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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 NHS REDEVELOPMENT CORPORATION
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 1279 N MILWAUKEE AVENUE
 City or town, state or country, and ZIP + 4
 CHICAGO, IL 60622

D Employer identification number
 36-3014600
E Telephone number
 (773) 329-4010
G Gross receipts \$ 7,461,122

F Name and address of principal officer
 JAMES WHEATON
 1279 N MILWAUKEE AVENUE
 CHICAGO, IL 60622

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: WWW.NHSCHICAGO.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1979

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 NHS REDEVELOPMENT CORPORATION (NHSRC) STRENGTHENS NEIGHBORHOODS AND PROVIDES HIGH-QUALITY, AFFORDABLE HOUSING OPPORTUNITIES FOR LOW- AND MODERATE-INCOME FAMILIES BY DEVELOPING PROPERTIES THROUGHOUT THE CITY OF CHICAGO

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3** 14

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 14

5 Total number of employees (Part V, line 2a) **5** 23

6 Total number of volunteers (estimate if necessary) **6** 14

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

b Net unrelated business taxable income from Form 990-T, line 34 **7b** 0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	25,520	5,109,764
	9 Program service revenue (Part VIII, line 2g)	2,363,136	2,350,047
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131	138
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	1,173
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,388,787	7,461,122
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	913,334	811,700
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,933,204	7,568,610
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,846,538	8,380,310	
19 Revenue less expenses Subtract line 18 from line 12	-1,457,751	-919,188	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	8,986,189	6,332,416
	21 Total liabilities (Part X, line 26)	11,852,884	11,230,194
22 Net assets or fund balances Subtract line 21 from line 20	-2,866,695	-4,897,778	

Part II Signature Block

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

Sign Here

***** | 2010-10-25
 Signature of officer | Date

JAMES WHEATON Intern CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | CROWE HORWATH LLP
 70 West Madison Street
 Suite 700
 Chicago, IL 606024903 | EIN | Phone no (312) 899-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

NHSRC, THROUGH ITS AFFILIATION WITH ITS PARENT ORGANIZATION, NEIGHBORHOOD HOUSING SERVICES OF CHICAGO (NHS), STRENGTHENS NEIGHBORHOODS AND PROVIDES HIGH-QUALITY, AFFORDABLE HOUSING OPPORTUNITIES FOR LOW- AND MODERATE-INCOME FAMILIES BY DEVELOPING PROPERTIES THROUGHOUT THE CITY OF CHICAGO (SEE SCHEDULE O)

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 \$ 5,553,217 including grants of \$ 0) (Revenue \$ 528,287)

NHSRC ALSO DEVELOPS MULTI-FAMILY HOUSING AND MANAGES RENTAL HOUSING NHSRC MANAGES MULTI-UNIT PROPERTIES CONSISTING OF 290 UNITS OF AFFORDABLE RENTAL HOUSING THAT ARE OWNED BY RELATED ENTITY PARTNERSHIPS NHSRC ALSO MANAGES A PROPERTY OF 10 AFFORDABLE RENTAL UNITS THAT THEY OWN AS A NON-PROFIT DEVELOPER AND PARTNER, NHSRC HAS HELPED CREATE AND IS DEVELOPING MORE THAN 425 UNITS OF AFFORDABLE RENTAL HOUSING FOR SENIOR CITIZENS IN THE ROSELAND, SOUTH CHICAGO, AND WRIGHTWOOD NEIGHBORHOODS

4b (Code) (Expenses \$ 2,098,839 including grants of \$ 0) (Revenue \$ 1,806,266)

