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Form **990-EZ** Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2008

Open to Public Inspection

A		ne 2008 calendar year, or tax year beginning and ending				
В Г	Check applica Addr chan	identification number				
Ē	Nam chan	Print of HOPE FAIR HOUSING CENTER, INC.	23-7	036081		
	Initia	lype Number and street (or P.O. box, if mail is not delivered to street address) Poom/cuito E.	E Telephone number			
	Tern		630-	690-6500		
		nded trops City or town, state or country, and ZIP + 4	Group Exe			
	Appli pend	ration	Number >	•		
1	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting	method:	Cash X Accrual		
		Schedule A (Form 990 or 990-EZ). Other (spec	cify) ►			
1	Webs	te: ▶ <u>WWW.HOPEFAIR.ORG</u> H Check ▶		he organization is not		
4			ach Sched	Jule B (Form 990, 990-EZ, or 990-PF)		
K	Check		re than \$2	25,000. A return is not		
' _		ed, but if the organization chooses to file a return, be sure to file a complete return.				
╸┞╴		nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	\$	322,849.		
L	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	ons for Pai			
	1	Contributions, gifts, grants, and similar amounts received	1	272,147.		
	2	Program service revenue including government fees and contracts	2	40,597.		
	3	Membership dues and assessments	3			
	4	Investment income	4	 .		
	5a	Gross amount from sale of assets other than inventory 5a	-			
	b	Less: cost or other basis and sales expenses Con or there to a sales expenses Con or there to a sales expenses	-			
e e	6	Gain or those frequestion of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	5c			
Revenue	a	Gross revenue (not including \$ 10 3, 150. of contributions				
ě	•	reported by 19 2010 (1) (6a 7,200	.			
_	Ь	Less: direct expenses other than fundraising expenses 6b 8,122				
	C	Net income of the state of the	6c	-922.		
	7a	Gross sales of inventory, less-returns and allowances 7a	00			
	Ь	Less: cost of goods sold 7b	7			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other revenue (describe MISCELLANEOUS) 8	2,905.		
_	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	314,727.		
	10	Grants and similar amounts paid (attach schedule)	10			
	11	Benefits paid to or for members	11			
es	12	Salaries, other compensation, and employee benefits	12	217,837.		
penses	13	Professional fees and other payments to independent contractors	13	<u> 250.</u>		
Exp	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 4	14	64,275.		
_	15	Printing, publications, postage, and shipping	15	20,966.		
	16	Other expenses (describe SEE STATEMENT 1	·	136,688.		
_	17	Total expenses. Add lines 10 through 16	17	440,016.		
ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>-125,289.</u>		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	40	00 261		
ž.	20	Other changes in net assets or fund balances (attach explanation)	19	-89,261.		
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-214,550.		
ΓP	art II			214,550.		
		(See the instructions for Part II.) (A) Beginning of year		(B) End of year		
2	2 Cas	sh, savings, and investments 4, 10	0 . 22	26,168.		
2		nd and buildings	23			
2		er assets (describe SEE STATEMENT 2) 113,78		9,591.		
2		al assets 117,88		35,759.		
20	6 Tot	al liabilities (describe SEE STATEMENT 3) 207,14		250,309.		
_2	7 Net	assets or fund balances (line 27 of column (B) must agree with line 21) -89, 26		-214,550.		
83	2171	LHA For Privacy Act and Panerwork Reduction Act Notice see the Instructions for Form 990		Form 990-F7 (2008)		

	m 990-EZ (2008) HOPE FAIR HOUSING CENTER,			<u> 23-</u>	<u>-70360</u>) <u>8 1</u> Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		E	xpenses
_	at is the organization's primary exempt purpose? SEE STATEMENT	<u> </u>			7 (Required	for 501(c)(3)
			accepts the converse		and (4) o	rganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In vided, the number of persons benefited, or other relevant information for each pi		escribe the services		for others	i) trusts; optional
					T TOT OUTERS	···
28	HOPE FAIR HOUSING PROVIDES TESTING			<u>:SS</u>		
	OF HOUSING FOR INDIVIDUALS, CORPORA	TIONS AND LOC	'AL			
	GOVERNMENTS					
	(Grants \$) If this amount includes foreign of	grants, check here	•		28a	348,407.
29			<u></u>			<u> </u>
23						
						
