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990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Form Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011

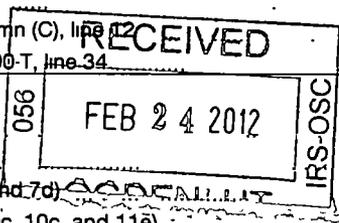
B Check if applicable: C Name of organization: NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC. D Employer identification number: 23-7443009 E Telephone number: (773) 329-4010 G Gross receipts \$: 6,652,825. H(a) Is this a group return for affiliates? H(b) Are all affiliates included? I Tax-exempt status: J Website: WWW.NHSCHICAGO.ORG K Form of organization: L Year of formation: 1975 M State of legal domicile: IL

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (6,408,229), expenses (5,278,761), and net assets (120,077).

Part II Signature Block. Includes signature of Mark Leon, CFO, dated 2/15/12. Preparer: Kimberly Haumann, dated 02/14/12. Firm: Blackman Kallick, LLP, 10 S. Riverside Plaza, Chicago, IL 60606.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

SCANNED MAR 13 2012



Handwritten numbers: 9-16 and 82

NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.

Form 990 (2010)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

NHS WAS ORGANIZED TO PROVIDE SERVICES TO RESIDENTS AND OWNERS OF REAL PROPERTY INCLUDING:

(I) DISSEMINATION OF INFORMATION CONCERNING HOUSING AND COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,329,564. including grants of \$) (Revenue \$ 2,648,276.)

NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC. (NHS) EMPLOYED A NETWORK OF SEVEN NEIGHBORHOOD-BASED OFFICES AND STAFF AS WELL AS A CENTRAL "CITYWIDE" OFFICE AND STAFF IN ITS FY 2011 TO PROVIDE SERVICES TO HOME OWNERS AND POTENTIAL HOME BUYERS IN THE CITY OF CHICAGO AND THE CITY OF ELGIN.

NHS ACHIEVES ITS MISSION BY:

- EDUCATING AND PREPARING NEW HOMEOWNERS FOR SUCCESS
- LENDING TO HELP PEOPLE BUY, FIX AND KEEP THEIR HOMES
- SUSTAINING HOMEOWNERSHIP THROUGH FORECLOSURE PREVENTION SERVICES
- PRESERVING, REHABBING AND INVESTING IN HOUSING

4b (Code:) (Expenses \$ 229,854. including grants of \$) (Revenue \$ 0.)

NHS'S INNOVATION DIVISION IS RESPONSIBLE FOR CRAFTING NEW SOLUTIONS TO THE EVER-CHANGING ISSUES FACING CHICAGO & ELGIN NEIGHBORHOODS. NHS PARTNERS AND STAFF ARE PIONEERING EFFORTS TO RESPOND TO NEIGHBORHOOD AND REGIONAL ISSUES AND TO ANTICIPATE FUTURE NEEDS FOR NHS' TARGET NEIGHBORHOODS AND CUSTOMERS. THE DIVISION CONVERTS THE KNOWLEDGE AND EXPERIENCE NHS GAINS THROUGH ITS DAILY WORK IN THE NEIGHBORHOODS TO NEW PROGRAMS AND POLICY INITIATIVES THAT CAN DIRECTLY BENEFIT THOSE COMMUNITIES AND THE CHICAGO REGION.

OVER THE PAST SEVERAL YEARS, THE INNOVATIONS DIVISION HAS SPEARHEADED RESEARCH ON THE FORECLOSURE CRISIS, DEVELOPED A STATEWIDE PARTNERSHIP FOR FORECLOSURE COUNSELING AGENCIES, MANAGED THE CREATION AND

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,559,418.

