS of	Firm's address 587 Haddon Avenue								
2	Collingswood								
May the IRS of	discuss this return with the preparer shown above? (see instruc								
BAA For Pa	perwork Reduction Act Notice, see the separate instruction								

_	990 (2	· · · · · · · · · · · · · · · · · · ·	HOUSING CENTER		22-	2111275	Page 2
Par		Statement of Progr		•			
				to any line in this Part I	<u> </u>	• • • • • • • • • • •	• • •
1	•	describe the organization'					
		END DISCRIMINATO					
				OR, PARTICULARL	Y THOSE PRESENTLY LIVIN	<u>G IN INNER C</u>	<u>ITIES,</u>
	<u>See F</u>	orm 990, Page 2, Part III, I	Line 1 (continued)				
			<b>.</b> .				
2		-		• •	which were not listed on the prior		<b>-</b>
				• • • • • • • • • • • •		··· Yes	K No
		, describe these new servi			•		<b>-</b>
3		•		int changes in how it cor	nducts, any program services?	Yes	K No
		,' describe these changes					
4	Descri	be the organization's program 501(c)(4)	ram service accomplishi	ments for each of its thre	e largest program services, as meas of grants and allocations to others, th	sured by expenses.	
	and re	evenue, if any, for each pro	gram service reported		or grants and allocations to outers, in		
4 a	(Code	) (Expenses	\$ 685,040	. including grants of	\$ 0.)(Revenue	\$ 133,	474.)
	•				NG THROUGH LITIGATION		
					IDED AN OPPORTUNITY TO		
					ION, AND LOW CRIME RAT		0.00000
	<u>- 12 (</u>	SOUTORITIES WILL		210/ 10 101101	TOW THE RAT		
		· <b></b>					
		<b></b>					
			<b></b> -				
			·····				
4 b	(Code	e) (Expenses	\$	including grants of	\$) (Revenue	• \$	)
		· <b>-</b> - <b>-</b> ·					
4 -	Code	) (Evenence	. c	including grants of	Ś ) (Bayanus	. ¢	
40	(Code	e) (Expenses	· · ·		\$) (Revenue	, , , <u> </u>	/
			<b> _ _ _</b>			· <b></b> ·	
		<b></b>					
4 d		program services (Descri					
	(Expe	inses \$	including gra		) (Revenue \$	)	
		program service expenses	► <u>68</u>	5,040.			
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# Form 990 (2015) FAIR SHARE HOUSING CENTER, INC.

Pa	t IV Checklist of Required Schedules			
		. <u> </u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	х	
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? If 'Yes,' complete Schedule C, Part III	5		х
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? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
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? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
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? If 'Yes,' complete Schedule D, Part VI.	11 a	x	
١	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? If 'Yes,' complete Schedule D, Part VII	11 b		х
4	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? If 'Yes,' complete Schedule D, Part VIII	11 c		x
	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? If 'Yes,' complete Schedule D, Part IX	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		X
1	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)? If 'Yes,' complete Schedule D, Part X	11f		x
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	x	
l	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ļ	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		x
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? If 'Yes,' complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III	19		x

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Form 990 (2015) FAIR SHARE HOUSING CENTER, INC.

			Yes	No
20a	Did`the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
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? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		x
Ł	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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		х
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	_28a	X	
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If Yes, 'complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
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Form 990 (2015) FAIR SHARE HOUSING CENTER, INC. 22-21	11275	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u>.                                    </u>
	<b></b>	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a	9	ì	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u> </u>
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3b		
4 a 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	ı	X
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)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	· · · 5 c	;	
6 a 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	ı	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	<b>)</b>	
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		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	,	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	:	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	I	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7</b> h		
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			1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12 a</u>	·	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]			ļ
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?	<u>13a</u>		
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
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	(2015) FAIR SHARE HOUSING CENTER, INC. 22-2111275			Paę
Part VI	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part VI			•
Sectior	A. Governing Body and Management			-
			Yes	
1 a Ent	er the number of voting members of the governing body at the end of the tax year <b>1 a</b> <u>4</u> ere are material differences in voting rights among members			
of tl	he governing body, or if the governing body delegated broad hority to an executive committee or similar committee, explain in Schedule O.			
	er the number of voting members included in line 1a, above, who are independent 1b 4			
	any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ł
	cer, director, trustee, or key employee?	2		[
3 Did of c	the organization delegate control over management duties customarily performed by or under the direct supervision fficers, directors, or trustees, or key employees to a management company or other person?	3		Γ
	the organization make any significant changes to its governing documents			t
	the prior Form 990 was filed?	4		
	the organization become aware during the year of a significant diversion of the organization's assets?	5		T
6 Did	the organization have members or stockholders?	6		Γ
7 a Did	the organization have members, stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	7 a		ſ
	any governance decisions of the organization reserved to (or subject to approval by) members,			t
sto	ckholders, or persons other than the governing body?	7 b		ļ
the	the organization contemporaneously document the meetings held or written actions undertaken during the year by following			_
	governing body?	8 a	Х	Ļ
	ch committee with authority to act on behalf of the governing body?	8 b		╞
org	here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the anization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		
Section	B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		<u>}</u>
			Yes	╀
	the organization have local chapters, branches, or affiliates?	10 a		╞
ope	es,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their rations are consistent with the organization's exempt purposes?	10 b		
	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		
	scribe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a Did	the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
to c	re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	12 b	Х	
	the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	nedule O how this was done	12 c		╀
	the organization have a written whistleblower policy?	13	X	╀
	the organization have a written document retention and destruction policy?	14		╞
per	the process for determining compensation of the following persons include a review and approval by independent sons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	e organization's CEO, Executive Director, or top management official	15a		Ļ
	her officers or key employees of the organization.	15b		1
	res' to line 15a or 15b, describe the process in Schedule O (see instructions) I the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
tax	able entity during the year?	16a		╞
par	res,' did the organization follow a written policy or procedure requiring the organization to evaluate its ticipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the anization's exempt status with respect to such arrangements?	16 b		
	n C. Disclosure			
17 Lis	t the states with which a copy of this Form 990 is required to be filed  New Jersey			
18 Se for	ction 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) public inspection Indicate how you made these available. Check all that apply	availat	le	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
the	cribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availab public during the tax year	le to		
20 Sta	te the name, address, and telephone number of the person who possesses the organization's books and records			
KE	CVIN WALSH 510 PARK BLVD CHERRY HILL NJ 08002 (8	56)		_
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Form <b>990</b> (2015)	FAIR	SHARE	HOUSING	CENTER,	INC.	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII/ Independent Contractors

