



A Message from Resources for Human Development CEO Dyann Roth

This year NBA All-Star Rajon Rondo of the Chicago Bulls provided Thanksgiving dinner at RHD Woodstock Family Center to mothers and their children who are experiencing homelessness. Rajon helped serve dinner, stayed late, and spent time with every kid. The children at Woodstock presented him with a gift, a hand-drawn portrait of Rajon that they all signed:



But it's not always an NBA All-Star lending time and effort to support RHD programs. Every day, people from all walks of life discover a place and people they want to support at RHD. One example is Dr. LaToya Floyd, a child psychiatrist at the University of Pennsylvania. Dr. Floyd has spent much of her career working with children in need, and she's been in more than her share of shelters. But when she walked into RHD's Woodstock Family Center, Dr. Floyd knew she'd found something different and special.

"When I walked in, I thought: Is this a shelter?" Dr. Floyd said. "It's a beautiful space for community living, welcoming and friendly. I was so impressed with the work they do to create a typical upbringing for children — from a play room and an activity room, to a staff that shows such compassion for the people there.

"RHD has a wonderful corporate mission, and I so appreciate the work RHD does."

RHD will always lean on a simple formula of respect and dignity for each other as we work to reach more and more people seeking to live their lives to their fullest potential. RHD's strength lies in a values-driven organizational structure that encourages employees to be responsive to the people they serve – and each other.

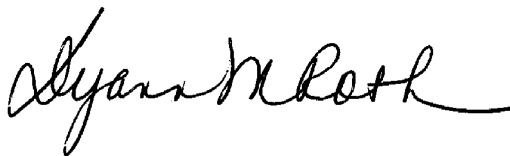
This year RHD experienced a great number of successes across the country, including:

- RHD expanded to its 15th state with the opening of a new program in South Dakota, which will provide case management services and supports to people with intellectual disabilities.
- RHD welcomed Pennsylvania Governor Tom Wolf to the RHD Montgomery County Recovery Center, as Gov. Wolf and the Department of Human Services officially named MCRC a “Center of Excellence.”
- RHD Rhode Island partnered with Hasbro, one of the world’s leading toymakers, for a toy-making workshop for RHD Rhode Island clients led by Hasbro designers, resulting in an art exhibit featuring toy-inspired work conceived by RHD artists and interpreted by Hasbro toy designers and artists.
- RHD ACT in Delaware developed a telepsychiatry program that is the first of its kind in the nation. Dr. Shelley Sellinger and Insight, one of the nation’s leading telepsychiatry providers, provide scheduled telepsychiatry services from her home office in New York. In-home sessions on an iPad work in conjunction with office visits where a telepsychiatrist is also a part of the care team. The results have been excellent; RHD Delaware ACT Director Laura Marvel and Dr. Sellinger presented the program in a peer-reviewed session at the American Telemedicine Association Annual Conference.
- RHD’s Cafe the Lodge, celebrated five years as a fixture in the Bethlehem, Pa., community that serves great coffee and awesome food and celebrates greatness in self and others. The Lodge was featured on PBS and in the Allentown Morning Call, and when Jon Bon Jovi was filming a music video in the area, the legendary rock star was a regular visitor to the Cafe.
- RHD’s Haldeman~Grant, a residential program for people with behavioral health challenges, was invited for a tour of the White House, thanks to support from the program’s local congressman. Staff and clients had a once-in-a-lifetime experience in our nation’s capital.
- Iconic actor and activist Richard Gere visited with RHD’s *One Step Away* at a VIP screening of Gere’s *Time Out Of Mind*. Gere is a longtime supporter of homeless causes and singled out Philadelphia’s street paper, founded by RHD in 2009, for praise.
- MSNBC reported on RHD’s work to have a Pennsylvania law that bars people with many types of criminal records from working in human services declared unconstitutional. The story focused on Tyrone Peake, a recovery specialist at RHD’s New Start, whose personal story became a focal point of the fight against the law.

For more than 40 years, we’ve been a faithful partner to scores of governmental entities striving to care for their constituents. Because RHD embraces the broadest possible service mission, RHD is uniquely positioned to respond to a wide range of individual and community challenges. More than ever, RHD continues to be provide creative solutions wherever the need exists.

No one does it alone. At RHD, you’re our partner. We work together.

And together, we’re better.



Dyann Roth
CEO, Resources for Human Development



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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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)

4700 WISSAHICKON AVENUE

Room/suite

126

City or town, state or province, country, and ZIP or foreign postal code

PHILADELPHIA, PA 19144-4248**F** Name and address of principal officer: **DYANN ROTH****SAME AS C ABOVE****D** Employer identification number**23-1727133****E** Telephone number**(215) 951-0300****G** Gross receipts \$ **256,167,932.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.RHD.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1970** **M** State of legal domicile: **PA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RHD'S MISSION IS TO EMPOWER PEOPLE AS THEY BUILD SELF-DETERMINATION.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 14		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 13		
Revenue	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) 7417		
	6	Total number of volunteers (estimate if necessary) 831		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 12,794.		
	7b	Net unrelated business taxable income from Form 990-T, line 34 0.		
Expenses	8 Contributions and grants (Part VIII, line 1h) 3,063,521.		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 252,826,096.		3,063,521.	2,054,063.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,146.		252,826,096.	253,970,748.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -39,977.		24,146.	61,404.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 255,873,786.		-39,977.	19,746.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.		255,873,786.	256,105,961.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 182,186,438.		0.	0.
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.		182,186,438.	183,402,908.
	b Total fundraising expenses (Part IX, column (D), line 25) 326,188.		0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 72,928,392.		326,188.	73,711,782.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 255,114,830.		72,928,392.	73,711,782.
19 Revenue less expenses. Subtract line 18 from line 12 758,956.		255,114,830.	257,114,690.	
20 Total assets (Part X, line 16) 70,233,108.		758,956.	-1,008,729.	
21 Total liabilities (Part X, line 26) 49,827,824.		Beginning of Current Year	End of Year	
22 Net assets or fund balances. Subtract line 21 from line 20 20,405,284.		70,233,108.	66,336,774.	
		49,827,824.	46,860,662.	
		20,405,284.	19,476,112.	

