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2011

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047



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

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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 09/01, 2010, and ending 08/31, 2011

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization <u>LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC.</u>	D Employer identification number <u>04-3501039</u>
<input type="checkbox"/> Name change	Doing Business As	E Telephone number <u>(617) 778-1980</u>
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>16 BEACON STREET</u>	G Gross receipts \$ <u>209,389.</u>
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 <u>BOSTON, MA 02108</u>	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: <u>MARIBETH PERRY</u> <u>SAME AS C ABOVE</u>	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.LAWYERSCLEARINGHOUSE.ORG **H(c)** Group exemption number:

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1999 **M** State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE DEVELOPMENT, MAINTENANCE AND EXPANSION OF AFFORDABLE HOUSING, TRANSITIONAL HOUSING AND EMERGENCY SHELTERS IN MASSACHUSETTS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>22.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>22.</u>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>0.</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>250.</u>
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>195,449.</u>	<u>201,832.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>5,650.</u>	<u>7,050.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>501.</u>	<u>507.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>0.</u>	<u>0.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>201,600.</u>	<u>209,389.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0.</u>	<u>0.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>177,631.</u>	<u>172,766.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>28,233.</u>	<u>34,321.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>205,864.</u>	<u>207,087.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-4,264.</u>	<u>2,302.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>81,467.</u>	<u>82,581.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20.	<u>25,222.</u>	<u>24,034.</u>
		<u>56,245.</u>	<u>58,547.</u>

Part III Signature Block

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

Sign Here

Signature of officer: Andrew R. Stern Date: March 20, 2012

Type or print name and title: ANDREW R. STERN, President

Paid Preparer Use Only

Print/Type preparer's name: Thomas Terry Preparer's signature: Thomas Terry Date: 2/13/12 Check if self-employed: PTIN: P00062479

Firm's name: LESTER HALPERN & COMPANY P.C. Firm's EIN: 04-2653334

Firm's address: 14 BOBALA ROAD HOLYOKE, MA 01040 Phone no.: 413-536-3970

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

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:
ATTACHMENT 1

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 \$ 53,610. including grants of \$) (Revenue \$ 64,911.)
THE COMMUNITY LEGAL REFERRAL PROGRAM (CLRP) MATCHES VOLUNTEER LAWYERS WITH NONPROFIT GROUPS THAT DEVELOP OR SPONSOR AFFORDABLE HOUSING, PROMOTE ECONOMIC DEVELOPMENT, OR OPERATE AS HOMELESSNESS SHELTERS, TENANT ORGANIZATIONS, AND HOUSING AND HOMELESS ADVOCACY GROUPS. IN FISCAL YEAR 2011, THE CLEARINGHOUSE SUCCESSFULLY MATCHED FIFTY-FOUR (54) MATTERS FROM ELIGIBLE ORGANIZATIONS WITH ATTORNEYS CONTRIBUTING PRO BONO LEGAL ASSISTANCE.

4b (Code:) (Expenses \$ 65,717. including grants of \$) (Revenue \$ 79,567.)
THE MASSACHUSETTS LEGAL CLINIC FOR THE HOMELESS (MLCH), A COLLABORATIVE OF NINE OF THE STATE'S LARGEST LAW FIRMS, PROVIDES ON-SITE LEGAL SERVICES TO THE RESIDENTS OF THE PINE STREET INN, ST. FRANCIS HOUSE, MEDEIROS CENTER, AND HOPEFOUND (FORMERLY FRIENDS OF THE SHATTUCK SHELTER). IN FISCAL YEAR 2011, ONE HUNDRED AND EIGHTY -FOUR (184) HOMELESS MEN AND WOMEN RECEIVED PRO BONO LEGAL SERVICES AT EIGHTEEN (18) CLINICS WHICH WERE HELD THROUGHOUT THE PERIOD. PARTICIPATING FIRMS WERE: BROWN RUDNICK; CHOATE, HALL & STEWART; EDWARDS WILDMAN; GOULSTON & STORRS; MINTZ LEVIN; NIXON PEABODY; NOLAN SHEEHAN PATTEN; ROPES & GRAY; AND WILMERHALE.