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization		X
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **IL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARK LEON - 773 329-4144**
1279 N. MILWAUKEE, CHICAGO, IL 60622

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETH WITCZAK PRESIDENT	5.00	X		X			0.	0.	0.	
VICKY ARROYO DIRECTOR	5.00	X					0.	0.	0.	
JAVIER NUNEZ DIRECTOR	5.00	X					0.	0.	0.	
ALLISON B. CLARK DIRECTOR	5.00	X					0.	0.	0.	
CRAIG GILMORE DIRECTOR	5.00	X					0.	0.	0.	
HELEN REDDING DIRECTOR	5.00	X					0.	0.	0.	
THOMAS HARAZIM DIRECTOR	5.00	X					0.	0.	0.	
DAVE KAPTAIN DIRECTOR	5.00	X					0.	0.	0.	
PAUL LOPEZ DIRECTOR	5.00	X					0.	0.	0.	
BRUCE MARTIN DIRECTOR	5.00	X					0.	0.	0.	
STEVEN MCCULLOUGH DIRECTOR	5.00	X					0.	0.	0.	
JUDITH RICE DIRECTOR	5.00	X					0.	0.	0.	
ALLEN RODRIGUEZ DIRECTOR	5.00	X					0.	0.	0.	
TONY SMITH DIRECTOR	5.00	X					0.	0.	0.	
BETTY JO SWANSON DIRECTOR	5.00	X					0.	0.	0.	
EDWARD JACOB EXECUTIVE DIRECTOR	15.00			X			63,689.	0.	3,204.	
JAMES WHEATON DEPUTY DIRECTOR, PGM SERVICES & STRA	15.00			X			110,247.	0.	7,734.	

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	44,560.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,639,036.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,920,658.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		▶ 3,604,254.				
Program Service Revenue	2 a	CONTRACTUAL SERVICES	Business Code 531390	2,199,336.	2,199,336.			
	b	PROPERTY SALES	531390	80,000.	80,000.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		▶ 2,279,336.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		188.			188.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	8 a	Gross income from fundraising events (not including \$ 44,560. of contributions reported on line 1c). See Part IV, line 18	a		400,107.			
			b		244,596.			
			c		155,511.			155,511.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
			b					
c								
10 a	Gross sales of inventory, less returns and allowances	a						
		b						
		c						
Miscellaneous Revenue								
11 a	MISCELLANEOUS REVENUE	Business Code 531390	368,940.	368,940.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		▶ 368,940.					
12	Total revenue. See instructions.		▶ 6,408,229.	2,648,276.		0.	155,699.	

032009 12-21-10

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	339,643.	161,859.	92,476.	85,308.
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	2,879,330.	1,422,955.	1,262,471.	193,904.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,027.	6,376.	9,559.	2,092.
9 Other employee benefits	354,049.	115,607.	238,442.	
10 Payroll taxes	275,028.	155,045.	95,986.	23,997.
11 Fees for services (non-employees):				
a Management				
b Legal	7,436.		7,436.	
c Accounting	169,441.	16,818.	150,665.	1,958.
d Lobbying				
e Professional fundraising services. See Part IV, line 17			*	
f Investment management fees				
g Other	133,725.	90,281.	23,999.	19,445.
12 Advertising and promotion	227,719.	150,935.	207.	76,577.
13 Office expenses	81,105.	50,440.	23,354.	7,311.
14 Information technology				
15 Royalties				
16 Occupancy	282,681.	200,980.	48,461.	33,240.
17 Travel	44,770.	35,224.	7,063.	2,483.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,290.	13,752.	2,030.	3,508.
20 Interest	70,411.	8.	70,403.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	158,877.	60,419.	90,520.	7,938.
23 Insurance	49,270.	26,179.	20,307.	2,784.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COMMUNICATION	173,195.	136,173.	28,729.	8,293.
b MISCELLANEOUS EXPENSES	110,415.	58,656.	32,637.	19,122.
c DUES & SUBSCRIPTIONS	35,906.	20,102.	12,729.	3,075.
d BAD DEBT EXPENSE	<151,557.>	<162,391.>	10,834.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,278,761.	2,559,418.	2,228,308.	491,035.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Form 990 (2010)

23-7443009 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	270,186.	1	416,608.
	2	Savings and temporary cash investments	8,716.	2	
	3	Pledges and grants receivable, net	332,500.	3	402,176.
	4	Accounts receivable, net	1,413,282.	4	950,987.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net	57,077.	7	106,389.
	8	Inventories for sale or use	51,000.	8	
	9	Prepaid expenses and deferred charges	302,495.	9	102,824.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,066,486.		
	b	Less: accumulated depreciation	10b 1,385,385.		
			400,434.	10c	681,101.
	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	145,193.	15	2,072,464.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,980,883.	16	4,732,549.	
Liabilities	17	Accounts payable and accrued expenses	672,839.	17	1,129,949.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,686,483.	23	2,728,357.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	630,952.	25	754,166.
	26	Total liabilities. Add lines 17 through 25	3,990,274.	26	4,612,472.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	<1,834,306.>	27	<403,238.>
	28	Temporarily restricted net assets	824,915.	28	523,315.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	<1,009,391.>	33	120,077.	
34	Total liabilities and net assets/fund balances	2,980,883.	34	4,732,549.	