Section A. Officers, Di	rectors, Trustees, K	Key Employees, and Highest	t Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any See instructions for definition of 'key employee'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

(A) Name and Title	(B) Average	thar	) one Ì	box, ι	ot che unless	ck more s persoi and a	e n	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per	or director	dire	Officer	/truste	Highest compensated	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ROBERT SHAFFER BOARD MEMBER	1.00	x						0.	0.	0.
(2) DEBORAH DELGRANDE SECRETARY	_1.00	x		x				0.	0.	0.
_(3)_COLANDUS_"KELLY"_FRANCIS PRESIDENT	1.00	x	:	х				0.	0.	0.
_(4)_ FRANK_ARGOTE_FREYRE BOARD_MEMBER	1.00	x		x				0.	0.	0.
KEVIN_WALSH	40.00			х				123,860.	0.	0.
_(7)										
(9)								:		
(10)										
(11)										
(12)										
(13)										
(14)										
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	990 (2015) FAIR SHARE HOUSING CENTE								22-2111275			ge <b>8</b>
Par	t VII Section A. Officers, Directors, Tru	stees, I (B)	Key	En			es, ar	Id Highest Cor	npensated Emp	loyee	s (conti	inued)
	` (A) Name and utle	Average hours per week	Position age (do not check more than one rs box, unless person is both an officer and a director/trustee)			s both an pr/trustee)	(D) Reportable compensation from The organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	r ormer Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	fr orga and	om the anization d related anization	1
(15)												
(16)												
(17)												
(18)	<b>_</b>											
(19)									· · · ·			
(20)												
(21)				-								<u> </u>
(22)												
(23)					_							
(24)									-			
(25)	······································											
c	Sub-total.       .	nA						123,860.			,	0.
	Total number of individuals (including but not limited from the organization 1									npensal	ion	
3	Did the organization list any <b>former</b> officer, director,	or trustee	e, key	/ em	ploy	/ee, -	or highe	est compensated e	nployee		Yes	No
4	on line 1a <sup>2</sup> If 'Yes,' complete Schedule J for such inc For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable co	ompe	nsa	lion	and	other c	ompensation from		. 3	-	×
5	Such individual			•••	• •	• •	••••	• • • • • • • • •		. 4		<u>X</u>
Sec	for services rendered to the organization? If 'Yes,' co tion B. Independent Contractors	omplete S	ichea	lule	J foi	r suc	h perso	<u></u>	<u></u>	. 5		<u>x</u>
1	Complete this table for your five highest compensate compensation from the organization Report comper	ed indepensation fo	nden r the	t co cale	ntra	ctors r yea	that re ar endin	ceived more than \$ ig with or within the	100,000 of organization's tax ye	ar		
	(A) Name and business addre	SS						(E Description		( Compe	C) nsatio	n
2	Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to th	nose	liste	ed abov	e) who received mo	pre than			
BAA	wroo,ooo or compensation from the organization		TEEA	0108	10/1	2/15			I	Form	990 (	2015)

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# Form 990 (2015) FAIR SHARE HOUSING CENTER, INC. Part VIII Statement of Revenue

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```	Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1 a	Federated campaigns 1a					
b	Membership dues 1 b					
с	Fundraising events 1 c					
d	Related organizations 1 d					
е	Government grants (contributions) 1 e					
	All other contributions, gifts, grants, and similar amounts not included above 1 f	1,185,853.				
g	Noncash contributions included in lines 1a-1f					
h	Total. Add lines 1a-1f		1,185,853.			
		Business Code				
2a	SETTLEMENT REVENUE	541100	126,000.	126,000.	0.	
	TRAINING_INCOME	541100	7,474.	7,474.	0.	
c		541100				
d				-		
e						
	All other program service revenue					
g	Total. Add lines 2a-2f	•	133,474.			
3	Investment income (including dividends) other similar amounts)		792.	0.	0.	79
4	Income from investment of tax-exempt b	ond proceeds 🗉 🕞				
5	Royalties					
	(I) Real	(II) Personal				
6 a	Gross rents			•		
b	Less rental expenses					
c	Rental income or (loss)					
1	Net rental income or (loss)					
	Gross amount from sales of (i) Secunties	(II) Other				
ь	Less cost or other basis and sales expenses					
c	Gain or (loss)	-   1			-	
	Net gain or (loss)					
	Gross income from fundraising events (not including \$					
	of contributions reported on line 1c)					
	See Part IV, line 18	a				
b	Less direct expenses	b				
c	Net income or (loss) from fundraising ev	rents				
	Gross income from gaming activities See Part IV, line 19					
ь	Less direct expenses	b				
	Net income or (loss) from gaming activit	L				
	Gross sales of inventory, less returns and allowances					
.	Less: cost of goods sold	a b				
	Net income or (loss) from sales of inven					
⊢ <u>-</u>	Miscellaneous Revenue	Business Code		<u> </u>		
11 a		Busiliess 0000				
ы						
	' <b> </b>					·
C						·
1						1
	All other revenue	L				

