

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)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization RESOURCES FOR HUMAN DEVELOPMENT, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4700 WISSAHICKON AVENUE 126 City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19144-4248	D Employer identification number 23-1727133 E Telephone number (215)951-0300 G Gross receipts \$ 173,334,970. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.RHD.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1970 M State of legal domicile: PA	

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: RHDS MISSION IS TO EMPOWER PEOPLE AS THEY BUILD SELF-DETERMINATION.			
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its 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	13	
	5	Total number of employees (Part V, line 2a)	5	5558	
	6	Total number of volunteers (estimate if necessary)	6	400	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,287,923.	Current Year 2,373,383.	
	9	Program service revenue (Part VIII, line 2g)	161,103,707.	170,913,758.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,708.	23,144.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	163,528,338.	173,310,285.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	106,893,328.	123,190,660.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 308,488.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	55,815,715.	51,021,383.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	162,709,043.	174,212,043.	
	19	Revenue less expenses. Subtract line 18 from line 12	819,295.	-901,758.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 52,805,054.	End of Year 53,765,094.	
	21	Total liabilities (Part X, line 26)	37,978,503.	41,207,453.	
	22	Net assets or fund balances. Subtract line 21 from line 20	14,826,551.	12,557,641.	

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		5-13-10
	Signature of officer	Date
	MARCO GIORDANO, CHIEF ACCOUNTING OFFICER	
	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date 5/13/10
	Firm's name (or yours if self-employed), address, and ZIP + 4 SHECHTMAN MARKS DEVOR PC 2000 MARKET STREET, SUITE 500 PHILADELPHIA, PA 19103	Check if self-employed <input type="checkbox"/>
	EIN ▶	Preparer's identifying number (see instructions)
	Phone no. ▶ 215-496-9200	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

RESOURCES FOR HUMAN DEVELOPMENT IS A COMPREHENSIVE SOCIAL SERVICES ORGANIZATION BASED IN PHILADELPHIA; ITS MISSION IS TO EMPOWER THE MOST VULNERABLE AND MARGINALIZED MEMBERS OF OUR SOCIETY AS THEY BUILD THE HIGHEST LEVEL OF SELF-DETERMINATION POSSIBLE.

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

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

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 \$ 50,323,194 . including grants of \$) (Revenue \$ 56,818,464 .)

RESIDENTIAL SERVICES FOR INTELLECTUALLY/DEVELOPMENTALLY DISABLED: RHD OFFERS A VARIETY OF COMMUNITY-BASED RESIDENTIAL OPTIONS FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. AT THE CENTER OF EACH PROGRAM IS RHD'S BELIEF THAT PEOPLE OF ALL ABILITIES ARE OF EQUAL WORTH, DESERVING OF RESPECT AND DIGNITY. COMMUNITY-BASED PROGRAMS ARE TAILORED TO EACH RESIDENT, SUPPORTING EACH PERSON'S INDIVIDUAL POTENTIAL TO LEARN AND TO ACHIEVE THE HIGHEST LEVEL OF SELF-DETERMINATION POSSIBLE. PROGRAMS FOR YOUTH AND ADULTS BUILD LIFE SKILLS AND SELF-CONFIDENCE, REMOVING AS MANY BARRIERS TO INDEPENDENT LIVING AND COMMUNITY PARTICIPATION AS POSSIBLE. OPTIONS RANGE FROM TRADITIONAL GROUP HOMES TO INDEPENDENT APARTMENT LIVING ARRANGEMENTS AND COMPANION-MODEL LIVING.

4b (Code:) (Expenses \$ 39,498,980 . including grants of \$) (Revenue \$ 45,058,788 .)