NHSRC DEVELOPS AFFORDABLE SINGLE-FAMILY HOUSING FOR SALE TO INCOME-ELIGIBLE HOME BUYERS THIS ACTIVITY IS TYPICALLY FOCUSED IN NHS OF CHICAGO'S TARGETED NEIGHBORHOODS, SO THAT IT CAN ENHANCE THE STRATEGY BEING IMPLEMENTED IN THOSE NEIGHBORHOODS THESE PROPERTIES INCLUDE NEWLY-CONSTRUCTED SINGLE-FAMILY AND TWO-UNIT PROPERTIES AS WELL AS FORMERLY VACANT/ABANDONED PROPERTIES THAT NHSRC ACQUIRES, REHABS TO A HIGH STANDARD, AND THEN SELLS NHSRC OWNS AND MANAGES 14 PROPERTIES OF SINGLE-FAMILY HOUSING THAT ARE UNDERGOING REHAB AND ARE OR WILL BE AVAILABLE FOR SALE IN ITS FISCAL YEAR 2010, NHSRC SOLD 6 PROPERTIES TO NEW HOME OWNERS

4c (Code) (Expenses \$ 428,500 including grants of \$ 0) (Revenue \$ 16,667)

NHSRC SECURES VACANT PROPERTIES TO BE LATER USED IN ITS EFFORT TO STABILIZE NEIGHBORHOODS BY REHABBING HOMES AND AFFORDABLY SELLING THEM TO HOMEOWNER-OCCUPANTS NHSRC OWNS 19 VACANT LOTS THAT ARE EITHER BEING DEVELOPED OR ARE BEING HELD FOR FUTURE DEVELOPMENT

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

4e Total program service expenses \$ 8,080,556

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>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
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>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
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>		No
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>		No
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>		No
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>		No
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>		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12A Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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, Part I.</i>		No
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 U S ? <i>If "Yes," complete Schedule F, Part II.</i>		No
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 U S ? <i>If "Yes," complete Schedule F, Part III.</i>		No
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>		No
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>		No
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>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No

Part IV Checklist of Required Schedules *(continued)*

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>	21		No
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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 21		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
b	If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (14); 1b Enter the number of voting members that are independent (14); 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? (No); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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 Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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 The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 1 column: Question. Rows include: 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 Form 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 (checked); 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. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THOMAS MATHEW, 1279 N MILWAUKEE AVENUE, CHICAGO, IL 60622, (773) 329-4166.

1b Total	81,207	367,175	25,471
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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? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
THOMPSON COBURN LLP PO BOX 18379M ST LOUIS, MO 63195	LEGAL SERVICES	405,897

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 **1**

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	0				
	b	Membership dues 1b	0				
	c	Fundraising events 1c	0				
	d	Related organizations 1d	0				
	e	Government grants (contributions) 1e	3,356,764				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,753,000				
	g	Noncash contributions included in lines 1a-1f \$ 0					
	h	Total. Add lines 1a-1f	5,109,764				
Program Service Revenue	2a	PROPERTY SALES (HOME SALES)	1,518,690	1,518,690	0	0	
	b	CONTRACTUAL SERVICES	484,042	484,042	0	0	
	c	PROPERTY MANAGEMENT AND DEVELOPMENT FEES	181,636	181,636	0	0	
	d	RENTAL INCOME	131,784	131,784	0	0	
	e	INTEREST ON NOTES RECEIVABLE	33,895	33,895	0	0	
	f	All other program service revenue	0	0	0	0	
	g	Total. Add lines 2a-2f	2,350,047				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	138	0	0	138	
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0	
	5	Royalties	0	0	0	0	
	6a	Gross Rents	(i) Real	0	0		
			(ii) Personal	0	0		
			Less rental expenses	0	0		
			Rental income or (loss)	0	0		
	d	Net rental income or (loss)	0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	0		
			(ii) Other	0	0		
			Less cost or other basis and sales expenses	0	0		
			Gain or (loss)	0	0		
d	Net gain or (loss)	0	0	0	0		
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a	0				
		b	Less direct expenses b	0			
		c	Net income or (loss) from fundraising events	0	0	0	0
9a	Gross income from gaming activities See Part IV, line 19	a	0				
		b	Less direct expenses b	0			
		c	Net income or (loss) from gaming activities	0	0	0	0
10a	Gross sales of inventory, less returns and allowances	a	0				
		b	Less cost of goods sold b	0			
		c	Net income or (loss) from sales of inventory	0	0	0	0
Miscellaneous Revenue		Business Code					
11a	CREDIT CHECKS		931	931	0	0	
b	MISCELLANEOUS INCOME		242	242	0	0	
c			0	0	0	0	
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		1,173				
12	Total revenue. See Instructions		7,461,122	2,351,220	0	138	