#### Form 990 (2015) FAIR SHARE HOUSING CENTER, INC. Te Dart IX .

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Part IX Statement of Functional Expension				
Section 501(c)(3) and 501(c)(4) organizations must con	mplete all columns All of	ther organizations must o	complete column (A)	· · · · · · · · · · · · · · · · · · ·
Check if Schedule O contains a res	· · · · · · · · · · · · · · · · · · ·		······································	
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 for- eign 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	123,860.	99,088.	18,579.	6,193.
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	351,519.	281,215.	52,728.	17,576.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		2017213.	52,720.	11,310.
9 Other employee benefits	104,010.	83,208.	15,602.	5,200.
10 Payroll taxes	34,628.	27,703.	5,194.	1,731.
11 Fees for services (non-employees)				
a Management	951.	0.	951.	0.
<b>b</b> Legal	108,537.	108,537.	0.	0.
<b>c</b> Accounting	2,945.	0.	2,945.	0.
<b>d</b> 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)	2,032.	0.	2,032.	0.
12 Advertising and promotion	4,425.	3,500.	0.	925.
13 Office expenses	13,006.	6,630.	5,962.	414.
14 Information technology	14,468.	11,731.	2,170.	567.
15 Royalties				
16 Occupancy	10,968.	3,586.	7,158.	224.
17 Travel	38,121.	30,497.	5,718.	1,906.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,400.	2,400.	0.	0.
20 Interest	- • · · •			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,674.	4,539.	851.	284.
23 Insurance	9,685.	7,748.	1,453.	484.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<sup>a</sup> <u>DUES_AND_SUBSCRIPTIONS</u>	5,382.	4,306.	807.	269.
b <u>MISC</u>	3,240.	2,133.	533.	574.
C POSTAGE	7,975.	6,380.	1,196.	399.
d <u>PRINTING</u>	2,300.	1,839.		116.
e All other expenses	1,630.	0.	1,630.	0.
25 Total functional expenses Add lines 1 through 24e	847,756.	685,040.	125,854.	36,862.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following				
SOP 98-2 (ASC 958-720)				

### Form 990 (2015) FAIR SHARE HOUSING CENTER, INC. Part X Balance Sheet

3

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	56,235.	1	319,348
	2	Savings and temporary cash investments	374,226.	2	455,006
	3	Pledges and grants receivable, net		3	166,022
	4	Accounts receivable, net		4	<del>.</del>
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	· · · ·	'- 	
				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	, 	6	·
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	4,979.	9	3,599
	40.0	Land, buildings, and equipment. cost or other basis.			
	IVa	Complete Part VI of Schedule D		•	
	b	Less accumulated depreciation	36,663.	10 c	41,896
	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 34)	472,103.	16	985,871
	17	Accounts payable and accrued expenses	401,425.	17	442,830
	18	Grants payable	101/120.	18	1127030
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Į.		key employees, highest compensated employees, and disgualified persons.	والمسجب المسا المساوة التار للمسولة		······
ï		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	401,425.	26	442,830
s		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			, <sup>1</sup>
8		lines 27 through 29, and lines 33 and 34.		- <u></u>	· · · · · · · · · · · · · · · · · · ·
lan	27		70,678.	27	136,163
Ba	28	Temporarily restricted net assets		28	406,878
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			10. anglet and an
ŝ	30	Capital stock or trust principal, or current funds		30	
<u>s</u>	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	70,678.	33	543,041
Z	34	Total liabilities and net assets/fund balances	472,103.	34	985,871

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Form	990 (2015) FAIR SHARE HOUSING CENTER, INC. 22-2	111275		Pa	ige <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check 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	1,32	20,1	.19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84	47,7	56.
3	Revenue less expenses Subtract line 2 from line 1	3	4	72,3	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	70,6	578.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
		10	5	43,0	141.
Pai	t XII Financial Statements and Reporting				
	Check 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.				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
t	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
(	: 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?	, 	2 c		x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	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?		3 a		x
1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (	2015)