4c (Code:) (Expenses \$ 53,610. including grants of \$) (Revenue \$ 64,911.)
THE BUSINESS LAW PRO BONO PROJECT (BLP), CREATED IN 2001 AS A PROJECT BBA BUSINESS LAW SECTION, MATCHES VOLUNTEER LAWYERS WITH NONPROFIT ORGANIZATIONS IN NEED OF ASSISTANCE WITH CORPORATE OR BUSINESS RELATED LEGAL NEEDS. IN FISCAL YEAR 2011, SEVENTY-EIGHT (78) MATTERS WERE PLACED WITH ATTORNEYS.

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

4e Total program service expenses ▶ 172,937.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements for various schedules (A through H).

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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? If "Yes," complete Schedule I, Parts I and II.		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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2 <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? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various questions about Form 1096, Form W-2G, gaming winnings, Form W-3, federal employment tax returns, foreign accounts, prohibited transactions, and charitable trusts.

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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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (22), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b, 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MASSACHUSETTS
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.
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: MARIBETH PERRY 16 BEACON STREET, BOSTON, MA, 02108 617-778-1980

4 1-043/02/14

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			
(1) PAUL TREMBLAY DIRECTOR	1.00	X					0.	0.	0.	
(2) KATHLEEN M. SHEEHAN DIRECTOR	1.00	X					0.	0.	0.	
(3) TERESA M. SANTALUCIA DIRECTOR	1.00	X					0.	0.	0.	
(4) JEFFREY W. SACKS DIRECTOR	1.00	X					0.	0.	0.	
(5) NANCY I. BLUEWEISS DIRECTOR	1.00	X					0.	0.	0.	
(6) LESLIE J. COOK DIRECTOR	1.00	X					0.	0.	0.	
(7) DOUGLAS M. HENRY DIRECTOR	1.00	X					0.	0.	0.	
(8) KURT A. JAMES DIRECTOR	1.00	X					0.	0.	0.	
(9) KAREN J. KEPLER DIRECTOR	1.00	X					0.	0.	0.	
(10) LANCE B. LEVY DIRECTOR	1.00	X					0.	0.	0.	
(11) REBECCA A. LEE DIRECTOR	1.00	X					0.	0.	0.	
(12) KATHLEEN MCGRATH DIRECTOR	1.00	X					0.	0.	0.	
(13) JOSEPHINE A. MCNEIL DIRECTOR	1.00	X					0.	0.	0.	
(14) GEORGE W. MYKULAK DIRECTOR	1.00	X					0.	0.	0.	
(15) STEPHEN M. NOLAN DIRECTOR	1.00	X					0.	0.	0.	
(16) KATHLEEN M. PHELPS DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(17) MEGHAN L. RHATIGAN DIRECTOR	1.00	X					0.	0.	0.	
(18) CHRISTIAN A. RIVERA DIRECTOR	1.00	X					0.	0.	0.	
(19) CINDY A. ROWE DIRECTOR	1.00	X					0.	0.	0.	
(20) ANDREW R. STERN PRESIDENT	1.00	X		X			0.	0.	0.	
(21) BENJAMIN B. TYMANN VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(22) JEFFREY R. KATZ TREASURER	1.00	X		X			0.	0.	0.	
(23) MARIBETH PERRY EXECUTIVE DIRECTOR	35.00			X			81,278.	0.	6,674.	
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							81,278.	0.	6,674.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							81,278.	0.	6,674.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	201,832.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f ▶	201,832.					
Program Service Revenue	2a	FEE REVENUE	7,050.	7,050.				
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶	7,050.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2 ▶	507.			507.		
	4	Income from investment of tax-exempt bond proceeds ▶	0.					
	5	Royalties ▶	0.					
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶	0.					
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss) ▶	0.					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a	b	Less: direct expenses b				
			c	Net income or (loss) from fundraising events ▶	0.			
9a			Gross income from gaming activities. See Part IV, line 19 a					
b	Less: direct expenses b							
c	Net income or (loss) from gaming activities ▶	0.						
10a	Gross sales of inventory, less returns and allowances a	b	Less: cost of goods sold b					
		c	Net income or (loss) from sales of inventory ▶	0.				
		Miscellaneous Revenue		Business Code				
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶	0.						
12	Total revenue. See instructions ▶	209,389.	7,050.		507.			