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

Signature of officer

Date

MARCO GIORDANO, CHIEF FINANCIAL OFFICER

Type or print name and title

Preparer Use Only

Print/Type preparer's name

DENISE MCKNIGHT

Preparer's signature

Date

05/11/17Check ☐ if self-employed

PTIN

P01063588Firm's name ▶ **FRIEDMAN LLP**Firm's EIN ▶ **13-1610809**Firm's address ▶ **2000 MARKET STREET, SUITE 500
PHILADELPHIA, PA 19103**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

Check if Schedule O contains a response or note to any line in this Part III

☒**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 SOCIETY AS THEY BUILD THE HIGHEST LEVEL OF INDEPENDENCE POSSIBLE. (CONT. ON 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations 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 \$ **109,532,049.** including grants of \$) (Revenue \$ **124,340,438.**)

RESIDENTIAL AND DAY SERVICES FOR INTELLECTUALLY/DEVELOPMENTALLY DISABLED - SEE PROGRAM SERVICE ACCOMPLISHMENTS DESCRIBED IN SCHEDULE O.

4b (Code:) (Expenses \$ **37,291,626.** including grants of \$) (Revenue \$ **42,446,757.**)

RESIDENTIAL AND SUPPORTIVE HOUSING SERVICES FOR PEOPLE WITH MENTAL ILLNESSES - SEE PROGRAM SERVICE ACCOMPLISHMENTS DESCRIBED IN SCHEDULE O.

4c (Code:) (Expenses \$ **55,266,742.** including grants of \$) (Revenue \$ **65,104,720.**)

PRIMARY CARE, BEHAVIORAL HEALTH, AND OTHER OUTPATIENT SERVICES - SEE PROGRAM SERVICE ACCOMPLISHMENTS DESCRIBED IN SCHEDULE O.

4d Other program services (Describe in Schedule O.)(Expenses \$ **22,850,111.** including grants of \$) (Revenue \$ **22,078,833.**)**4e** Total program service expenses **224,940,528.**Form **990** (2015)

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1273	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	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	7417	
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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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 line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		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).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 13		
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? 2		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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **AL, ME, ND, AK, MD, OH, AZ, MA, OR, AR, MI, PA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
MARCO GIORDANO - (215) 951-0300
4700 WISSAHICKON AVENUE, SUITE 126, PHILADELPHIA, PA 19144-4248

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY J. PAROTTO BOARD MEMBER	1.00	X						0.	0.	0.
(2) AVRENE BRANDT BOARD MEMBER	1.00	X						0.	0.	0.
(3) BARBARA SHOULSON-KOHN BOARD MEMBER	1.00	X						0.	0.	0.
(4) BERTRAM WOLFSON BOARD MEMBER	1.00	X						0.	0.	0.
(5) CARYN REICHLIN JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(6) DIANE MENIO BOARD MEMBER	1.00	X						0.	0.	0.
(7) JO ANN E. CONNELLY BOARD MEMBER	1.00	X						0.	0.	0.
(8) KEVIN DOUGLAS BOARD MEMBER	1.00	X						0.	0.	0.
(9) MARVIN WEISBORD (TO 06/16) BOARD MEMBER	1.00	X						0.	0.	0.
(10) MICHAEL DENOMME BOARD MEMBER/CHAIRMAN	1.00	X						31,469.	0.	0.
(11) PETER NEUSCHUL BOARD MEMBER	1.00	X						0.	0.	0.
(12) SAMANTHA JONES-THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(13) SHELDON STEINBERG, V.M.D. BOARD MEMBER	1.00	X						0.	0.	0.
(14) TANYA STEWART-CAESAR (TO 11/15) BOARD MEMBER	1.00	X						0.	0.	0.
(15) ALICIA M. SMITH CHIEF HUMAN RESOURCES OFFICER	37.50			X				78,322.	0.	7,484.
(16) BERNARD J. GLAVIN EXECUTIVE VICE PRESIDENT	40.00			X				108,642.	0.	9,389.
(17) DALE ANDERSON EXECUTIVE VICE PRESIDENT	40.00			X				88,932.	0.	17,945.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) DENNIS ROBERTS SR. VP STRATEGIC BUSINESS DEV.	37.50			X				131,778.	0.	9,489.
(19) DONNA L. TORRISI EXECUTIVE VICE PRESIDENT	40.00			X				142,471.	0.	9,645.
(20) DYANN ROTH CHIEF EXECUTIVE OFFICER/PRESIDENT	37.50			X				163,888.	0.	12,497.
(21) GERARD T. HALMAGYI (TO 07/15) CHIEF INFORMATION OFFICER	37.50			X				92,752.	0.	0.
(22) GRACEANN M. DEMPSTER EXECUTIVE VICE PRESIDENT	40.00			X				89,912.	0.	9,192.
(23) JAN TARANTINO EXECUTIVE VICE PRESIDENT	40.00			X				110,215.	0.	7,112.
(24) LINDA DONOVAN-MAGDAMO EXECUTIVE VICE PRESIDENT	40.00			X				71,246.	0.	16,506.
(25) MARCO GIORDANO CHIEF FINANCIAL OFFICER	37.50			X				141,342.	0.	20,557.
(26) MATTHEW B. RHODES GENERAL COUNSEL/SECRETARY	37.50			X				101,487.	0.	3,550.
1b Sub-total								1,352,456.	0.	123,366.
c Total from continuation sheets to Part VII, Section A								1,365,644.	0.	118,357.
d Total (add lines 1b and 1c)								2,718,100.	0.	241,723.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