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			Public Charit	ty Status and Po	ublic Supp	ort	OMB No 1545-0047
	EDULE <sup>′</sup> A 990 or 990-EZ)	Com	plete if the organizati	on is a section 501(c)(3 )(1) nonexempt charital	B) organization		2015
	•		► Atta	ch to Form 990 or Form	990-EZ.		
	epartment of the Treasury ternal Revenue Service		Information about Schedule A (Form 990 or 990-EZ) and its instructions i at www.irs.gov/form990.				Open to Public Inspection
Name of	the organization					Employer identifica	ation number
FAIF	SHARE HOU					22-211127	
Part	I Reason fo	r Public Cha	rity Status (All or	ganizations must co	mplete this p	art.) See instructior	าร
The or	ganization is not a	a private foundati	on because it is (For I	ines 1 through 11, check	only one box )		
1	A church, con	vention of church	nes, or association of c	hurches described in se	ction 170(b)(1)(/	A)(i).	
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-EZ) )		
3	A hospital or a	a cooperative hos	spital service organizat	ion described in section	170(b)(1)(A)(iii)	•	
4	A medical res	earch organizatio	on operated in conjunc	tion with a hospital descr	ibed in <b>section</b> '	170(b)(1)(A)(iii) Enter ti	he hospital's
	name, city, an						
5	📙 170(b)(1)(A)(i	v). (Complete P	art II)	or university owned or op			d in section
6		•	-	I unit described in sectio			
7			eceives a substantial p Complete Part II.)	part of its support from a	governmental ur	nit or from the general pu	ublic described
8	A community	trust described ir	section 170(b)(1)(A)	(vi). (Complete Part II)			
9	from activities	related to its exe come and unrelat	empt functions – subje	a 33-1/3% of its support f ict to certain exceptions, acome (less section 511 t irt III.)	and (2) no more	than 33-1/3% of its sup	port from gross
10	An organizatio	on organized and	operated exclusively	to test for public safety S	See section 509	(a)(4).	
11	under more public	cly supported org	anizations described in	for the benefit of, to perfo n <b>section 509(a)(1)</b> or <b>se</b> porting organization and o	ection 509(a)(2).	See section 509(a)(3).	urposes of one Check the box in
а	complete Par	s) the power to re rt IV, Sections A	gularly appoint or elec	ed, or controlled by its su t a majority of the directo	rs or trustees of	the supporting organiza	tion You must
b	L management	oporting organiza of the supporting te Part IV, Secti	organization vested in	trolled in connection with the same persons that	its supported on control or manag	ganızatıon(s), by havıng je the supported organız	control or ation(s) <b>You</b>
С	Type III function(s	tionally integrates) (see instruction	ed. A supporting organ ns) You must comple	nization operated in conn i <b>te Part IV, Sections A,</b> I	ection with, and D, and E.	functionally integrated w	vith, its supported
d	functionally in instructions).	tegrated The org You must comp	panization generally mi lete Part IV, Sections	organization operated in ust satisfy a distribution r A and D, and Part V.	equirement and	an attentiveness require	ement (see
e	Check this bo integrated, or	x if the organizat Type III non-fund	ion received a written o ctionally integrated sup	determination from the IF porting organization	RS that it is a Typ	e I, Type II, Type III fun	ctionally
•		••	ganizations				[
g	Provide the follow	ving information a	about the supported or	ganization(s)		• · · · · · · · · · · · · · · · · · · ·	
		f supported uzation	(II) EIN	(III) Type of organization (described on lines 1-9 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)

	organization	organization (ii) Liv (iii) Type of organization (iv) is the organization (iv) is the organization (described on lines 1-9 above (see instructions)) document?		on listed overning nent?	support (see instructions)	support (see instructions)	
			Yes	No			
(A)							
<u>(B)</u>							
(C)					ļ		
(D)							
<u>(E)</u>							
Total	<u></u>						
	a Description of a Description A stability	atten and the lands	unking for Form 000 and			Cohodulo A / Com	- 000 000 E7) 004E

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

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

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Jec	uon A. Fublic Support						
Cale begu	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	( <b>c</b> ) 2013	( <b>d</b> ) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
	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						
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)				4 · · · · · · · · · · · · · · · · · · ·		
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	an edus faraik anti-far ang-frand					
Calendar year (or fiscal year beginning in) ►		<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
7	Amounts from line 4						
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			1 - 1 Ay A - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s						· · · · · · · ► 🗍
Sec	tion C. Computation of Pu	blic Support P	Percentage				
	Public support percentage for 201			, column (f))		14	%
15	Public support percentage from 20	14 Schedule A, Pa	art II, line 14 · · ·			15	%
16 a	a 33-1/3% support test — 2015. If and stop here. The organization of	the organization di jualifies as a public	d not check the bo cly supported organ	x on line 13, and lii nization	ne 14 is 33-1/3% c	r more, check this	box · · · · · · ►
b	<b>33-1/3% support test – 2014.</b> If t and <b>stop here.</b> The organization of	he organization dic qualifies as a publi	l not check a box o cly supported orga	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box ►
17 a	a 10%-facts-and-circumstances te or more, and if the organization mu the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	nd stop here. Exc	lain in Part VI how	_
	D10%-facts-and-circumstances te or more, and if the organization mo organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organizatior	st, check this box a i qualifies as a pub	nd stop here. Exp licly supported org	lain in Part VI how anization	the ►
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ►