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	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	87,804	70,480	17,324	0
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	0	0	0
7	Other salaries and wages	571,077	458,546	112,531	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,698	2,958	740	0
9	Other employee benefits	95,645	76,516	19,129	0
10	Payroll taxes	53,476	42,781	10,695	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	3,743	521	3,222	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	31,684	7,207	24,477	0
12	Advertising and promotion	34,031	30,217	3,814	0
13	Office expenses	51,088	38,201	12,887	0
14	Information technology	37,832	0	37,832	0
15	Royalties	0	0	0	0
16	Occupancy	88,231	70,462	17,769	0
17	Travel	4,979	4,813	166	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	14,561	1,774	12,787	0
20	Interest	37,355	37,328	27	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	58,974	39,683	19,291	0
23	Insurance	43,435	40,719	2,716	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	5,427,535	5,427,535	0	0
b	DIRECT COSTS-PROPERTY SOLD	1,594,870	1,594,870	0	0
c	PROPERTY RENTAL EXPENSE	94,273	94,273	0	0
d	EQUIPMENT COSTS	41,885	37,538	4,347	0
e	MISCELLANEOUS	4,134	4,134	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	8,380,310	8,080,556	299,754	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	286,959	1	380,571
	2 Savings and temporary cash investments	30,990	2	28,971
	3 Pledges and grants receivable, net	250,627	3	56,500
	4 Accounts receivable, net	2,216,240	4	1,825,993
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	497,266	7	497,266
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	27,250	9	19,385
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	1,204,697		
	b Less accumulated depreciation	719,695	10c	485,002
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	5,170,574	13	3,038,728
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,986,189	16	6,332,416	
Liabilities	17 Accounts payable and accrued expenses	504,986	17	267,929
	18 Grants payable	0	18	0
	19 Deferred revenue	186,745	19	125,500
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,649,070	23	1,680,694
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	9,512,083	25	9,156,071
	26 Total liabilities. Add lines 17 through 25	11,852,884	26	11,230,194
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	-4,795,685	27	-6,839,648
	28 Temporarily restricted net assets	588,990	28	551,870
	29 Permanently restricted net assets	1,340,000	29	1,390,000
	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	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	-2,866,695	33	-4,897,778	
34 Total liabilities and net assets/fund balances	8,986,189	34	6,332,416	

Part XI Financial Statements and Reporting

		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? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 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	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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 . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
NHS REDEVELOPMENT CORPORATION

Employer identification number

36-3014600

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 **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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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—2008. 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	101,200	25,488	662,225	25,520	5,109,764	5,924,197
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	1,521,778	1,824,729	798,471	2,363,136	2,350,047	8,858,161
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	1,622,978	1,850,217	1,460,696	2,388,656	7,459,811	14,782,358
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	256,112	175,389	431,501
c Add lines 7a and 7b	0	0	0	256,112	175,389	431,501
8 Public Support (Subtract line 7c from line 6)						14,350,857

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,622,978	1,850,217	1,460,696	2,388,656	7,459,811	14,782,358
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	232,258	181,601	55,762	131	138	469,890
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	232,258	181,601	55,762	131	138	469,890
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0			0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	23,529	0	173	0	1,173	24,875
13 Total support (Add lines 9, 10c, 11 and 12)	1,878,765	2,031,818	1,516,631	2,388,787	7,461,122	15,277,123
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	93.937 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.94 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	3.076 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.15 %
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