	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	3	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	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INSIGHT TELEPSYCHIATRY LLC PO BOX 306, MARLTON, NJ 08053	DOCTOR/THERAPIST	480,356.
JOHN ANDREW BURKINS, 3695 CHRISTOPHER DAY RD, DOYLESTOWN, PA 18902	DOCTOR/THERAPIST	292,600.
KISHOKUMAR DEDANIA 4150 DOUGLAS DR, BETHLEHEM, PA 18020-9305	DOCTOR/THERAPIST	172,600.
HIMABINDU KONERU, 14 FOX HUNT CIR, PLYMOUTH MEETING, PA 19462-1428	DOCTOR/THERAPIST	168,825.
ANNEMARIE CASESA 935 N WHITE ST, NEW ORLEANS, LA 70119-4241	DOCTOR/THERAPIST	168,402.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **15**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) NOAL W. PRESLEY EXECUTIVE VICE PRESIDENT	40.00			X				89,399.	0.	3,593.
(28) RICHELLE GUNTER CHIEF CLINICAL QUALITY OFFICER	37.50			X				143,579.	0.	11,131.
(29) SANDRA R. COX-SCALES EXECUTIVE VICE PRESIDENT	40.00			X				85,524.	0.	469.
(30) SHARON KAUFFMAN SR. VP MARKETING FUND DEV.	37.50			X				121,506.	0.	21,531.
(31) STANLEY SHUBILLA ASSOC. DIRECTOR, BUSINESS MGMT	37.50			X				99,360.	0.	24,961.
(32) TODD SILVERSTEIN CHIEF OPERATING OFFICER/TREASURER	37.50			X				150,051.	0.	823.
(33) ALBERT B. MITCHELL DENTIST	40.00				X			131,922.	0.	9,856.
(34) DEANNA L. CERWIN DIRECTOR OF ACCOUNTING AND	37.50				X			122,635.	0.	6,232.
(35) DONALD A. HAZLETT PSYCHIATRIST	24.00				X			179,769.	0.	0.
(36) FRANK M. TORRISI NETWORK DENTAL DIRECTOR	32.00				X			128,996.	0.	30,025.
(37) KAREN B. ROSENZWEIG DENTIST	34.00				X			112,903.	0.	9,736.
Total to Part VII, Section A, line 1c								1,365,644.		118,357.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	327,112.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,726,951.				
	g Noncash contributions included in lines 1a-1f: \$		72,795.				
	h Total. Add lines 1a-1f			2,054,063.			
Program Service Revenue	Business Code						
	2 a FEES AND CONTRACTS FROM GOVERNMENT		900099	237,032,890.	237,032,890.		
	b PATIENT/CLIENT FEES		900099	13,203,296.	13,203,296.		
	c SALES AND OTHER FEES		900099	3,582,328.	3,582,328.		
	d RENTAL INCOME -SECTION 8, LOW INC		531110	152,234.	152,234.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			253,970,748.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			61,404.		12,794.	48,610.
	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 \$ 327,112. of contributions reported on line 1c). See Part IV, line 18	a	81,717.				
	b Less: direct expenses	b	61,971.				
	c Net income or (loss) from fundraising events			19,746.		19,746.	
	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					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue						
	11 a						
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				256,105,961.	253,970,748.	12,794.	68,356.

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,408,016.	204,074.	2,203,942.	
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	147,391,257.	130,891,192.	16,270,035.	230,030.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	21,624,102.	19,972,072.	1,628,741.	23,289.
10 Payroll taxes	11,979,533.	10,546,446.	1,411,382.	21,705.
11 Fees for services (non-employees):				
a Management				
b Legal	137,630.		137,630.	
c Accounting	225,000.		225,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	14,547,321.	13,764,678.	773,893.	8,750.
12 Advertising and promotion	130,654.	102,269.	28,385.	
13 Office expenses	6,038,571.	4,768,601.	1,259,818.	10,152.
14 Information technology	2,910,304.	1,038,945.	1,871,359.	
15 Royalties				
16 Occupancy	22,426,254.	20,993,107.	1,432,345.	802.
17 Travel	5,294,512.	4,441,385.	844,104.	9,023.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	483,888.	340,993.	142,895.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,626,735.	3,104,203.	2,522,532.	
23 Insurance	3,620,662.	3,395,239.	225,423.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD - RESIDENTIAL PROG	3,540,504.	3,540,504.		
b PROGRAM SUPPLIES	3,262,293.	3,241,546.		20,747.
c MISCELLANEOUS	2,019,216.	1,148,726.	870,490.	
d PHARMACEUTICALS	1,876,320.	1,876,320.		
e All other expenses	1,571,918.	1,570,228.		1,690.
25 Total functional expenses. Add lines 1 through 24e	257,114,690.	224,940,528.	31,847,974.	326,188.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,162,797.	1	1,114,166.
	2 Savings and temporary cash investments	3,900,747.	2	1,174,974.
	3 Pledges and grants receivable, net	37,324,427.	3	35,838,998.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	58,520.	8	36,957.
	9 Prepaid expenses and deferred charges	2,391,067.	9	2,585,523.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 57,472,325.		
	b Less: accumulated depreciation	10b 36,569,462.	23,036,292.	10c 20,902,863.
	11 Investments - publicly traded securities		11	3,545,103.
	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	1,359,258.	15	1,138,190.
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,233,108.	16	66,336,774.	
Liabilities	17 Accounts payable and accrued expenses	30,001,237.	17	30,148,576.
	18 Grants payable		18	
	19 Deferred revenue	3,976,548.	19	3,593,959.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,400,727.	21	1,174,974.
	22 Loans and other 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	12,114,885.	23	10,467,310.
	24 Unsecured notes and loans payable to unrelated third parties	647,308.	24	591,369.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,687,119.	25	884,474.
	26 Total liabilities. Add lines 17 through 25	49,827,824.	26	46,860,662.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,203,313.	27	16,517,087.
	28 Temporarily restricted net assets	3,201,971.	28	2,959,025.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	20,405,284.	33	19,476,112.
	34 Total liabilities and net assets/fund balances	70,233,108.	34	66,336,774.