			·			
	(Grants \$) If this amount includes foreign g	grants, check here	▶		29a	
30						
	(Grants \$) If this amount includes foreign of	prants, check here			30a	
21	Other program services (attach schedule)	10.1101				-
31	,		_			
	(Grants \$) If this amount includes foreign of	grants, cneck nere			31a	240 405
32	Total program service expenses (add lines 28a through 31a)				32	348,407.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(See the	Instructions	for Part IV)
		(h) Title and average house	(a) Componentian		ontributions	(-) [
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter -0)		fit plans & eferred	account and other allowances
		position	-0,		pensation	Other anowances
	IDNIADD RI EINA	EXECUTIVE DIR	ECHOD	00	portoution	
<u>D</u> E	RNARD KLEINA				^	
_		40.00	77,917.	<u> </u>	0.	0.
<u>EI</u>	WARD A. COLEMAN	PRESIDENT				
		1.00	0.		<u> </u>	0.
FF	AN BUTLER	DIRECTOR]
		1.00	0.		0.	0.
ΔN	ITHONY TYUS	DIRECTOR	· · · · · · · · · · · · · · · · · · ·			
	1110111 1100	1.00	0.		0.	0.
	MDTOTA WARRIED		0.		<u> </u>	0.
PP	ATRICIA MATHIS	DIRECTOR		1	•	
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8321	72				Earm	990-EZ (2008)
12-1	7-08				rorm	<i>⋾⋾</i> ∪−⊑ ८ (2008)

<u> </u>	Other information (Note the statement requirements in the instructions for all VI)		Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity						
34							
35							
33	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.						
	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy						
a		35a		x			
	tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/				
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	/	Х			
36	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0	_					
		37Ь		x			
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37.5	_				
30 a	in a prior year and still unpaid at the start of the period covered by this return?	38a	х				
L	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 44,350	_					
	,	4					
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A						
	/						
		1					
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •						
	section 4911 ► 0 . ; section 4912 ► ; section 4955 ► 0 . Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or						
D	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40Ъ		х			
	Enter amount of tax imposed on organization managers or disqualified persons during the year under	700					
C	^						
	Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
е		40e		х			
	transaction? If "Yes," complete Form 8886-T	1406	!				
41	List the states with which a copy of this return is filed. ► <u>IL</u> The books are in care of ► BERNARD KLEINA Telephone no. ► 630 - 69	0-6	500				
42 a	The books are in care of \blacktriangleright BERNARD KLEINA Telephone no. \blacktriangleright 630-69 Located at \blacktriangleright 2100 MANCHESTER BLDG. C #1620, WHEATON, IL						
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	,010	'				
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	Nο			
	account)?	42b		X			
	If "Yes," enter the name of the foreign country:	1.20					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
^	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х			
·	If "Yes," enter the name of the foreign country:						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•				
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A					
	and enter the amount of tax exempt interest received or accorded during the tax year						
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of						
77	Form 990-EZ	44		х			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be						
70	completed instead of Form 990-EZ	45		x			
	Completed microsco CT CTM CCC F2	•		(2008)			

Form 990-EZ (2008) HOPE FAIR HOUSING CENTER, 23-7036081 Page 4 INC. Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 office? If "Yes," complete Schedule C, Part I 46 Х Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (D) Contributions (b) Title and average hours (c) Compensation to employee (E) Expense (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances NONE compensation Total number of other employees paid over \$100,000

51 Com	plete this table for the five highest compensated independent contractors who each received more t ne, enter "None."	han \$100,000 of	compensation fr	om the organization. If the
	NONE			
	(a) Name and address of each independent contractor paid more than \$100,000	(b) Typ	e of service	(c) Compensation
	<u> </u>			
Total numb	per of other independent contractors each receiving over \$100,000	>		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than officer) is passed on all information of which preparer has	ements, and to the be any knowledge	est of my knowledg	e and belief, it is true,
Here	Signature of officer ALTON TAY MITCHELL, BOALD MEMBER BERNARD KLEINA, EXECUTIVE DIRECTOR	2	Date	
	Type or print name and title			
Paid Preparer's	1	Check if self- employed	Preparer's Ider	ntifying Number (See instr.)
Use Only	RIM'S name (or yours RUZI/KA & ASSOCIATES, LTD.		EIN 🕨	
	rt self-employed), 3333 SKOKIE BOULEVARD #105		Phone▶	
	address, and ZIP+4 NORTHBROOK, IL 60062		no. (8	47)446-6400
May the IR	S discuss this return with the preparer shown above? See instructions			X Yes N