OTHER INCOME, PART III, SECTION B, LINE 12, MISCELLANEOUS - 2005=\$23,529, 2006=NONE, 2007=\$173, 2008=NONE, 2009=\$242, TOTAL=\$23,944 CREDIT CHECKS - 2005=NONE, 2006=NONE, 2007=NONE, 2008=NONE, 2009=\$931, TOTAL=\$931,

Additional Data

Software ID:
Software Version:
EIN: 36-3014600
Name: NHS REDEVELOPMENT CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
MARCIA JOHNSON-REID VICE-PRESIDENT OF THE BOARD	5	X		X				0	0	0
KRISTINE JURMU PRESIDENT OF THE BOARD	5	X		X				0	0	0
BRUCE MARTIN TREASURER OF THE BOARD	5	X		X				0	0	0
STEVE QUASNY DIRECTOR - PART YEAR	1	X						0	0	0
ROBERT MCGHEE DIRECTOR	1	X						0	0	0
DAN SIADAK DIRECTOR	1	X						0	0	0
ADRIENNE WHITNEY DIRECTOR	1	X						0	0	0
THOMAS P FITZGIBBON DIRECTOR	1	X						0	0	0
JUDY ZABA DIRECTOR	1	X						0	0	0
BETTYE BAKER-HOUSTON DIRECTOR	1	X						0	0	0
FLOYD MINOR DIRECTOR	1	X						0	0	0
LANCE PRUSAK DIRECTOR	1	X						0	0	0
MARLENE PAIGE DIRECTOR	1	X						0	0	0
GLENDA ALLEN DIRECTOR	1	X						0	0	0
VICKY ARROYO DIRECTOR - PART YEAR	1	X						0	0	0
KATHLEEN WALSH CHIEF FINANCIAL OFFICER	4			X				0	125,422	7,383
BRUCE GOTTSCHALL EXECUTIVE DIRECTOR - PART YEAR	4			X				0	135,838	2,299
JAMES WHEATON PROGRAM SERVICE & STRATEGIES/INTERIM EXECUTIVE DIRECTOR	4			X				0	105,915	8,266
DEBORAH DIXON ASSOCIATE DIRECTOR	35			X				81,207	0	7,523

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PROPERTY SALES (HOME SALES)		1,518,690	1,518,690	0	0
CONTRACTUAL SERVICES		484,042	484,042	0	0
PROPERTY MANAGEMENT AND DEVELOPMENT FEES		181,636	181,636	0	0
RENTAL INCOME		131,784	131,784	0	0
INTEREST ON NOTES RECEIVABLE		33,895	33,895	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	5,427,535	5,427,535	0	0
DIRECT COSTS-PROPERTY SOLD	1,594,870	1,594,870	0	0
PROPERTY RENTAL EXPENSE	94,273	94,273	0	0
EQUIPMENT COSTS	41,885	37,538	4,347	0
MISCELLANEOUS	4,134	4,134	0	0

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization NHS REDEVELOPMENT CORPORATION

Employer identification number 36-3014600

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 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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 may 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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, 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, 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 relating to these items

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

b Assets included in Form 990, Part X \$

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

3 Using the organization's 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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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 the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g 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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations, (ii) related organizations

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,461,122
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,380,310
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-919,188
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-1,111,895
9	Total adjustments (net) Add lines 4 - 8	9	-1,111,895
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,031,083

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	9,622,422
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	2,161,300
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	2,161,300
3	Subtract line 2e from line 1	3	7,461,122
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	7,461,122

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

1	Total expenses and losses per audited financial statements	1	11,653,505
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,161,300
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	1,111,895
e	Add lines 2a through 2d	2e	3,273,195
3	Subtract line 2e from line 1	3	8,380,310
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	8,380,310

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, 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