RESIDENTIAL SERVICES FOR PEOPLE WITH MENTAL ILLNESSES: PEOPLE WITH MENTAL ILLNESSES LEARN TO LIVE AS INDEPENDENTLY AS POSSIBLE WITHIN THEIR COMMUNITIES THROUGH RHD'S RESIDENTIAL SERVICES. FROM SIMPLE RESIDENTIAL GROUP LIVING OR INDEPENDENT APARTMENTS WHERE RESIDENTS LIVE WITHIN THE COMMUNITY LEARNING TO MANAGE THEIR MEDICATIONS AND TAKE CHARGE OF THEIR OWN LIVES, TO LIVING ARRANGEMENTS THAT OFFER A HIGHER LEVEL OF GUIDANCE AND CARE FOR PEOPLE WITH DUAL DIAGNOSES OR FRAGILE MEDICAL CONDITIONS, RHD OFFERS PEOPLE WITH MENTAL ILLNESSES A REAL OPPORTUNITY TO EXPERIENCE COMMUNITY LIFE WITH THE HIGHEST LEVEL OF SELF-DETERMINATION POSSIBLE.

4c (Code:) (Expenses \$ 20,805,646 . including grants of \$) (Revenue \$ 22,626,994 .)

PRIMARY CARE, BEHAVIORAL HEALTH, AND OTHER OUTPATIENT SERVICES: RHD BEGAN IN THE BEHAVIORAL HEALTH FIELD AND HAS SINCE EXPANDED TO MEET A VARIETY OF PRIMARY HEALTH CARE, BEHAVIORAL HEALTH, ADDICTION TREATMENT AND NEEDS, WITH SERVICES RANGING FROM RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE RECOVERY, OUTPATIENT MENTAL HEALTH COUNSELING, AND ART PROGRAMS DESIGNED FOR HEALING THROUGH CREATIVITY, TO INTENSIVE RESIDENTIAL TREATMENT FOR PEOPLE DIAGNOSED WITH CO-OCCURRING MENTAL ILLNESSES AND ADDICTIONS, AND A NATIONALLY RECOGNIZED NETWORK OF HEALTH CENTERS PROVIDING AFFORDABLE AND ACCESSIBLE PRIMARY HEALTH, MENTAL HEALTH, DENTAL CARE, AND OUTREACH TO PEOPLE IN UNDERSERVED NEIGHBORHOODS.

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

(Expenses \$ 41,596,921 . including grants of \$) (Revenue \$ 46,409,509 .)

4e Total program service expenses \$ 152,224,741 . (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
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 accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		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?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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)? If "Yes," complete Schedule R, Part V, line 2		X
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	1089		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	5558		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA, MA, NJ, CT, FL, TN, NC, RI, MD, VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
ROBERT FISHMAN - (215) 951-0300
4700 WISSAHICKON AVENUE, PHILADELPHIA, PA 19144-4248

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(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			
BERTRAM WOLFSON CHAIRMAN	1.00	X					0.	0.	0.	
SHELDON STEINBERG, V.M.D VICE CHAIRMAN	1.00	X					0.	0.	0.	
ANTHONY J. PAROTTO SECRETARY/TREASURER	1.00	X					0.	0.	0.	
CODY ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
FRED BONAPARTE BOARD MEMBER	1.00	X					0.	0.	0.	
AVERNE BRANDT BOARD MEMBER	1.00	X					0.	0.	0.	
VIRGINIA KRICUN BOARD MEMBER	1.00	X					0.	0.	0.	
JO ANN E. CONNELLY BOARD MEMBER	1.00	X					0.	0.	0.	
EDWARD ROBINSON, PH. D. BOARD MEMBER	1.00	X					0.	0.	0.	
SAMANTHA JONES-THOMAS BOARD MEMBER	1.00	X					0.	0.	0.	
CARYN REICHLIN JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
BARBARA SHOULSON-KOHN BOARD MEMBER	1.00	X					0.	0.	0.	
MARVIN WEISBORD BOARD MEMBER	1.00	X					0.	0.	0.	
TANYA STEWART BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT FISHMAN CHIEF EXECUTIVE OFFICER	40.00			X			215,202.	0.	20,828.	
MARGARET MOWATT CHIEF OPERATING OFFICER	40.00			X			165,617.	0.	8,031.	
MARSHA O'HARA ASSOCIATE DIRECTOR	24.00			X			92,582.	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	(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			
MICHAEL DENOMME ASSOCIATE DIRECTOR	40.00			X				127,306.	0.	6,603.
DENNIS ROBERTS ASSOCIATE DIRECTOR	40.00			X				123,984.	0.	6,563.
SHARON KAUFMAN ASSOCIATE DIRECTOR	40.00			X				113,625.	0.	16,065.
RICHELLE GUNTER ASSOCIATE DIRECTOR	40.00			X				113,179.	0.	7,693.
TODD SILVERSTEIN BUDGET DIRECTOR	40.00			X				113,674.	0.	614.
MARCO GIORDANO CHIEF ACCOUNTING OFFICER	40.00			X				131,420.	0.	14,464.
FRANK M. TORRISI, DDS DIRECTOR DENTAL SERVICES	40.00					X		172,536.	0.	18,956.
DONNA L. TORRISI, CRNP HEALTH NETWORK DIRECTOR	40.00					X		112,037.	0.	14,119.
DEANNA L. CERWIN DIRECTOR OF ACCOUNTING	40.00					X		107,393.	0.	3,803.
LESTER S COHEN, CRNP PRIMARY CARE COORDINATOR	40.00					X		108,628.	0.	6,321.
1b Total								1,805,301.	0.	124,366.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 15