Form 990-EZ (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

Open to Public Inspection

OMB No 1545-0047

		HOPE FA	IR HOUSING C	CENTER	INC	•				<u>3-7036</u>	081	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) (see ins	tructions)				_
The organ	ization is not a	a private foundation	because it is. (Please ch	neck only o	ne organi	zation)						
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A) (iii). (At	tach Sche	edule H)			
4 🗔	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state-											
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(ıv). (Complete Part II)											
6 🔛	A federal, sta	ate, or local governm	ent or governmental un	it describe	d ın sectio	n 170(b)(1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	oublic desc	rıbed ı	n
	section 170	(b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 📖	An organizat	ion that normally rec	eives. (1) more than 33	1/3% of its	s support f	rom contr	butions, n	nembersh	ıp fees, an	id gross red	eipts 1	from
	activities rela	ited to its exempt fui	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33 1	1/3% of its	s support	from gross	ınvest	ment
	income and i	unrelated business t	axable ıncome (less sec	tion 511 ta	x) from bu	ısınesses a	acquired b	y the orga	anization a	ıfter June 3	0, 197	5
	See section	509(a)(2). (Complete	e the Part III)									
10	An organizat	ion organized and of	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1). (see ins	structions)	l		
11 📖	ū		perated exclusively for the						-			or
			ations described in secti				2) See se e	ction 509(a)(3). Che	ck the box	that	
		_ · · · · <u> · </u>	organization and compl	_	_					1		
	a L Type		•••	с 💹 Тур		•	-		d∐	Type III - C		
e	•	-	t the organization is not									n
		=	han one or more publicl						9(a)(1) or s	section 509	(a)(2)	
f			ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										_
g			organization accepted a							ı		
	• •	•	rectly controls, either a	ione or tog	etner with	persons o	iescribea	ın (ii) and ((III) below,	44.0	Yes	<u>No</u>
	-		upported organization?	,						11g(i)		
		·	n described in (i) above?		-0					11g(ii)		
			person described in (i)							11g(iii)		
h	Provide the t	ollowing information	about the organizations	s the organ	iization sur	opons						
		Γ	(iii) Type of	(in) le the		(v) Did vo	ı notifi the	(43) (6	the			
· ·	of supported	(ii) EIN	organization		organization sted in your		ion in col.	(vi) ls organizati	on in col. [(vii) Am		İ
orga	anization		(described on lines 1-9 above or IRC section		document?			(i) organiz U.S	ed in the	supp	JUIT	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			(4.4.4.4.4.7)	<u> </u>					<u> </u>			
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Total												

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008 HOPE FAIR HOUSING CENTER, 23-7036081 Page 2 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) Section A. Public Support (a) 2004 Calendar year (or fiscal year beginning in) **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 45,683. 425,182. 390,223. 365,701. 272,147. 1498936. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 45,683. 425,182. 390,223. 365,701. 272.147. 4 Total. Add lines 1 - 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) 1498936. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 45,683. 425,182 390,223. 365,701 272,147 1498936. 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties 45 6 36 87. 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 70,045 1,983. 67,752. -4.276assets (Explain in Part IV) 1566775. 11 Total support. Add lines 7 through 10 12 824,790. 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 95.67 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 104.63 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Pa	irt III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete only	r if you checked the b	ox on line 9 of Part I.)	
	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	_(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization'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 - 5							
7 8	Amounts included on lines 1, 2, and							
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
C	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6) ction B. Total Support					1		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization's	s first second thir	t	ax vear as a section	on 501(c)(3) organiz	ation	
1-4	check this box and stop here	ano organization :	3000110, tilll	a, 100/01, or mar to		Jorganiz	▶ □	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			•		
15	Public support percentage for 2008 (I	ine 8, column (f) d	ıvıded by line 13, d	column (f))		15	%	
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g		_	16	%	
Sec	ction D. Computation of Inves	stment Incom	<u>e Percentage</u>					
17								
18	18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
19 <i>a</i>							/ is not	
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che		•					
<u>20</u>	Private foundation. If the organization	n dia not check a	DOX OR line 14, 19	a, or 190, check tr		structions hedule A (Form 99	0 or 990-EZ\ 2008	

SCHEDULE L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ. Part V. lines 38a or 40b.