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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 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	89,369.	73,282.	16,087.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	55,286.	45,335.	9,951.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	3,513.	2,881.	632.	
9 Other employee benefits	12,447.	10,207.	2,240.	
10 Payroll taxes	12,151.	11,012.	1,139.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	2,743.		2,743.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	3,607.	2,958.	649.	
12 Advertising and promotion	5,040.	5,040.		
13 Office expenses	1,830.	1,501.	329.	
14 Information technology	542.	542.		
15 Royalties	0.			
16 Occupancy	5,400.	5,400.		
17 Travel	1,729.	1,729.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	7,488.	7,488.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	2,440.	2,440.		
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 <u>DUES AND SUBSCRIPTIONS</u>	2,113.	1,733.	380.	
b <u>MISCELLANEOUS</u>	1,389.	1,389.		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	207,087.	172,937.	34,150.	
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				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	43,885.	1	6,025.
	2	Savings and temporary cash investments	35,682.	2	75,336.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	75.	4	0.
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,220.	9	1,220.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,447.	
	b	Less: accumulated depreciation	10b	1,447.	10c
	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	605.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	81,467.	16	82,581.	
Liabilities	17	Accounts payable and accrued expenses	24,488.	17	23,427.
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	734.	25	607.
	26	Total liabilities. Add lines 17 through 25	25,222.	26	24,034.
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	56,245.	27	58,547.
	28	Temporarily restricted net assets		28	
	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	56,245.	33	58,547.	
34	Total liabilities and net assets/fund balances	81,467.	34	82,581.	

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	209,389.
2	Total expenses (must equal Part IX, column (A), line 25)	2	207,087.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,302.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,245.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	58,547.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

Public Charity Status and Public Support

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC.** Employer identification number **04-3501039**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

4 2010 1 2

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.")	156,446.	182,681.	204,389.	195,499.	201,832.	940,847.
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	156,446.	182,681.	204,389.	195,499.	201,832.	940,847.
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.						940,847.

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	156,446.	182,681.	204,389.	195,499.	201,832.	940,847.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,031.	501.	507.	2,039.
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.)	3,840.	5,262.	4,793.	5,650.	7,050.	26,595.
11 Total support. Add lines 7 through 10						969,481.
12 Gross receipts from related activities, etc. (see instructions)				12		26,740.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.05%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.28%
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a-b Disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2010; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2010; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17.

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.
19b 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.

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
FEE REVENUE	3,840.	5,262.	4,793.	5,650.	7,050.	26,595.
TOTALS	<u>3,840.</u>	<u>5,262.</u>	<u>4,793.</u>	<u>5,650.</u>	<u>7,050.</u>	<u>26,595.</u>

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3
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Supplemental Financial Statements

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- 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.

Name of the organization LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC.

Employer identification number 04-3501039

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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). 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. Table: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 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? 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 170(h)(4)(B)(ii)? 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. 1b 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.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,447	1,447	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				

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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. (Column (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. (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) TAXES AND OTHER ITEMS WITHHELD	400.
(3) DUE TO BOSTON BAR ASSOCIATION	207.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	607.

2. 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).

A
3
0
4
3
0
2
0
1
2

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

13-04-04-4-001

PART X, LINE 2

FIN 48 FOOTNOTE

LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC. (THE CLEARINGHOUSE) IS A NOT-FOR-PROFIT CORPORATION UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS AND IS EXEMPT FROM BOTH FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE CLEARINGHOUSE QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER THE SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE CLEARINGHOUSE IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ACCORDINGLY DOES NOT RECORD A PROVISION FOR INCOME TAXES ON ITS RELATED EARNINGS.

THE CLEARINGHOUSE REGULARLY REVIEWS AND EVALUATES ITS TAX POSITIONS TAKEN IN PREVIOUS FINANCIAL STATEMENTS, WITH REGARD TO ISSUES AFFECTING ITS TAX EXEMPT STATUS, UNRELATED BUSINESS INCOME, AND RELATED MATTERS. THE CLEARINGHOUSE IS SUBJECT TO VARIOUS FEDERAL AND STATE TAX EXAMINATIONS FOR THE YEARS ENDED AUGUST 31, 2008 THROUGH 2011. PENALTIES AND INTEREST, IF ANY, ASSESSED BY TAX AUTHORITIES WILL BE INCLUDED IN OPERATING EXPENSES. IT BELIEVES THAT IN THE EVENT OF AN EXAMINATION BY TAXING AUTHORITIES, ITS POSITIONS WOULD PREVAIL BASED UPON THE TECHNICAL MERIT OF SUCH POSITIONS. THEREFORE, THE CLEARINGHOUSE HAS CONCLUDED THAT NO TAX BENEFITS OR LIABILITIES ARE REQUIRED TO BE RECOGNIZED.