	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 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
NEVILLE KOTWAL, 65 E.ELIZABETH AVE., SUITE 900, BETHLEHEM, PA 18018	DOCTOR/PSYCHIATRY	374,743.
SHECHTMAN MARKS DEVOR PC, 2000 MARKET STREET, SUITE 500, PHILADELPHIA, PA 19103	ACCOUNTING & AUDITING	174,000.
DEBORAH ROGERS, 1939 SAUCON DALE CIRCLE, BETHLEHEM, PA 18015	DOCTOR/PSYCHIATRY	172,387.
JOSEPH WILLIAM MULLEN 1532 JACKSON STREET, BALTIMORE, MD 21230	DOCTOR/PSYCHIATRY	141,200.
MATT MAZZA 913 SEQUOIA ROAD, PHILADELPHIA, PA 19128	PLUMBING	136,006.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 9

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2373383.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			2,373,383.				
Program Service Revenue	2 a FEES AND CONTRACTS FROM	Business Code	900099	150149200.	150149200.			
	b PATIENT/CLIENT FEES		900099	18132683.	18132683.			
	c SALES AND OTHER FEES		900099	2,264,853.	2,264,853.			
	d RENTALS TO LOW/MODERATE INCOME INDIVIDUALS		531110	367,022.	367,022.			
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			170913758.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			23,144.			23,144.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a 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)						
	8 a 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						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a		24,685.					
	b Less: cost of goods sold	b	24,685.					
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d								
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				173310285.	170913758.	0.	23,144.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,385,928.	11,389.	1,374,539.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	97,181,181.	87,107,303.	9,847,237.	226,641.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	14,051,014.	12,831,356.	1,199,814.	19,844.
10 Payroll taxes	10,572,537.	8,631,204.	1,912,262.	29,071.
11 Fees for services (non-employees):				
a Management				
b Legal	79,287.	13,972.	65,315.	
c Accounting	234,976.	48,699.	186,277.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	162,152.	147,533.	14,619.	
13 Office expenses	7,960,761.	7,609,456.	351,305.	
14 Information technology	1,032,556.	326,816.	705,740.	
15 Royalties				
16 Occupancy	16,228,491.	14,709,061.	1,519,430.	
17 Travel	2,015,887.	1,682,805.	333,082.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	168,383.	156,005.	12,378.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,078,340.	2,187,108.	1,891,232.	
23 Insurance				
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 PROFESSIONAL FEES & CON	9,577,354.	8,959,460.	617,894.	
b EQUIPMENT RENTAL AND MA	5,035,880.	4,639,560.	396,320.	
c DUES & SUBSCRIPTIONS	2,490,582.	2,096,449.	370,500.	23,633.
d MISCELLANEOUS	1,956,734.	1,066,565.	880,870.	9,299.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	174,212,043.	152,224,741.	21,678,814.	308,488.
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,405,849.	2	1,521,618.
	3 Pledges and grants receivable, net	25,045,700.	3	28,643,218.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,038,833.	8	1,099,476.
	9 Prepaid expenses and deferred charges	552,988.	9	803,976.
	10a Land, buildings, and equipment: cost basis ... 10a 41,813,797.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 22,808,450.			
	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	4,210,294.	15	2,691,459.
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,805,054.	16	53,765,094.	
Liabilities	17 Accounts payable and accrued expenses	20,365,338.	17	21,040,138.
	18 Grants payable		18	
	19 Deferred revenue	2,241,096.	19	2,564,506.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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	12,087,742.	23	14,216,229.
	24 Unsecured notes and loans payable	594,010.	24	499,010.
	25 Other liabilities. Complete Part X of Schedule D	2,690,317.	25	2,887,570.
	26 Total liabilities. Add lines 17 through 25	37,978,503.	26	41,207,453.
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	9,875,217.	27	8,945,636.
	28 Temporarily restricted net assets	4,951,334.	28	3,612,005.
	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	14,826,551.	33	12,557,641.
	34 Total liabilities and net assets/fund balances	52,805,054.	34	53,765,094.