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### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1 Gifts, grants, contributions and membership fees						···· · · · · · · · · · · · · · · · · ·			
received. (Do not include any 'unusual grants')	112 077	262 212	EE0 471	660 760	1 105 052	2 212 272			
2 Gross receipts from admis-	443,877.	362,312.	550,471.	009,700.	1,185,853.	3,212,273.			
sions, 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 . <b>4</b> Tax revenues levied for the	10,000.	60,000.	0.	425,000.	133,474.	628,474.			
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	453,877.	422,312.	550,471.	1,094,760.	1,319,327.	3,840,747.			
7 a Amounts included on lines 1, 2, and 3 received from									
disqualified persons									
<b>b</b> Amounts included on lines 2									
and 3 received from other than disqualified persons that									
exceed the greater of \$5,000 or 1% of the amount on line 13									
for the year									
c Add lines 7a and 7b									
8 Public support. (Subtract line				的研究和自治	and the second	0 0 1 0 5 1 5			
	A State Party and a state	BE THE THE	. So and the second second		BONG TANALAS	3,840,747.			
Section B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6	453,877.	422,312.	550,471.	1,094,760.	1,319,327.	3,840,747.			
<b>10 a</b> Gross income from interest, dividends,	433,077.	422, 512.	550,471.	1,094,700.	1,519,521.	5,040,147.			
payments received on securities loans, rents, royalties and income from									
		288.	154.	259.	792.	1,493.			
b Unrelated business taxable income (less section 511									
taxes) from businesses									
acquired after June 30, 1975			1.5.4			1 400			
c Add lines 10a and 10b 11 Net income from unrelated business		288.	154.	259.	792.	1,493.			
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				1					
Part VI)				ļ					
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12)	453,877.	422,600.	550.625	1.095.019	1,320,119.	3,842,240.			
14 First five years. If the Form 990 is	s for the organizati	on's first, second, t	third, fourth, or fifth	i tax year as a sec	tion 501(c)(3)				
organization, check this box and s			<u> </u>	<u></u>		· · · · · · · ► [_]			
Section C. Computation of Pu 15 Public support percentage for 201				· · · · - · · · -	15	00.00 8			
<ul><li>15 Public support percentage for 201</li><li>16 Public support percentage from 20</li></ul>						99.96 %			
Section D. Computation of Inv				••••		99.98 %			
17 Investment income percentage for				))	17	0.04 %			
18 Investment income percentage fro	-								
19 a 33-1/3% support tests – 2015. If									
is not more than 33-1/3%, check t	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	<b>.</b> ► X			
b 33-1/3% support tests – 2014. If line 18 is not more than 33-1/3%,									
20 Private foundation. If the organiz									
BAA		TEEA0403				0 or 990-EZ) 2015			

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Part IV Supporting Organizations (Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

.

			Yes	No
4	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
'	If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
		-		
3 a	I Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below	3a		I
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization	1		
		3ь		
c	: Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		<b></b>
<b>4</b> a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
		40	-	i
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
Ľ	organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
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)? If 'Yes,' explain in <b>Part VI</b> 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	4c		
				<u>├───</u> ;
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)			
	and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
		<u> </u>		
Ľ	o 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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
				<u> </u>
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? If 'Yes,' provide detail in <b>Part VI</b>	6	~	
		<u> </u>		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		,	
	(defined in section 4958(c)(3)(Č)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
5	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
-				
9 (	a 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))?			
		9a		
				<u> </u>
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? If 'Yes,' provide detail in <b>Part VI</b>	9b		
		- 30		<u> </u>
(	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? If 'Yes,' provide detail in Part VI	9c		$\square$
10-	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
101	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			<sup> </sup>
	answer 10b below	10a		L
	b Did the experimental have any average business heldings in the territory (the Octoordalis O. Come 4700, to the territory			
I	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		'
		1	1	<u>i</u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015	FAIR	SHARE	HOUSING	CENTER,	INC.	
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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 (b) and (c) below, the governing body of a supported organization?		1a		
<b>b</b> A family member of a person described in (a) above?	1	1b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Pa	nt VI 1	1c		

## Section B. Type I Supporting Organizations

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

#### 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	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):
- The organization satisfied the Activities Test. Complete line 2 below a
- The organization is the parent of each of its supported organizations. Complete line 3 below b
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) С

2 Activities Test. A	nswer (a) a	and (b)	below.
----------------------	-------------	---------	--------

2	Activities Test. Answer (a) and (b) below.		Yes	No
	<sup>a</sup> 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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
		2Ь		L
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI	3a		
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard	3Ь		

Schedule A (Form 990 or 990-EZ) 2015

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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 November 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A – Adjusted Net Income (optional) 1 1 2 2 3 3 4 4 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for 6 7 7 8 8 (B) Current Year Section B – Minimum Asset Amount (A) Prior 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 1 a . . . . . . . . . . . . . . . . . **b** Average monthly cash balances 1 b 1 c 1 d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets . . . . . . . . . . . . . . 2 2 3 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) . . . . . . . . . . . . 5 5 6 6 7 7 8 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) . . . . . . 1 1 2 2 . . . . . . . . . . . 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 6

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990-EZ) 2015 FAIR SHARE HOUSING CH		22-211	1275 Page 7
Par		pporting Organiza	ations (continued)	·
<u>Sec</u>	tion D – Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizatio	ons, 	
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	• • • • • • • • • • • •		
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		4	
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015			
a	'			
b	;			
c	,			
d	From 2013			
е	From 2014		-	
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			*
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			,
4	Distributions for 2015 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
-	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7		• •	
а				
Ŀ		· · · ·		
	Excess from 2013		- <u> </u>	
	Excess from 2014	· · · · · · · · · · · · · · · · · · ·		
	Excess from 2015			
		· · · · · · · · · · · · · · · · · · ·	1	· · · · · · · · · · · · · · · · · · ·

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Schedule A (Form 990 or 990-EZ) 2015