Identifier	Return Reference	Explanation
FIN 48 footnote	Schedule D, Part X, Line 2	THE ORGANIZATION ADOPTED GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF APRIL 1, 2009 A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE LIKELY THAN NOT TEST, NO TAX BENEFIT IS RECORDED MANAGEMENT BELIEVE THE ORGANIZATION HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL LOSS OF ITS TAX EXEMPT STATUS THE ORGANIZATION HAS NO ONGOING FEDERAL, STATE OR LOCAL TAX AUDITS, HOWEVER, NHS'S TAX RETURNS FOR 2007 AND SUBSEQUENT YEARS ARE OPEN TO EXAMINATION
Other changes in net assets	Schedule D, Part XI, Line 8	LOWER OF COST OR MARKET ADJUSTMENT - -1111895, OTHER - 0, TOTAL - -1111895
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	LOWER OF COST OR MARKET ADJUSTMENT - 1111895, OTHER - 0, TOTAL - 1111895

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

NHS REDEVELOPMENT CORPORATION

Employer identification number

36-3014600

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	NHS REDEVELOPMENT CORPORATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION IN WHICH NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC IS THE SOLE CORPORATE MEMBER
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	AS THE ORGANIZATION'S SOLE CORPORATE MEMBER, NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC HOLDS ALL VOTING RIGHTS WITH RESPECT TO NHS REDEVELOPMENT CORPORATION THESE RIGHTS INCLUDE THE RIGHT TO ELECT DIRECTORS OF THE CORPORATION AND AMEND THE ARTICLES OF INCORPORATION
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	SEE NARRATIVE FOR FORM 990, PART VI, SECTION A, LINE 7A
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	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 AS WELL AS THE AUDIT AND FINANCE COMMITTEES OF THE BOARD SUBSEQUENT TO THIS REVIEW, A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE FULL NHSRC BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS
Conflict of interest policy	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
Process used to establish compensation of top management official	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 APRIL OF 2009 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
Public Disclosure	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
ORGANIZATION'S MISSION	990, PART III, LINE 1	NHSRC BUYS, REHABILITATES AND SELLS HOMES, BUILDS NEW HOMES, WORKS WITH THE HOUSING COURT TO STABILIZE VACANT PROPERTIES, AND DEVELOPS MULTI-FAMILY HOUSING AND SENIOR CITIZEN HOUSING TO SUPPORT NHS' NEIGHBORHOOD REVITALIZATION EFFORTS NHSRC WAS ORGANIZED TO (I) TO RECEIVE AND ADMINISTER FUNDS EXCLUSIVELY FOR SCIENTIFIC, EDUCATIONAL, AND CHARITABLE PURPOSES, WITHOUT PECUNIARY GAIN OR PROFIT TO ITS MEMBERS, (II) TO ASSIST IN PROJECTS, UNDERTAKINGS, STUDIES AND OTHER ACTIVITIES IN COOPERATION AND IN CONJUNCTION WITH GOVERNMENTAL AND CIVIC BODIES FOR THE ELIMINATION OF SLUM, BLIGHT, AND BLIGHTING CONDITIONS, (III) TO AID, ASSIST AND FOSTER THE PLANNING, REPLANNING DEVELOPMENT, RENEWAL, REDEVELOPMENT OF THE CITY OF CHICAGO, ILLINOIS, (IV) TO COMBAT COMMUNITY DETERIORATION, AND (V) TO PROMOTE ADEQUATE HOUSING, COMMUNITY FACILITIES, AND OTHER RELATED FACILITIES AND SERVICES AND CONDITIONS, ECONOMIC OR OTHERWISE, CONDUCIVE TO THE PROGRESS AND GENERAL WELFARE OF THE COMMUNITY NEIGHBORHOOD REHABILITATION ACTIVITIES INCLUDE RENOVATING AND CONSTRUCTING SINGLE-FAMILY HOMES FOR RESALE, RENOVATING MULTI-FAMILY HOUSING FOR RENTAL, AND RENOVATING AND MANAGING MULTI-FAMILY HOUSING FOR OTHERS