Form 990 (2010)

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Form 990 (2010)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,408,229.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,278,761.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,129,468.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<1,009,391.>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	120,077.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

NEIGHBORHOOD HOUSING SERVICES

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3297630.	4399094.	5293003.	4110154.	4004361.	21104242.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3297630.	4399094.	5293003.	4110154.	4004361.	21104242.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						21104242.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3297630.	4399094.	5293003.	4110154.	4004361.	21104242.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	473.	471.	548.	309.	188.	1,989.
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 IV.)	535,536.	137,134.	86,572.	139,291.	368,940.	1267473.
11 Total support. Add lines 7 through 10						22373704.

12 Gross receipts from related activities, etc. (see instructions) 12

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	94.33	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	72.92	%

16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2009. 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 - 2010. 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

b 10% -facts-and-circumstances test - 2009. 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

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Employer identification number
23-7443009

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCOUNTS RECEIVABLE - AFFILIATES	2,072,464.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	2,072,464.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	627,146.
(3) PROGRAM RECEIPTS PAYABLE	127,020.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	754,166.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,408,229.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,278,761.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,129,468.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,129,468.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,652,825.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	244,596.
e	Add lines 2a through 2d	2e	244,596.
3	Subtract line 2e from line 1	3	6,408,229.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,408,229.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,523,357.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	244,596.
e	Add lines 2a through 2d	2e	244,596.
3	Subtract line 2e from line 1	3	5,278,761.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,278,761.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION'S APPLICATION OF GAAP USA REGARDING

UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS

MANAGEMENT BELIEVES THE ORGANIZATION HAS NO MATERIAL UNRECOGNIZED INCOME

TAX BENEFITS, INCLUDING ANY POTENTIAL LOSS OF ITS TAX EXEMPT STATUS. THE

ORGANIZATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED

TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS

INCOME TAX EXPENSE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION

BY TAX AUTHORITIES FOR FEDERAL, STATE OR LOCAL INCOME TAXES FOR PERIODS

NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.

Part XIV Supplemental Information (continued)

BEFORE 2008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 244,596.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 244,596.

NEIGHBORHOOD HOUSING SERVICES

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL AWARDS DINNER (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	444,617.		444,617.
	2	Less: Charitable contributions	44,560.		44,560.
	3	Gross income (line 1 minus line 2)	400,057.		400,057.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	55,720.		55,720.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	70,240.		70,240.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(125,960)
	11	Net income summary. Combine line 3, column (d), and line 10			274,097.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization **NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.** Employer identification number
23-7443009

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPROVEMENT PROGRAMS.

**(II) STIMULATION IN THE AVAILABILITY OF IMPROVEMENT LOANS AND OTHER
FINANCING TO ASSIST AND ENCOURAGE THE PRESERVATION, REPAIR, AND
IMPROVEMENT OF THE SUPPLY OF RESIDENTIAL HOUSING.**

**(III) ENCOURAGEMENT FOR ALL LEVELS OF GOVERNMENT TO PROVIDE SERVICES,
IMPROVEMENTS, AND INCENTIVES TO STIMULATE THE HOUSING CONSERVATION
PROCESS.**

**(IV) IMPROVEMENT OF THE FLOW OF INFORMATION AND COMMUNICATION BETWEEN
COMMUNITY RESIDENTS, CITY AND COUNTY GOVERNMENTS, AND FINANCIAL
INSTITUTIONS REGARDING FINANCING TERMS AND METHODS, AS WELL AS
COOPERATIVE EFFORTS TO PREVENT COMMUNITY DETERIORATION.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- BUILDING POWERFUL AND ENDURING COMMUNITY PARTNERSHIPS