Form 990 (2015)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	256,105,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	257,114,690.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,008,729.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,405,284.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	79,557.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,476,112.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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? 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	X	

Form 990 (2015)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice. see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2743310.	2920506.	2572062.	3063521.	2054063.	13353462.
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	2743310.	2920506.	2572062.	3063521.	2054063.	13353462.
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)						1764157.
6 Public support. Subtract line 5 from line 4.						11589305.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2743310.	2920506.	2572062.	3063521.	2054063.	13353462.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,467.	13,462.	20,747.	24,146.	61,404.	135,226.
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 VI.)						
11 Total support. Add lines 7 through 10						13488688.
12 Gross receipts from related activities, etc. (see instructions)					12	1,191,659,377.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	85.92	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	85.53	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. 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 - 2015. 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 VI 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 - 2014. 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 VI 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"/>

Schedule A (Form 990 or 990-EZ) 2015

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014.** 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 ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (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, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

RESOURCES FOR HUMAN DEVELOPMENT, INC.

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

RESOURCES FOR HUMAN DEVELOPMENT, INC.**23-1727133****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELLEN B SOLMS - FIERCE ADVOCACY 1520 SPRUCE STREET APR 1207 PHILADELPHIA, PA 19102-4509	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FIRST HOSPITAL FOUNDATION 230 S BROAD ST. STE 402 PHILADELPHIA, PA 19102	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GREEN TREE COMMUNITY HEALTH FOUNDATION 6 EAST WILLOW GROVE AVENUE PHILADELPHIA, PA 19118	\$ 48,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	INDEPENDENCE FOUNDATION 200 SOUTH BROAD STREET, SUITE 1101 PHILADELPHIA, PA 19102	\$ 270,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NANCY BLOOD 708 S AMERICAN ST. PHILADELPHIA, PA 19147	\$ 49,561.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	NANCY BLOOD 708 S AMERICAN ST. PHILADELPHIA, PA 19147	\$ 9,926.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NATIONAL COLLEGE ACCESS NETWORK 1001 CONNECTICUT AVE NW, STE 300 WASHINGTON, DC 20036	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE ENDA KYNETT MEMORIAL FOUNDATION, INC. 16E LANCASTER AVE, STE 102 ARDMORE, PA 19003	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE JOHN AND JEANNE PETERS FAMILY FUND P.O.BOX 15203 ALBANY, NY 12212	\$ 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE PHILADELPHIA FOUNDATION 1234 MARKET STREET, SUITE 1800 PHILADELPHIA, PA 19107	\$ 146,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	WW SMITH CHARITABLE TRUST 200 FOUR FALLS CORPORATE CENTER, SUITE 300 WEST CONSHOHOKEN, PA 19428	\$ 43,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RESOURCES FOR HUMAN DEVELOPMENT, INC.**23-1727133****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	COMCAST STOCK	\$ 49,561.	07/08/15
6	COMCAST STOCK	\$ 9,926.	12/18/15
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

RESOURCES FOR HUMAN DEVELOPMENT, INC.**23-1727133****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,

line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		11,778.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		10,690.
i Other activities?	X		13,258.
j Total. Add lines 1c through 1i			35,726.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:**INDIRECT COMMUNICATION**

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015**Open to Public Inspection**

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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" on 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 XIII and complete the following table:

	Amount
c Beginning balance	754,374.
d Additions during the year	103,519.
e Distributions during the year	53,900.
f Ending balance	803,993.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,798,226.		1,798,226.
b Buildings		16,159,371.	10,910,598.	5,248,773.
c Leasehold improvements		17,920,771.	12,973,068.	4,947,703.
d Equipment		7,144,982.	4,017,485.	3,127,497.
e Other		14,448,975.	8,668,311.	5,780,664.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,902,863.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONTRACT ADVANCES	268,527.
(3) DEFERRED CREDITS	33,000.
(4) DEFERRED RENT OBLIGATION	341,872.
(5) RETIREMENT LIABILITIES	161,898.
(6) OTHER	79,177.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	884,474.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	261,277,315.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	819,722.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,351,632.
e	Add lines 2a through 2d	2e	5,171,354.
3	Subtract line 2e from line 1	3	256,105,961.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	256,105,961.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	262,217,048.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	819,722.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,282,636.
e	Add lines 2a through 2d	2e	5,102,358.
3	Subtract line 2e from line 1	3	257,114,690.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	257,114,690.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B:

THE ORGANIZATION HAS ESTABLISHED THE SPECIAL NEEDS POOLED TRUST TO HOLD ASSETS ON BEHALF OF PARTICIPATING CLIENTS OF CERTAIN PROGRAMS. THE USE OF THIS FUND IS RESTRICTED FOR THE DIRECT BENEFIT OF THE INDIVIDUALS PARTICIPATING IN THE TRUST. THE ORGANIZATION HAS ESTABLISHED A BOARD OF TRUSTEES TO PROVIDE FIDUCIARY OVERSIGHT OF THE INVESTMENT TRUST.