Part V: Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities					
(Form 990 or 990-EZ)	2015					
Department of the Treasury Internal Revenue Service		olete if the organization is described belo ▶ Information about Schedule C (Form 99 is at www.irs.gov	0 or 990-EZ) and its i		ollarson and a second sec	
-		' on Form 990, Part IV, line 3, or Form 990		olitical Campaign Activ	vities), then	
	er than section	Complete Parts I-A and B Do not complete on 501(c)(3)) organizations: Complete Parts plete Part I-A only		ot complete Part I-B.		
		,' on Form 990, Part IV, line 4, or Form 990	)-EZ, Part VI, line 47 (l	Lobbying Activities), the	ən	
		that have filed Form 5768 (election under se that have NOT filed Form 5768 (election und				
	wered 'Yes, uctions), the	,' on Form 990, Part IV, line 5 (Proxy Tax) :n	(see instructions) or I	Form 990-EZ, Part V, lin	e 35c	
	5), or (6) orga	anizations Complete Part III.				
Name of organization				Employer identifica		
FAIR SHARE HOU	SING CE	NTER, INC.	504(-)	22-211127	5	
· · · · · · · · · · · · · · · · · · ·		rganization is exempt under sect	• •		zation.	
		ganization's direct and indirect political camp				
		· · · · · · · · · · · · · · · · · · ·				
Part 1:8 Complet	o if the o	rganization is exempt under sect	$\frac{1}{100} 501(c)(3)$			
1 Enter the amount		e tax incurred by the organization under sec	tion 4955			
		e tax incurred by organization managers und				
		section 4955 tax, did it file Form 4720 for this				
=						
4 a Was a correction t b If 'Yes,' describe it		• • • • • • • • • • • • • • • • • • • •			· · · LYes No	
		rganization is exempt under sect		t and the $E01(a)(2)$		
1 Enter the amount	drectly ever	ended by the filing organization for section 5	7 exempt function actu			
2 Enter the amount	of the filing of	progenization's funds contributed to other organization	anizations for section 5	27 exempt		
<b>3</b> Total exempt func line 17b	tion expendi	tures Add lines 1 and 2 Enter here and on	Form 1120-POL,	▶\$		
4 Did the filing orgai	nization file I	Form 1120-POL for this year?			Yes No	
5 Enter the names, organization made amount of political	addresses a e payments I contributior	nd employer identification number (EIN) of a For each organization listed, enter the amount is received that were promptly and directly d action committee (PAC) If additional space	Il section 527 political of Int paid from the filing of elivered to a separate i	organizations to which the organization's funds Also political organization, suc	e filing enter the	
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-	
(1)			-			
(2)			-			
(3)			-			
(4)			-			
(5)			-			
(6)			-			
BAA For Paperwork R	Reduction A	ct Notice, see the Instructions for Form 9	90 or 990-EZ.	Schedule C (For	n 990 or 990-EZ) 2015	

OMB No 1545-0047

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Schedule C (Form 990 or 990-EZ) 2015 FAIR SHARE		22-21112	
Part II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ection under
A Check ► I if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliat	ed group member's name	1
address, EIN, expenses, an	d share of excess lobbying expenditures).		
B Check    If the filing organization checkers	cked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' mo	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence pul	blic opinion (grass roots lobbying)	0.	
b Total lobbying expenditures to influence a le	egislative body (direct lobbying)	3,000.	
c Total lobbying expenditures (add lines 1a a	nd 1b)	3,000.	
d Other exempt purpose expenditures		0.	
e Total exempt purpose expenditures (add lin	es 1c and 1d)	3,000.	
f Lobbying nontaxable amount. Enter the amount columns	ount from the following table in	600.	
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is		н н <u>-</u>
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	· · · · · · · · · · · · · · · · · · ·	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000	· · ·	
g Grassroots nontaxable amount (enter 25%	of line 1f)	150.	
h Subtract line 1g from line 1a If zero or less,	enter -0	0.	
i Subtract line 1f from line 1c If zero or less,	enter -0	2,400.	
	er line 1h or line 1i, did the organization file Form 4720		. Yes XNC
<u> </u>	4-Year Averaging Period Under section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

	Lobbying I	Expenditures During	4-Year Averaging Period	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount	86,927.	120,752.	137,420.		345,099.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					517,649.
c Total lobbying expenditures	3,000.	3,000.	3,000.	3,000.	12,000.
d Grassroots nontaxable amount	21,732.	30,188.	34,355.		86,275.
e Grassroots ceiling amount (150% of line 2d, column (e))			· · · · ·		129,413.
f Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 FAIR SHARE HOUSING CENTER, INC
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Part II-B	Complete if the	organization i	s exempt ur	nder section	501(c)(3)	and has NO	<b>DT filed</b>	Form	5768
	(election under								

·	(a	I)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Ап	ount	
<ol> <li>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,</li> </ol>		,		. 1	
through the use of					
<b>a</b> Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i	7. 17	·.			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	-				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			<u> </u>
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				<u>† – – – – – – – – – – – – – – – – – – –</u>	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	III-A,	ection 5 line 3, is	01(c)	1
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
<b>a</b> Current year		2 a			
<b>b</b> Carryover from last year		2 b			
<b>c</b> Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					

	Taxable amount of lobbying and political expenditures (see instructions)	
Par	t IV Supplemental Information	