**NHS' COUNSELING AND EDUCATION SERVICES INCLUDED PROVIDING 842 POTENTIAL
HOMEBUYERS WITH INDIVIDUAL COUNSELING AND EDUCATION SO THAT THEY COULD
SUCCESSFULLY PURCHASE A HOME; PROVIDING CLASSROOM EDUCATION TO 1,091
POTENTIAL HOMEBUYERS THROUGH NHS' FREE 8-HOUR HOMEBUYER CURRICULUM
(OFFERED BOTH IN ENGLISH AND IN SPANISH 3 TIMES WEEKLY); PROVIDING
INDIVIDUAL COUNSELING AND INTERVENTION SERVICES TO 1,340 HOMEOWNERS AT
RISK OF FORECLOSURE; AND PROVIDING EDUCATION AND GUIDANCE TO 1,144**

Name of the organization **NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Employer identification number
23-7443009

**HOMEOWNERS AT RISK OF FORECLOSURE THROUGH NHS' FREE FORECLOSURE
PREVENTION WORKSHOPS (OFFERED 3 TIMES WEEKLY)**

**NHS ALSO ASSISTED 2,132 HOMEOWNERS IN SUBMITTING LOAN MODIFICATION
APPLICATIONS TO THEIR LENDERS THROUGH "FIX YOUR MORTGAGE" AND "SAVE
YOUR HOME" MEGA EVENTS, LEVERAGING HUNDREDS OF VOLUNTEERS FROM THE
BANKING, LAW AND HOUSING COUNSELING FIELDS. ADDITIONALLY, NHS PROVIDED
EDUCATION AND INDIVIDUAL COUNSELING TO OTHER TARGET POPULATIONS, SUCH
AS INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) HOLDERS SEEKING TO
PURCHASE A HOME AND 35 SENIOR HOME OWNERS WHO WERE CONSIDERING GETTING
HOME EQUITY CONVERSION MORTGAGES (REVERSE MORTGAGES).**

**NHS HAS A VOLUNTEER NEIGHBORHOOD ADVISORY COUNCIL IN EACH OF ITS EIGHT
TARGETED NEIGHBORHOODS IN ADDITION TO A BOARD OF DIRECTORS. THE
NEIGHBORHOOD ADVISORY COUNCILS ARE COMPRISED OF NEIGHBORHOOD RESIDENTS
AND BUSINESS PARTNERS WHO PLAN FOR AND DIRECT THE STRATEGY THAT IS
UNIQUE TO EACH NEIGHBORHOOD AND IMPLEMENTED BY THE STAFF AND
VOLUNTEERS.**

**THE EXPERIENCE, DEPTH OF KNOWLEDGE, AND ON-THE-GROUND INTELLIGENCE THAT
COMES FROM THE NEIGHBORHOOD RESIDENTS AND STAFF WORKING ON THE BLOCKS
AND IN THE NEIGHBORHOODS INFORMS NHS' LEADERSHIP SO THAT NHS CAN CREATE
AND IMPLEMENT INNOVATIVE STRATEGIES TO ADDRESS THE COMMUNITY
DEVELOPMENT NEEDS OF LOW-MODERATE INCOME COMMUNITIES.**

**AN EXAMPLE OF THIS GRASS-ROOTS INTELLIGENCE LEADING TO AN INNOVATIVE
STRATEGY IS NHS' HOME OWNERSHIP PRESERVATION INITIATIVE (HOPI) WHICH
DEVELOPED OUT OF NEIGHBORHOOD STAFF AND RESIDENTS IDENTIFYING A GROWING
PROBLEM OF SUB-PRIME MORTGAGE FORECLOSURES LONG BEFORE THE FORECLOSURE**

Name of the organization NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.

Employer identification number
23-7443009

CRISIS BECAME A REGIONAL OR NATIONAL ISSUE. NHS PROVIDES THE FOLLOWING SERVICES THROUGHOUT HOPI: PRE-PURCHASE EDUCATION, FORECLOSURE PREVENTION WORKSHOPS, LOSS MITIGATION COUNSELING, FORECLOSURE PREVENTION LOANS, RECLAMATION OF FORECLOSED AND VACANT PROPERTIES AND PURCHASE OF REHAB LOANS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: AFFILIATION OF THE NHS OF THE FOX VALLEY IN ELGIN, AND LED NHS' PUSH FOR CHANGES TO THE FEDERAL, HOME AFFORDABLE MODIFICATION PROGRAM (HAMP).