PART IV, LINE 2B:

CUSTODIAL ACCOUNTS HAVE BEEN ESTABLISHED TO ACCOUNT FOR ASSETS RECEIVED BY THE ORGANIZATION ON BEHALF OF CLIENTS OF VARIOUS PROGRAMS, TYPICALLY RESIDENTIAL. THESE FUNDS ARE EXPENDED FOR THE DIRECT BENEFIT OF THE INDIVIDUAL CLIENTS. THIS LIABILITY IS NOT RELATED TO THE SNPT REPORTED IN

Part XIII Supplemental Information (continued)

PART IV, LINES 1B-1F.

PART X, LINE 2:

MANAGEMENT OF THE ORGANIZATION CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS FILED INCOME TAX RETURNS AND RECOGNIZES A LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT MANAGEMENT BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR UPON EXAMINATION BY TAX AUTHORITIES, INCLUDING CHANGES TO THE ORGANIZATION'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES RHD, SQ FOUNDATION AND NPHO MET THE REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS SUBJECT TO THE UNRELATED BUSINESS INCOME TAX THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS IN FILED INCOME TAX RETURNS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS RELATED TO MUREX INVESTMENTS AND MUREX, AS WELL AS ITS RELATED FOR-PROFIT ENTITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF CONSOLIDATED SUBSIDIARY	4,210,104.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	79,557.
FUNDRAISING EVENT COSTS	61,971.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,351,632.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF CONSOLIDATED SUBSIDIARY	4,220,665.
FUNDRAISING EVENT COSTS	61,971.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,282,636.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number
23-1727133

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total				
3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			

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

	(a) Event #1 WINE GALA (event type)	(b) Event #2 SPRING RECEPTION (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	135,098.	78,181.	195,550.	408,829.
2 Less: Contributions	103,388.	68,191.	155,533.	327,112.
3 Gross income (line 1 minus line 2)	31,710.	9,990.	40,017.	81,717.
Direct Expenses				
4 Cash prizes			15.	15.
5 Noncash prizes				
6 Rent/facility costs	1,337.	2,950.	2,330.	6,617.
7 Food and beverages	18,152.	5,908.	20,001.	44,061.
8 Entertainment		576.	3,273.	3,849.
9 Other direct expenses	4,713.	119.	2,597.	7,429.
10 Direct expense summary. Add lines 4 through 9 in column (d)				61,971.
11 Net income summary. Subtract line 10 from line 3, column (d)				19,746.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

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Open to Public
Inspection

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

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23-1727133

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A:**THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS:**

GERARD T HALMAGYI (CHIEF INFORMATION OFFICER) \$19,166

SCHEDULE J, PART I, LINE 4B:**THE FOLLOWING INDIVIDUAL RECEIVED PAYMENTS FROM A SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN (PLAN 457):**

MICHAEL DENOMME \$31,469

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KEN KAUFFMAN	SPOUSE OF SHARON KA	11,744.	INDEPENDENT		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KEN KAUFFMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF SHARON KAUFFMAN (SR. VP MARKETING FUND DEV.)

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

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Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

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Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		12,428.	RETAIL PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	59,487.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	880.	SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

LINE 9: RHD IS REPORTING THE NUMBER OF CONTRIBUTIONS.

LINE 19: RHD IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

RHD OPERATES 169 PROGRAMS IN 15 STATES SERVING MORE THAN 50,000
CHILDREN AND ADULTS EACH YEAR. OUR PROGRAMS SPECIALIZE IN HELPING
INDIVIDUALS AND FAMILIES WITH COMPLEX NEEDS INCLUDING MENTAL ILLNESSES,
DEVELOPMENTAL DISABILITIES, CHRONIC HOMELESSNESS, SUBSTANCE ABUSE,
POST-TRAUMATIC STRESS, ABUSE AND OTHER CONDITIONS. OUR SERVICES ARE
EXTREMELY DIVERSE INCLUDING HOUSING, HEALTH CARE, EDUCATION, COMMUNITY
DEVELOPMENT, JOB TRAINING, ADDICTION COUNSELING, AND OUTSIDER ART.
RHD'S MISSION IS TO PROVIDE CARING, EFFECTIVE, AND INNOVATIVE SERVICES
THAT EMPOWER PEOPLE OF ALL ABILITIES AS THEY WORK TO ACHIEVE THE
HIGHEST LEVEL OF INDEPENDENCE POSSIBLE AND BUILD BETTER LIVES FOR
THEMSELVES, THEIR FAMILIES AND THEIR COMMUNITIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

RHD EXPANDED TO ITS 15TH STATE WITH THE OPENING OF A NEW PROGRAM IN
SOUTH DAKOTA, WHICH WILL PROVIDE CASE MANAGEMENT SERVICES AND SUPPORT
TO PEOPLE WITH INTELLECTUAL DISABILITIES.

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

RHD OFFERS A VARIETY OF COMMUNITY-BASED RESIDENTIAL AND ART-BASED DAY
SERVICES TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES. RESIDENTIAL SERVICES ARE PROVIDED IN 13 STATES AND
ACROSS 59 PROGRAMS. RHD PROVIDES ARTS-BASED DAY PROGRAMS IN
MASSACHUSETTS, MISSOURI, NEBRASKA, PENNSYLVANIA, AND RHODE ISLAND.

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PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

-RHD RHODE ISLAND PARTNERED WITH HASBRO, ONE OF THE WORLD'S LEADING TOYMAKERS, FOR A TOY-MAKING WORKSHOP FOR RHD RHODE ISLAND CLIENTS LED BY HASBRO DESIGNERS. THE MONTHS-LONG COLLABORATION RESULTED IN AN ART EXHIBIT AND CONCERT FEATURING TOY-INSPIRED WORK CONCEIVED BY RHD ARTISTS AND INTERPRETED BY HASBRO TOY DESIGNERS AND ARTISTS.