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

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(For	IEDULE D rm 990) Imeni of the Treasury al Revenue Service of the organization	OMB No 1545-0047 <b>2015</b> Coronto Public Inspection		
, tunio	or the organization		Linpioyo	
		RE HOUSING CENTER, INC.		11275
Par		tions Maintaining Donor Advised Funds or Other Similar Funds of if the organization answered 'Yes' on Form 990, Part IV, line 6.	or Accounts.	
		(a) Donor advised funds		l other accounts
1	Total number at er	nd of year	(b) Funds and	
2		Intributions to (during year)		
3		anis from (during year)		
4	Aggregate value a	at end of year		· · · · · · · · · · · · · · · · · · ·
5	Did the organization are the organization	on inform all donors and donor advisors in writing that the assets held in donor advised on's property, subject to the organization's exclusive legal control?	l funds 	Yes No
6	for charitable purp	on inform all grantees, donors, and donor advisors in writing that grant funds can be us poses and not for the benefit of the donor or donor advisor, or for any other purpose cor rate benefit?	nferring	∏Yes ∏No
Par		ation Easements.		
	Complete	if the organization answered 'Yes' on Form 990, Part IV, line 7.		
1		servation easements held by the organization (check all that apply)		
	here a	of land for public use (e g , recreation or education)	• •	
		natural habitat	tified historic stru	ucture
2	Complete lines 2a	i through 2d if the organization held a qualified conservation contribution in the form of a	a conservation e	asement on the
-	last day of the tax	year		
			× • • •	e End of the Tax Year
			2 a	
			2 b	
			2 c	
C	structure listed in t	vation easements included in (c) acquired after 8/17/06, and not on a historic the National Register	2 d	
3	tax year ►	vation easements modified, transferred, released, extinguished, or terminated by the o	rganization durir	ng the
4		where property subject to conservation easement is located		
5	and enforcement of	ation have a written policy regarding the periodic monitoring, inspection, handling of viol of the conservation easements it holds?		
Ŭ		shours devoted to monitoring, inspecting, handling of violations, and emotioning conserv	vation easement	s during the year
7	Amount of expens ►\$	ses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements du	ring the year
8	and section 170(h	rvation easement reported on line 2(d) above satisfy the requirements of section 170(h) i)(4)(B)(ii)?	• • • • • • • •	
9	In Part XIII, descru include, if applicat conservation ease	Ibe how the organization reports conservation easements in its revenue and expense sible, the text of the footnote to the organization's financial statements that describes the aments.	tatement, and ba organization's a	alance sheet, and ccounting for
Par	Complete	tions Maintaining Collections of Art, Historical Treasures, or Other if the organization answered 'Yes' on Form 990, Part IV, line 8.	er Similar As	ssets.
1 a	art, historical treas	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme sures, or other similar assets held for public exhibition, education, or research in further xt of the footnote to its financial statements that describes these items	ent and balance s rance of public s	sheet works of ervice, provide,
t	historical treasure	n elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a is, or other similar assets held for public exhibition, education, or research in furtherance is relating to these items		
		uded on Form 990, Part VIII, line 1		\$
-		ed in Form 990, Part X		
	amounts required	n received or held works of art, historical treasures, or other similar assets for financial g to be reported under SFAS 116 (ASC 958) relating to these items: d on Form 990, Part VIII, line 1		following
		n Form 990, Part X		\$ \$

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BAA For Paperwork Reduction Act Notice	, see the Instructions for Form 990.	TEEA3301 06/03/15	Schedule

chedule **D** (Form 990) 2015

			CENTER,			22-211		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Hist	orical	Treasures, or	Other Similar Ass	ets (cont	(inued)
<ol> <li>Using the organization's acquisition items (check all that apply)</li> </ol>	n, accession, a	and other r	records, check	any of	the following that a	re a significant use of its	collection	
a Public exhibition			d Loan	or exch	ange programs			
b Scholarly research			e 🔤 Other	•				
c Preservation for future generat	ions							
4 Provide a description of the organiz Part XIII			·	•	÷	,		
5 During the year, did the organization to be sold to raise funds rather than	n solicit or rec to be mainta	ceive dona ined as pa	ations of art, his art of the organ	storical nization'	treasures, or other s collection?	sımılar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangen mount on F	orm 990	), Part X, lin	he org e 21.	ganization answ	vered 'Yes' on Form	990, Pai 	rt IV,
<b>1 a</b> Is the organization an agent, truste on Form 990, Part X <sup>2</sup>	e, custodian c	or other int	ermediary for	contribu	itions or other asse	ts not included	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and	complete	the following ta	able				
							Amount	
c Beginning balance						. 1c		
d Additions during the year						. 1d		-
e Distributions during the year						. <b>1</b> e		
f Ending balance						. 1f		
2 a Did the organization include an am	ount on Form	990, Part	X, line 21, for	escrow	or custodial accourt	nt liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII Che	ck here if	the explanatio	n has b	een provided on Pa	art XIII		
Part V Endowment Funds. C	omplete if t	he orga	nization ans	swered	d 'Yes' on Form	990, Part IV, line 1	0.	
	(a) Current	year	(b) Prior yea	ır	(c) Two years back	(d) Three years back	(e) Four	years back
<b>1</b> a Beginning of year balance								
<b>b</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	vear end t	palance (line 1	a, colur	nn (a)) held as:	· · · · · · · · · · · · · · · · · · ·	·	
a Board designated or quasi-endowr			8	0.				
b Permanent endowment								
c Temporarily restricted endowment			8					
The percentages on lines 2a, 2b, a		equal 100	%.					
						1.6 0		
3 a Are there endowment funds not in organization by	the possessio	n of the of	ganization tha	it are ne	and administere	a for the	Ye	es No
(i) unrelated organizations							. 3a(i)	
(ii) related organizations							. 3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the related							. 3b	
4 Describe in Part XIII the intended u								
Part VI Land, Buildings, and						· · ·		
Complete if the organiz			s' on Form	990 8	Part IV line 11a	See Form 990 P	art X line	10
Description of property		(a) Cost o	or other basis	(b)	Cost or other	(c) Accumulated	(d) Boo	
<b>1 a</b> Land			estment)	<sup>C</sup>	basis (other)	depreciation		
<b>b</b> Buildings					102 770	1.00.000	· · ·	24 200
c Leasehold improvements					193,778.	169,390.		24,388.
								17 500
d Equipment			- <u>.</u>		28,167.	10,659.		<u>17,508.</u>
e Other.		•		I	4,166.	4,166.		0.
Total. Add lines 1a through 1e (Column	(a) must equa	ai r-or <u>m</u> 99	io, Pari X, colu	inn (B),				41,896. 990)2015
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Schedule D (Form 990) 2015 FAIR SHARE HOUSING			11275 Page
Complete if the organization answered " (a) Description of security or category (including name of security)	Yes' on Form 990, F (b) Book value	(c) Method of valuation Cost or end	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
_(I)			<u>.</u>
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ►			
Part VIII Investments – Program Related. Complete if the organization answered '	Yes' on Form 990. I	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	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
		······································	
Total (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part IX Other Assets. Complete if the organization answered ' (a) De		Part IV, line 11d. See Form 990	Part X, line 15.
(1)			
(2)			
(3)			
(4)			
(5) (6)		, <u> </u>	
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) I	ine 15)		• · · · · · ·
Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability	Form 990, Part IV, line 1 (b) Book value	1e or 11f See Form 990, Part X, line 2	5
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	•		