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FINANCE DEPARTMENT AND PAID TAX PREPARERS ARE RESPONSIBLE FOR THE PREPARATION OF THE FORM 990 AND ALL REQUIRED SCHEDULES. BEFORE IT IS FILED WITH THE IRS, THE FORM 990 IS REVIEWED BY MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES ALL PERSONNEL AND BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST AFFIDAVIT ON AN ANNUAL BASIS. THE PRESIDENT OF THE BOARD OF DIRECTORS WILL DETERMINE THE APPROPRIATE COURSE OF ACTION FOR ALL POTENTIAL OR ACTUAL CONFLICTS OF INTEREST THAT MAY EXIST INVOLVING A BOARD MEMBER. IN THE INSTANCE THAT A POTENTIAL CONFLICT OF INTEREST ARISES WITH A BOARD MEMBER ON AN ISSUE REQUIRING A VOTE, THE BOARD MEMBER IS REQUIRED TO DISCLOSE THE CONFLICT, ABSTAIN FROM VOTING, AND MAY BE REQUIRED BY THE PRESIDENT OF THE BOARD TO LEAVE THE ROOM DURING THE VOTE. THE EXECUTIVE DIRECTOR WILL DETERMINE THE APPROPRIATE COURSE OF ACTION FOR ALL POTENTIAL CONFLICTS OF INTEREST INVOLVING THE ORGANIZATION'S EMPLOYEES.

Name of the organization NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.

Employer identification number
23-7443009

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR ALL OFFICERS IS SUBJECT TO A COMPARABILITY REVIEW BY THE HUMAN RESOURCES DIRECTOR AND DOCUMENTED ON A TIMELY BASIS. SALARY RANGES ON ALL POSITION CLASSIFICATIONS ARE REVIEWED AT LEAST ANNUALLY BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS.

IN ADDITION, THE SALARY OF THE TOP MANAGEMENT OFFICIAL IS REVIEWED AND APPROVED BY THE INDEPENDENT BOARD OF DIRECTORS ON AN ANNUAL BASIS DURING THE ORGANIZATION'S ANNUAL BUDGETING PROCESS. THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL WAS LAST REVIEWED AND APPROVED IN 2010.

THE COMPENSATION FOR THE ORGANIZATION'S OTHER OFFICERS IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SIGNS A HIRING APPROVAL FORM FOR NEW HIRES TO APPROVE A NEW POSITION'S SALARY. A PAYROLL CHANGE FORM IS ALSO COMPLETED FOR NEW POSITIONS TO ENSURE THE EMPLOYEE IS ESTABLISHED IN THE PAYROLL PROCESSING SYSTEM ON A TIMELY BASIS. MERIT INCREASES FOR OTHER OFFICERS AND KEY EMPLOYEES ARE APPROVED BY THE EXECUTIVE DIRECTOR BY SIGNING A PAYROLL CHANGE FORM.

THE DELIBERATIONS AND DECISION MAKING REGARDING THE DETERMINATION OF COMPENSATION ARE DOCUMENTED ON A TIMELY BASIS BY THE HUMAN RESOURCES DEPARTMENT.

SALARIES FOR THE ORGANIZATION'S OTHER OFFICERS ARE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SIGNS A HIRING APPROVAL FORM FOR NEW HIRES TO APPROVE A NEW POSITION'S SALARY. A PAYROLL CHANGE FORM IS ALSO COMPLETED FOR NEW POSITIONS TO ENSURE THE EMPLOYEE IS ESTABLISHED IN THE PAYROLL PROCESSING SYSTEM ON A TIMELY BASIS. MERIT INCREASES FOR OTHER

Name of the organization NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC.

Employer identification number 23-7443009

OFFICERS AND KEY EMPLOYEES ARE APPROVED BY THE EXECUTIVE DIRECTOR BY SIGNING A PAYROLL CHANGE FORM.