-RICKEY, AN ARTIST AT RHD'S IMAGINE THAT! IN KANSAS CITY, IS ONE OF THE FEATURED ARTISTS IN THE 2016 ART IN THE LOOP PROJECT. THE 2016 ART IN THE LOOP PROJECT: CONNECT, A CURATED OUTDOOR EXHIBITION STAGED IN PARTNERSHIP WITH THE CITY OF KANSAS CITY, MISSOURI, FEATURES 25 TEMPORARY ARTWORKS AND PERFORMANCES IN LOCAL PARKS AND AT STOPS ALONG KC'S NEW STREETCAR ROUTE. IMAGINE THAT! IS AN INNOVATIVE AND CREATIVE ARTS STUDIO FOR ADULTS WITH DEVELOPMENTAL DISABILITIES LOCATED IN THE CROSSROADS ARTS DISTRICT THAT PROVIDES INDIVIDUALS WHO PARTICIPATE WITH THE TOOLS AND MATERIALS TO CREATE ART AND THE SUPPORTS TO DEFINE THEMSELVES AS ARTISTS. THE STUDIO'S CLIENTS ARE SUPPORTED BY A TEAM OF TRAINED ARTISTS THAT STRIVE TO INTEGRATE THE STUDIO INTO THE LARGER ART COMMUNITY LOCALLY, NATIONALLY, AND INTERNATIONALLY.

-RHD'S CENTER FOR CREATIVE WORKS ENGAGED IN EXTRAORDINARY MONTHS-LONG COLLABORATION WITH A GROUP OF STUDENTS AT HAVERFORD COLLEGE, RESULTING IN AN ART EXHIBIT TITLED: "SYMBIOSIS: ART, SCIENCE, & COMMUNITY." WORKING WITH HAVERFORD STUDENTS, RHD ARTISTS WITH INTELLECTUAL DISABILITIES FOUND THEMSELVES IN THE UNIQUE POSITION OF TEACHING COLLEGE STUDENTS WHAT COULD HAPPEN WHEN PEOPLE STEP OUT OF THEIR COMFORT ZONE, LEARN FROM EACH OTHER, AND EXPAND THEIR WORLDS IN NEW AND

Name of the organization

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INTERESTING WAYS.

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

PEOPLE WITH MENTAL ILLNESSES LEARN TO LIVE AS INDEPENDENTLY AS POSSIBLE WITHIN THEIR COMMUNITIES THROUGH RESOURCES FOR HUMAN DEVELOPMENT'S RESIDENTIAL SERVICES. FROM SIMPLE RESIDENTIAL GROUP LIVING, AND 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. RESIDENTIAL AND SUPPORTING HOUSING SERVICES ARE PROVIDED TO INDIVIDUALS IN 13 STATES ACROSS 93 PROGRAMS. PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

-RHD ACT IN DELAWARE DEVELOPED A TELEPSYCHIATRY PROGRAM THAT IS THE FIRST OF ITS KIND IN THE NATION. DR. SHELLEY SELLINGER AND INSIGHT, ONE OF THE NATION'S LEADING TELEPSYCHIATRY PROVIDERS, PROVIDE 32 HOURS OF SCHEDULED TELEPSYCHIATRY SERVICES PER WEEK TO RHD'S DOVER PROGRAM FROM HER HOME OFFICE IN NEW YORK. IN-HOME SESSIONS ON AN IPAD WORK IN CONJUNCTION WITH OFFICE VISITS WHERE A TELEPSYCHIATRIST IS ALSO A PART OF THE CARE TEAM. THE RESULTS HAVE BEEN EXCELLENT. RHD DELAWARE ACT DIRECTOR LAURA MARVEL AND DR. SELLINGER PRESENTED THE PROGRAM IN A PEER-REVIEWED SESSION AT THE AMERICAN TELEMEDICINE ASSOCIATION ANNUAL CONFERENCE.

-RHD'S CAFE THE LODGE CELEBRATED FIVE YEARS OF PROVIDING A MEETING PLACE IN BETHLEHEM, PA., THAT HAS BECOME A FIXTURE IN THE COMMUNITY AND

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A WELCOMING ENVIRONMENT THAT SERVES GREAT COFFEE AND AWESOME FOOD AND CELEBRATES GREATNESS IN SELF AND OTHERS. THE LODGE WAS FEATURED ON PBS AND IN THE ALLENTOWN MORNING CALL BOTH FOR EXTRAORDINARY SERVICE TO THE COMMUNITY AND FOR THE QUALITY OF ITS FOOD. IN FACT, WHEN JON BON JOVI WAS FILMING A MUSIC VIDEO IN THE AREA, THE LEGENDARY ROCK STAR WAS A REGULAR VISITOR TO THE CAFE.

-RHD'S UNITED PEERS, WHICH SUPPORTS PEOPLE IN RECOVERY FROM MENTAL HEALTH CHALLENGES IN A COMMUNITY INCLUSION PROGRAM STAFFED BY CERTIFIED PEER SPECIALISTS, WAS FEATURED IN THEIR OC87 RECOVERY DIARIES DOCUMENTARY SERIES AT WHYY. RECOVERY DIARIES FEATURES STORIES OF MENTAL HEALTH RECOVERY CREATED BY AND FOR PEOPLE WHO ARE STILL ON THEIR JOURNEYS. WHEN THEY WERE ACCEPTED INTO THE PROGRAM AT WHYY, SHEILA AND BRENDA LEARNED FILMMAKING AND EDITING SO THEY COULD TELL THEIR STORY THEMSELVES.