Schedule D (Form 990) 2015 FAIR SHARE HOUSING CENTER, INC.	22-2111275	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1 1,	320,119.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3 1,	320,119.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>	· · 4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,	320,119.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	· · 1	847,756.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	· · 2e	
3 Subtract line 2e from line 1	3	847 <u>,756.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	<u>847,756.</u>
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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(Form	990	ot !	990-EZ)

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# **Transactions With Interested Persons**

OMB No 1545-0047 2015

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

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1.11	5 2.44	SDOC		1999 B
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Departmen Internal Re	t of the Treasury venue Service	► Infoi	rmation about		ile L (Foi www.irs.			nd its instru	ctions i	5		0	pen it Inspe	o Publi Cilon			
Name of the organization					Em	ployer l	dentifica	ation nu	ımber								
FAIR	SHARE HOUS	SING CENTER, INC.						22	2-213	1127	5						
Part I	Excess E Complete if	Senefit Trans	actions (see answered Yes	ction 50 ' on Forr	01(c)(3 n 990, Pa	), sect art IV, lu	ion 501(c)( ne 25a or 25b	4), and 50 , or Form 99	)1(c)(2 0-EZ, Pa	9) orc art V, li	aniza ne 401	ation	s only	/).			
1	(a) Name of disqu	alified person	(b) R		between di nd organizat			(c) [	Description	of transa	oction			(d) Corr Yes	rected		
(1)														103			
(2)																	
(3)																	
(4)															<b></b>		
(5)											_				ļ		
(6)																	
Part II	Loans to Complete if organization	of tax, if any, on li and/or From the organization reported an am	Interested answered 'Ye ount on Form	Perso s' on Fo 990, Par	<b>ns.</b> rm 990-E t X, line	Z, Part 5, 6, or	V, line 38a o 22.	r Form 990,	Part IV,	line 20		r		1			
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan			from the principal		(f) Balance due		(f) Balance due		(g) in d	(g) In default?		(h) Approved by board or committee?		ntten ment?
				То	From					Yes	No	Yes	No	Yes	No		
(1)																	
(2)											L						
(3)					<u> </u>										L		
(4)										ļ			<u> </u>		ļ		
(5)				4	ļ					<b>.</b>			ļ		ļ		
(6)								ļ					<u> </u>		<b>_</b>		
(7)								ļ						<u> </u>	<u> </u>		
(8)										<b>-</b>			<b> </b>		<u> </u>		
(9)					ļ												
(10)				<u> </u>	<u> </u>					219140	4812#6 <b>*</b> 6	( #P#2-191	140.7436962	N 530 49451			
Total		• • • • • • •	· · · · · · · · ·				►\$			5.81	10 P	n alati	Contract of		tin) "		
Part II		r Assistance the organization															
	(a) Name of intere	ested person	(b) Relationship and	p between i d the organi		erson	(c) Amount o	f assistance	(d) Type of assistance (e) P		Purpose	e of assis	stance				
(1)									<u>†                                    </u>								
(2)																	
(3)			l														
(4)							. <u>.</u>										
(5)	· · · · · ·								<u> </u>								
(6)		<u>.</u> .							<b>_</b>			$\square$					
(7)																	
(8)							~		<b> </b>								
(9) (10)							<u> </u>		<b> </b>								

. (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reveni	ation's
				Yes	No
1) FAIR SHARE HOUSING DEVELOPMENT	FORMER EXEC DIRECTOR OF FSHC	19,125.	CONTRACT LABOR		X
2)					
(3)					
(4)					<b></b>
5)					
6)					1
7)					
8)		·			
9)					
0)	<u>├</u> ────				<u> </u>

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Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).

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SCHEDULE O (Form 990 or 990-EZ)	0 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.						Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.						
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.     Partment of the Treasury     Information about Schedule O (Form 990 or 990-EZ) and its instructions is     at www.irs.gov/form990.												
Name of the organization		Employer Identification number											
FAIR SHARE HOUS	ING CENTER, INC.	22-2111275											
Pt VI, Line 8b	THERE ARE NO COMMITTEES AUTHORIZED TO ACT ON BEH	ALF OF THE BOARD											

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Pt VI, Line 11b FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING.

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