EDWARD JACOB (EXECUTIVE DIRECTOR - PART TIME), MARK LEON (CHIEF FINANCIAL OFFICER - PART TIME), AND ROBYN COFFEY (PROGRAM SERVICE & STRATEGIES) DEVOTE THE FOLLOWING HOURS PER WEEK TO THE RELATED TAX-EXEMPT AND TAXABLE ORGANIZATIONS LISTED BELOW:

14 HOURS TO NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC. (NHS)

14 HOURS TO NEIGHBORHOOD LENDING SERVICES, INC. (NLS)

4 HOURS TO NHS REDEVELOPMENT CORPORATION (NHSRC)

2 HOURS TO NHSRC INITIATIVES, INC. (NHSRCI)

1 HOUR TO NHS OF THE FOX VALLEY (NHSFV)

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. WITH THE EXCEPTION OF THE FINANCIAL STATEMENTS, WHICH ARE PROVIDED TO FUNDERS, GOVERNMENT AGENCIES, AND PROSPECTIVE DONORS, THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
PC AUSTIN LLC - 36-4149095 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A			N/A	N/A	N/A
ROSELAND NEW HOMES PHASE II LLC - 37-1510905, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	DEVELOPMENT	IL	N/A	N/A	N/A	N/A			N/A	N/A	N/A
701 N CENTRAL ASSOCIATES, LP - 36-3419978, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A			N/A	N/A	N/A
500 N CENTRAL ASSOCIATES, LP - 36-3605756, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A			N/A	N/A	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
NHSRC INITIATIVES - 26-2850045 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622	REHABILITATION	IL	NHSRC	C CORP	<53,606.>	91,024.	100%
NEW PARTNERSHIPS INC - 36-3054270 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622	REAL ESTATE RENTAL	IL	NHSRC	C CORP	23,021.	2,515,266.	100%
PINE CENTRAL INC - 36-4149093 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622	REAL ESTATE RENTAL	IL	NHSRC	C CORP	<21.>	215.	100%
ROSELAND RIDGE INC - 36-4223129 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622	REAL ESTATE RENTAL	IL	NHSRC	C CORP	<25.>	484,301.	100%
PINE RACE II INC - 83-0348573 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622	REAL ESTATE RENTAL	IL	NHSRC	C CORP	<22.>	120,367.	100%

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Schedule R (Form 990)

23-7443009

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EAST GARFIELD LIMITED PARTNERSHIP - 36-3678991, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EAST GARFIELD PARK II, LP - 36-3870459, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PINE CENTRAL, LP - 36-4055767 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ROSELAND RIDGE, LP - 36-4223130, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PINE RACE II, INC - 83-0348577, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ROSELAND PLACE LIMITED PARTNERSHIP - 80-0195044, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SOUTH CHICAGO SA ASSOCIATES - 20-5891111, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
79TH STREET LIMITED PARTNERSHIP - 26-2330615, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ROSELAND SLP ASSOCIATES, LP - 36-4547011, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622	PROPERTY RENTALS	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**NEIGHBORHOOD HOUSING SERVICES
OF CHICAGO, INC.**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	NEIGHBORHOOD LENDING SERVICES	N	1,702,679.FMV	
(2)	NHS REDEVELOPMENT CORPORATION	N	552,277.FMV	
(3)	NHS OF FOX VALLEY	N	219,094.FMV	
(4)	NHS REDEVELOPMENT CORPORATION	Q	907,431.CASH	
(5)	NEIGHBORHOOD LENDING SERVICES	Q	809,890.CASH	
(6)	NHS OF FOX VALLEY	Q	435,400.CASH	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Type or print	Name of exempt organization NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC.	Employer identification number 23-7443009
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1279 N MILWAUKEE AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60622	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

THOMAS MATHEW

- The books are in the care of ▶ **1279 N. MILWAUKEE - CHICAGO, IL 60622**
 Telephone No. ▶ **773 329-4144** FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print	Name of exempt organization NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC.
	Employer identification number 23-7443009
File by the extended due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1279 N MILWAUKEE AVE
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60622

Enter the Return code for the return that this application is for (file a separate application for each return)

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MARK LEON

• The books are in the care of **1279 N. MILWAUKEE - CHICAGO, IL 60622**

Telephone No. **773 329-4144**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2012.**

5 For calendar year _____, or other tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Handwritten Signature* Title **ENROLLED AGENT** Date **11/2/11**