-RHD'S HALDEMAN-GRANT WAS INVITED FOR A TOUR OF THE WHITE HOUSE, THANKS TO SUPPORT FROM THE PROGRAM'S LOCAL CONGRESSMAN. STAFF AND CLIENTS HAD A ONCE-IN-A-LIFETIME EXPERIENCE IN OUR NATION'S CAPITAL. HALDEMAN-GRANT IS A RESIDENTIAL PROGRAM FOR PEOPLE WITH BEHAVIORAL HEALTH CHALLENGES THAT SUPPORTS INDEPENDENCE IN THE COMMUNITY WITH A FOCUS ON WELLNESS AND RECOVERY.

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

RHD PROVIDES A VARIETY OF BEHAVIORAL HEALTH, ADDICTION TREATMENT AND RECOVERY SERVICES, RANGING FROM INTENSIVE INPATIENT THERAPY, OUTPATIENT MENTAL HEALTH COUNSELING, ASSERTIVE COMMUNITY TREATMENT, AND INTENSIVE

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CASE MANAGEMENT, TO INPATIENT TREATMENT FOR PEOPLE DIAGNOSED WITH CO-OCCURRING MENTAL ILLNESSES AND ADDICTIONS. THE ADDICTION RECOVERY SERVICES ARE PROVIDED TO INDIVIDUALS IN 7 STATES ACROSS 48 PROGRAMS. RHD ALSO OPERATES A NATIONALLY RECOGNIZED NETWORK OF HEALTH CENTERS PROVIDING AFFORDABLE AND ACCESSIBLE PRIMARY HEALTH, BEHAVIORAL HEALTH, AND DENTAL CARE TO PEOPLE IN UNDERSERVED NEIGHBORHOODS IN PHILADELPHIA AND YORK PENNSYLVANIA. OUR HEALTH CENTERS PROVIDE SERVICES TO MORE THAN 23,000 PATIENTS IN FIVE LOCATIONS IN PENNSYLVANIA.

PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

-RHD WELCOMED PENNSYLVANIA GOVERNOR TOM WOLF TO THE RHD MONTGOMERY COUNTY RECOVERY CENTER, AS GOV. WOLF AND THE DEPARTMENT OF HUMAN SERVICES OFFICIALLY NAMED MCRC A "CENTER OF EXCELLENCE." BECOMING A CENTER OF EXCELLENCE AS PART OF PENNSYLVANIA'S EXPANSION OF ADDICTION RECOVERY TREATMENT WILL ALLOW MCRC TO OFFER MORE AND BETTER TREATMENT TO PENNSYLVANIANS WITH OPIOID-RELATED SUBSTANCE USE DISORDER. MCRC WAS ONE OF 20 CENTERS OF EXCELLENCE OPENED BY DHS THIS YEAR.

-FRANK TORRISI, DENTAL DIRECTOR OF RHD'S FAMILY PRACTICE & COUNSELING NETWORK, AND THE DENTAL TEAM AT THE STEPHEN & SANDRA SELLER 11TH STREET FAMILY HEALTH SERVICES, PART OF RHD'S FAMILY PRACTICE & COUNSELING NETWORK, RECEIVED THE 2016 DR. EDWARD B. SHILS ENTREPRENEURIAL FUND AWARD. THE 11TH ST DENTAL TEAM WAS RECOGNIZED AS OUTSTANDING INNOVATORS IN DENTISTRY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

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RESOURCES FOR HUMAN DEVELOPMENT'S COMPREHENSIVE SOCIAL SERVICES PROGRAMMING ALSO INCLUDES HOMELESSNESS, VETERAN, AND CHILDREN SERVICES. THESE SERVICES ARE PROVIDED FOR INDIVIDUALS IN 5 STATES ACROSS 53 PROGRAMS. PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

-ICONIC ACTOR AND ACTIVIST RICHARD GERE VISITED WITH RHD'S ONE STEP AWAY AT A VIP SCREENING OF GERE'S TIME OUT OF MIND. GERE IS A LONGTIME SUPPORTER OF HOMELESS CAUSES AND SINGLED OUT PHILADELPHIA'S STREET PAPER, FOUNDED BY RHD IN 2009, FOR PRAISE.

-MSNBC REPORTED ON RHD'S WORK TO HAVE A PENNSYLVANIA LAW THAT BARS PEOPLE WITH MANY TYPES OF CRIMINAL RECORDS FROM WORKING IN HUMAN SERVICES DECLARED UNCONSTITUTIONAL. THE STORY FOCUSED ON TYRONE PEAKE, A RECOVERY SPECIALIST AT RHD'S NEW START, WHOSE PERSONAL STORY BECAME A FOCAL POINT OF THE FIGHT AGAINST THE LAW.

-RHD TEAMED UP WITH GENEROCITY FOR BLUEPRINT: HOMELESSNESS AT THE PENNOVATION CENTER SEPTEMBER 14, BRINGING PROVIDERS, PARTNERS AND ADVOCATES TOGETHER TO SEEK SOLUTIONS TO HOMELESSNESS IN PHILADELPHIA. RHD PRESENTED ON A RANGE OF HOMELESS SERVICES IN PHILADELPHIA, WHAT THE PAIN POINTS ARE, AND WORKSHOP WITH ATTENDEES ON HOW TO USE THEIR RESOURCES TO PARTNER. THE FIRST IN GENEROCITY'S BLUEPRINT SERIES CENTERED AROUND HOMELESSNESS AND THE WAYS ADVOCATES IN THE COMMUNITY ARE CURRENTLY ADDRESSING THE PROBLEM.