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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **RESOURCES FOR HUMAN DEVELOPMENT, INC.** Employer identification number: **23-1727133**

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(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)(vii)**. (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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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?

	Yes	No
(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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the organizations the organization supports.

(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									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 - 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 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 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2266281.	1693127.	2443159.	2287923.	2373383.	11063873.
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	110156560	124031975	143691547	163103707	170913758	711897547
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	112422841	125725102	146134706	165391630	173287141	722961420
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						722961420

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	112422841	125725102	146134706	165391630	173287141	722961420
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	380,217.	378,575.	129,885.	136,708.	23,144.	1048529.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	380,217.	378,575.	129,885.	136,708.	23,144.	1048529.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		854,837.				854,837.
13 Total support (Add lines 9, 10c, 11, and 12.)						724864786

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.74 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.29 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.14 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.54 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

RESOURCES FOR HUMAN DEVELOPMENT, INC.

23-1727133

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	INDEPENDENCE BLUE CROSS 1901 MARKET STREET PHILADELPHIA, PA 19103	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	INDEPENDENCE FOUNDATION OFFICE OF THE BELLEVUE, SUITE 1101 PHILADELPHIA, PA 19102	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE PATRICIA KIND FAMILY FOUNDATION 717 BETHLEHEM PIKE, SUITE 160 ERDENHEIM, PA 19038	\$ 77,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE PEW CHARITABLE TRUSTS 2005 MARKET STREET, SUITE 1700 PHILADELPHIA, PA 19103	\$ 53,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WILLIAM PENN FOUNDATION 100 NORTH 16TH STREET 11 FLOOR PHILADELPHIA, PA 19103	\$ 276,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	VILLAGE OF ARTS & HUMANITIES, INC 2506 NORTH ADLER STR. PHILADELPHIA, PA 19133	\$ 43,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

RESOURCES FOR HUMAN DEVELOPMENT, INC.