Supplemental Information to Form 990 or 990-EZ

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 **LAWYERS CLEARINGHOUSE ON AFFORDABLE
HOUSING AND HOMELESSNESS, INC.**

Employer identification number
04-3501039

PART VI, SECTION B, LINE 11

PROCESS TO REVIEW FORM 990

LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC.

RECOGNIZES THAT THE GOVERNANCE ROLE OF ITS BOARD OF DIRECTORS INCLUDES THE ANNUAL REVIEW OF FORM 990. ALL MEMBERS OF THE BOARD WILL BE PROVIDED A COPY OF THE FORM 990 IN ADVANCE OF THE FILING DEADLINE. THE TREASURER REPORTS TO THE BOARD OF DIRECTORS REGARDING THE FORM 990 AND QUESTIONS ARE ADDRESSED. THE TREASURER AND EXECUTIVE DIRECTOR REVIEW THE FORM AND ANY ACCOMPANYING INFORMATION FOR COMPLETENESS AND ACCURACY BEFORE IT IS SIGNED AND THEN FILED.

PART VI, SECTION B, LINE 12C

MONITORING OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY ANNUALLY BOARD MEMBERS AND EMPLOYEES OF LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC. ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY. THE EXECUTIVE DIRECTOR VERIFIES THAT EACH MEMBER COMPLETES THE FORM AND REVIEWS FOR ANY POTENTIAL CONFLICTS OF INTEREST.

PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR ANNUALLY. THE COMMITTEE RESEARCHS COMPENSATION OF SIMILAR ORGANIZATIONS AND RECOMMENDS COMPENSATION LEVEL TO THE FULL BOARD OF

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Name of the organization LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC.	Employer identification number
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DIRECTORS. THE FULL BOARD VOTES ON THE EXECUTIVE DIRECTOR'S COMPENSATION.

THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES OF LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC. THAT RECEIVE COMPENSATION.

PART VI, SECTION C, LINE 19

DISCLOSURE OF GOVERNING DOCUMENTS

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST OF THE INTERESTED PARTY. THESE DOCUMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON WEBSITES SUCH AS GUIDESTAR AND THE GIVING COMMON.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CORPORATION IS ORGANIZED, AND SHALL AT ALL TIMES BE OPERATED, EXCLUSIVELY FOR CHARITABLE PURPOSES AS SPECIFIED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, INCLUDING, BUT ONLY FOR SUCH PURPOSES, TO PROMOTE THE DEVELOPMENT, MAINTENANCE AND EXPANSION OF AFFORDABLE HOUSING, TRANSITIONAL HOUSING AND EMERGENCY SHELTERS IN MASSACHUSETTS BY:

- (A) ENCOURAGING MEMBERS OF THE MASSACHUSETTS BAR TO CONTRIBUTE LEGAL SERVICES AND OTHER RESOURCES ON A PRO BONO AND REDUCED FEE BASIS
- (B) SERVING AS A REFERRAL MECHANISM THROUGH WHICH NON-PROFIT AND OTHER ENTITIES WHICH ARE WORKING TO DEVELOP, MAINTAIN OR EXPAND THESE RESOURCES WILL BE MATCHED WITH LAWYERS WHO ARE WILLING TO PROVIDE LEGAL REPRESENTATION ON A PRO BONO AND REDUCED FEE BASIS
- (C) SPONSORING EDUCATIONAL AND PROFESSIONAL PROGRAMS TO SUPPORT AND ASSIST LAWYERS AND OTHER PROFESSIONALS WORKING IN THESE AREAS AND

Name of the organization **LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC.**

Employer identification number

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

(D) ENGAGING IN SUCH OTHER ACTIVITIES WHICH ARE CONSISTENT WITH, AND IN FURTHERANCE OF THE FOREGOING.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	507.			507.
TOTALS	<u>507.</u>			<u>507.</u>

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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 **X**
 - 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 LAWYERS CLEARINGHOUSE ON AFFORDABLE HOUSING AND HOMELESSNESS, INC.	Employer identification number 04-3501039
	Number, street, and room or suite no. If a P.O. box, see instructions. 16 BEACON STREET	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02108	

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-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

- The books are in the care of ▶ MARIBETH PERRY

Telephone No. ▶ 617 778-1980

FAX No. ▶ 617 778-1981

- 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 04/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 or

▶ tax year beginning 09/01, 2010, and ending 08/31, 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 \$
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 \$
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 \$ <u>NONE</u>

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.