Identifier	Return Reference	Explanation
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15B	SEE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC FORM 990, PART VII, SECTION A, LINE 1(A), COLUMN (B) BRUCE GOTTSCHALL (EXECUTIVE DIRECTOR - PART YEAR), KATHLEEN WALSH (CHIEF FINANCIAL OFFICER), AND JAMES WHEATON (PROGRAM SERVICE & STRATEGIES/INTERIM EXECUTIVE DIRECTOR) 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)

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NHS REDEVELOPMENT CORPORATION

Employer identification number
36-3014600

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO INC 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622 23-7443009	COMMUNITY DEVELOPMENT	IL	501(C)(3)	7 NA	
ROSELAND PLACE INC NFP 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622 26-2330256	COMMUNITY DEVELOPMENT	IL	501(C)(3)	7 NA	
ROSELAND VILLAGE INC NFP 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622 26-4723017	COMMUNITY DEVELOPMENT	IL	501(C)(3)	7 NA	
NEIGHBORHOOD LENDING SERVICES INC 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622 36-3471392	RESIDENTIAL MORTGAGE	IL	501(C)(3)	7 NHS	
NHS OF THE FOX VALLEY 1279 N MILWAUKEE AVENUE CHICAGO, IL 60622 36-3133793	COMMUNITY DEVELOPMENT	IL	501(C)(3)	7 NHS	

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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?	
								Yes	No		Yes	No
PC AUSTIN LLC												
1279 N MILWAUKEE AVENUE CHICAGO, IL60622 36-4149095	PROPERTY RENTALS	IL	N/A		RELATED	18,454	95,090	No	0		Yes	
ROSELAND NEW HOMES PHASE II LLC												
1279 N MILWAUKEE AVE CHICAGO, IL60622 37-1510905	DEVELOPMENT	IL	N/A		RELATED	0	11,456	No	0		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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
See Additional Data Table							

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

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

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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q	Yes	
1r	Yes	

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
(1)	ROSELAND PLACE INC NFP	B	1,748,240
(2)	NEW PARTNERSHIPS INC	Q	66,639
(3)	NHSRC INITIATIVES INC	Q	870,693
(4)	ROSELAND PLACE INC NFP	Q	270,354
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID: 09000329
Software Version: v2009.2.0
EIN: 36-3014600
Name: NHS REDEVELOPMENT CORPORATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
NEW PARTNERSHIP INC 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 36-3054270	PROPERTY RENTALS	IL	N/A	C CORPORATION	22,861	2,461,031	100 00 %
PINE CENTRAL INC 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 36-4149093	PROPERTY RENTALS	IL	N/A	C CORPORATION	-22	237	100 00 %
ROSELAND RIDGE INC 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 36-4223129	PROPERTY RENTALS	IL	N/A	C CORPORATION	-19	469,350	100 00 %
PINE RACE II INC 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 83-0348573	PROPERTY RENTALS	IL	N/A	C CORPORATION	-22	135,094	100 00 %
NHS ROSELAND SLF INC 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 76-0768920	DEVELOPMENT	IL	N/A	C CORPORATION	8	0	100 00 %
NHS SOUTH CHICAGO SLF INC 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 76-3182160	DEVELOPMENT	IL	N/A	C CORPORATION	-540,566	13,338,418	100 00 %
NHS SOUTH CHICAGO SA INC 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 61-1587714	DEVELOPMENT	IL	N/A	C CORPORATION	0	835,600	100 00 %
NHS WRIGHTWOOD INC 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 80-0361458	DEVELOPMENT	IL	N/A	C CORPORATION	0	765,741	100 00 %
NHSRC INITIATIVES 1279 N MILWAUKEE AVENUE CHICAGO, IL60622 26-2850045	REHABILITATION	IL	N/A	C CORPORATION	-110,474	866,861	100 00 %