23-1727133

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	JOHN C. HAAS 330 N SPRING MILL RD VILLANOVA, PA 19085-1737	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE CLANEIL FOUNDATION 2250 HICKORY ROAD SUITTE 450 PLYMOUTH MEETING, PA 19462	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	KNIGHT FOUNDATION 200 SOUTH BISCAYNE BLD. MIAMI, FL 33131	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	OMG CENTER FOR COLLABORATIVE LEARNING 1528 WALNUT STR., SUITE 805 PHILADELPHIA, PA 19102	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	PHILADELPHIA FOUNDATION 1234 MARKET STR., SUITE 1800 PHILADELPHIA, PA 19107	\$ 37,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	PHILA INDUSTRIAL DEVELOPMENT CORPORATION 2600 CENTRE SQUARE WEST, 1500 MARKET STR. PHILADELPHIA, PA 19102	\$ 243,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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13	THE HARRY AND JEANETTE WEINBERG FOUNDATION 7 PARK CENTER COURT OWINGS MILLS, MD 21117-4200	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CONNELLY FOUNDATION 1 TOWER BRIDGE, SUITE 1450 WEST CONSHOHOCKEN, PA 19428-2873	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	DANELLE FOUNDATION PO BOX 375 MARLTON, NJ 08053-0375	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	ROBERT FISHMAN 317 LLANDRILLO ROAD BALA CYNWYD, PA 19004-2318	\$ 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	FOURJAY FOUNDATION 2300 COMPUTER AVENUE, BLDG G, SUITE ONE WILLOW GROVE, PA 19090-1753	\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	GENUARDI FAMILY FOUNDATION 470 NORRISTOWN ROAD, STE 300 BLUE BELL, PA 19422-2322	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	LINCOLN FINANCIAL FOUNDATION 150 N. RADNOR-CHESTER ROAD, SUITE A305 WAYNE, PA 10987	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MACQUARIE GROUP FOUNDATION NO. 1 MARTIN PLACE SYDNEY, AUSTRALIA	\$ 10,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	THE ROSAMARY FOUNDATION PO BOX 13218 NEW ORLEANS, PA 70185-3218	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	ETHEL SERGEANT CLARK SMITH MEMORIAL FUND C/O WACHOVIA BANK 620 BRANDYWINE PARKWAY - PA5042 WEST CHESTER, PA 19380-4278	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	WOMEN'S WAY 123 S. BROAD STREET, SUITE 1399 PHILADELPHIA, PA 19109	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CIGNA FOUNDATION 1601 CHESTNUT STREET PHILADELPHIA, PA 19192-2125	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	STOCKTON RUSH BARTOL FOUNDATION 230 S. BROAD STREET, STE 1003 PHILADELPHIA, PA 19102-4105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	MARK MUNDY P.O. BOX 1979 BOOTHWYN, PA 19061	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	BRUCE M. BROWN THE HBE FOUNDATION 709 GREAT SPRINGS ROAD BRYN MAWR, PA 19010-1703	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	KELLER FAMILY FOUNDATION PO BOX 13218 NEW ORLEANS, LA 70185-3218	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	TRISKELES FOUNDATION 707 EAGLEVIEW BOULEVARD, SUITE 105 EXTON, PA 19341	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	THE ALLEN HILLES FUND 16 E. LANCASTER AVENUE, SUITE 102 ARDMORE, PA 19003	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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31	ANN EVANS GUISE 4701 PINE ST. APT K4, BOX 82 PHILADELPHIA, PA 19143	\$ 6,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	COMPUTER STAFFING SERVICES, LLC 249 E. MAIN ST, SUITE 3 NEWARK, DE 19711	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	EAPE/KINGDOM WORKS, INC. PO BOX 7238 ST. DAVIDS, PA 19087	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	IRWIN ENTERTAINMENT, INC. C/O REBACK LEE & COMPANY, INC. 12400 WILSHIRE BLVD, ATE 1275 LOS ANGELES, CA 90025	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	MARY COOPER 251 W. DEKALB PIKE, APT E615 KING OF PRUSSIA, PA 19406	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	STEPHEN THOMAS JONES 662 RECTOR STREET PHILADELPHIA, PA 19128	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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37	THE COMMUNITY FOUNDATION 7501 BOULDERS VIEW DRIVE, STE 110 RICHMOND, VA 23225	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	BREAD AND ROSES COMMUNITY FUND 1500 WALNUT STREET, SUITE 1305 PHILADELPHIA, PA 19102	\$ 11,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	CROZER CHESTER MEDICAL CENTER ONE MEDICAL CENTER BLVD UPLAND, PA 19013	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	DANELLE MATLACK C/O NATIONAL PENN, PO BOX 547 BOYERTOWN, PA 19512	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	DAVID KIMMEL FOUNDATION ONE PENN PLAZA, SUITE 5335 NEW YORK, NY 10119	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	EASTERN PHILADELPHIA ORGANIZING PROJECT 2625 B STREET PHILADELPHIA, PA 19125	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