OMB No 1545-0047

2008 Open To Public

Inspection

Schedule L (Form 990 or 990-EZ) 2008

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number HOPE FAIR HOUSING CENTER, INC 23-7036081 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested (f) Approved (b) Loan to or from (c) Original principal (d) Balance due (e) in (g) Written by board or person and purpose the organization? default? agreement? ămount committee? From To Yes No Yes No Yes No 36,950 BERNARD KLEINA Х 44.350 Х Х ,350 **Total** ▶ \$ Part III Grants or Assistance Benefiting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount of grant or type the organization of assistance **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c (e) Sharing of (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of organization's person and the organization transaction transaction revenues? Yes No

SEE GENERAL EXPLANATION FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ PAGE 1

990-EZ

Current Year Deduction .	1,182. 2,313. 3,495.	on, GO Zone
Current Cu Sec 179	·	zation Deductiv
Accumulated Depreciation	53,676. 6,985. 60,661.	ommercial Revitali
Basis For Depreciation	57,877. 12,768. 70,645.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
Reduction In Basis	0	.C, Section 179, 8
Bus % Excl]
Unadjusted Cost Or Basis	57,877. 12,768. 70,645.	(D) - Asset disposed
No No	1 0 1 1	Asset o
Life	2 .00	(Q)
Method		
Date Acquired	VAR IE SSI ESSI SI SSI SI SSI SI SSI SI SSI S	
Description	1FURNITURE AND FIXTURESVARIESSL 2IMPROVEMENTS * TOTAL 990-EZ PG 1 DEPR	
Asset		828102 04-25-08

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			TUUOMA	
PAYROLL TAXES			19,7	92.
BENEFITS			29,5	
INSURANCE			3,7	
SUPPLIES			12,0	
TRAVEL			19,3	
FFES STIPENDS			16,4: 10,6:	
OUTREACH				65.
CONFERENCES				80.
SUBSCRIPTION AND DUES				30.
INTEREST			2,9	44.
MISCELLANEOUS			5,5	
TELEPHONE			14,9	00.
TOTAL TO FORM 990-EZ, LINE 16			136,68	88.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS RECEIVABLE		102,250.	1,5	54.
SECURITY DEPOSITS		1,548.	1,54	
OTHER DEPRECIABLE ASSETS		9,984.	6,48	39.
TOTAL TO FORM 990-EZ, LINE 24		113,782.	9,59	91.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE AND ACCRUED EX	PENSES	126,402.	139,5	74.
LOAN FROM OFFICER		36,950.	44,35	
BANK NOTE PAYABLE		35,000.	54,99	97.
DEFERRED RENT		8,791.	5,38	
NOTE CENTRAL ALABAMA FAIR HOUSI	NG	0.	6,00	00.
TOTAL TO FORM 990-EZ, LINE 26		207,143.	250,30	09.

FORM 990-EZ	OCCUPANCY,	RENT,	UTILITIES	AND	MAINTENANCE	STATEMENT	4
DESCRIPTION						TUUOMA	
DEPRECIATION OTHER EXPENSES						3,49 60,78	
TOTAL TO FORM	990-EZ, LINE	14				64,27	75.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEM	ENT	5
DIRECTLY OF	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[] YES	[X]	NO
•	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?]] YES	[X]	NO

990-EZ PG 2 STATEMENT 6

HOPE FAIR HOUSING PROVIDES HOUSING DISCRIMINATION TESTING FOR INDIVIDUALS, CORPORATION AND LOCAL GOVERNMENTS, OR ON BEHALF OF THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

GENERAL EXPLANATION OVERFLOW

General Explanation Attachment	
Name of the organization HOPE FAIR HOUSING CENTER, INC.	Employer identification number 23-7036081
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS	: <u>.</u>
(A) NAME OF PERSON: BERNARD KLEINA	
(A) PURPOSE OF LOAN: CASH FLOW	
(11) I OILI ODD OF DOLLI OF DELL PORT	
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