-RHD'S SUSAN HUNT AND OWEN CAMUSO WERE HONORED AS EVIDENCE BASED PRACTICE CHAMPIONS BY THE PHILADELPHIA DEPARTMENT OF BEHAVIORAL HEALTH

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AND INTELLECTUAL DISABILITY SERVICES AT THE EPIC OPEN HOUSE.

-STEPHANIE PETRO-MCCLELLAN, VOCATIONAL ARTS & EDUCATION SUPERVISOR AT RHD'S CENTER FOR CREATIVE WORKS, WAS HONORED WITH THE KATHY SYKES "IT'S ALL ABOUT COMMUNITY" AWARD BY THE PHILADELPHIA DEPARTMENT OF BEHAVIORAL HEALTH AND DISABILITY SERVICES AT THE 16TH ANNUAL POINTS OF TRANSFORMATION AWARDS.

-ZACHARY COSTELLO, OUTREACH COORDINATOR AT RHD'S COORDINATED HOMELESS OUTREACH CENTER, WAS HONORED WITH A CHAMPION FOR CHANGE AWARD AT THE 2016 MONTGOMERY COUNTY YOUR WAY HOME SUMMIT.

-RHD'S HEALTHY NEWSWORKS RECEIVED THE 2016 ORGANIZATIONAL PUBLIC HEALTH RECOGNITION AWARD FROM COLLEGE OF PHYSICIANS OF PHILADELPHIA.

-GENNY O'DONNELL, DIRECTOR OF RHD'S COORDINATED HOMELESS OUTREACH CENTER WAS HONORED WITH THE DR. ROBERT H. MILLER AWARD AT THE 39TH MONTGOMERY COUNTY ANNUAL MENTAL HEALTH AWARDS RECEPTION: A CELEBRATION OF INTEGRATED HEALTH & WELLNESS.

-RHD'S ALTONYA SHEPPARD AND CHRISANNE SMITH WERE HONORED BY PHILADELPHIA COUNCILMAN KENYATTA JOHNSON AS TWO OF OUR CITY'S "WOMEN ON THE MOVE," MAKING A DIFFERENCE IN SERVICE OF OTHERS.

EXPENSES \$ 22,850,111. INCLUDING GRANTS OF \$ 0. REVENUE \$ 22,078,833.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF THE FORM 990 IS PROVIDED TO THE EXECUTIVE STAFF AND MANAGEMENT TEAM OF THE CORPORATION FOR THEIR REVIEW AND COMMENT. A COPY IS SENT TO

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

THE FULL BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING THE RETURN.

AFTER CONSIDERING ANY BOARD COMMENTS, A DESIGNATED OFFICER SIGNS AND FILES THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CORPORATION HAS A CONFLICT OF INTEREST POLICY WITHIN ITS CORPORATE COMPLIANCE PROGRAM AND POLICIES. ALL DIRECTORS OF THE BOARD AND ALL EMPLOYEES OF THE CORPORATION ARE COVERED UNDER THESE POLICIES.

THE GOVERNING BODY AND STAFF WILL CONDUCT BUSINESS TRANSACTIONS WITH THIRD PARTY ENTITIES AND INDIVIDUALS IN A MANNER THAT AVOIDS CONFLICTS OF INTEREST AND THE POTENTIAL FOR IMPROVING PERSONAL INTERESTS AND PERSONAL FINANCIAL INTERESTS. IN ADDITION, THE GOVERNING BODY AND STAFF WILL AVOID ACTUAL OR POTENTIAL OUTSIDE ACTIVITIES. ANY EMPLOYEE THAT HAS OR APPEARS TO HAVE A RELATIONSHIP THAT POSES AN ACTUAL OR POTENTIAL CONFLICT/S OF INTEREST/S MUST DISCLOSE THAT RELATIONSHIP TO THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CEO IS COMPARED TO SIMILAR ENTITIES UTILIZING THE FORM 990 ON GUIDESTAR.

AS STATED IN OUR ADMINISTRATIVE OPERATING POLICIES AND PROCEDURES, COMPENSATION FOR EXECUTIVE MANAGEMENT TEAM IS TO BE APPROVED BY THE BOARD OF DIRECTORS BEFORE ANY NEW HIRING COMMITMENT. COMPENSATION INCLUDES GROSS SALARY, CORPORATE BENEFITS, BONUSES AND ANY DEFERRED COMPENSATION DUE. THE EXECUTIVE MANAGEMENT TEAM MAY NOT RECEIVE COMPENSATION OR INCOME FROM ANY ENTITY WITH WHICH THE CORPORATION DOES BUSINESS WITHOUT BOARD APPROVAL.

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

EXECUTIVE STAFF COMPENSATION MUST NOT EXCEED THE CURRENT MAXIMUM MULTIPLE OF 14 TIMES THE COMPENSATION OF THE LOWEST PAID RHD EMPLOYEE. THIS CAP CAN BE ADJUSTED WITH CONCURRENCE OF THE MANAGEMENT TEAM, CORPORATE STAKEHOLDER GROUP AND THE FORMAL APPROVAL OF THE BOARD.

THE APPROVAL OF THE COMPENSATION OF THE EXECUTIVE MANAGEMENT TEAM IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, ME, ND, AK, MD, OH, AZ, MA, OR, AR, MI, PA, CA, MN, RI, CT, MS, SC, DC, MO, TN, GA, NH, UT, HI
IL, NJ, VA, KS, NM, WA, KY, NY, WV, LA, NC, WI, CO, OK, FL

FORM 990, PART VI, SECTION C, LINE 19:

THE CORPORATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 79,557.

EQUITY IN NET LOSS OF INVESTMENTS

TOTAL TO FORM 990, PART XI, LINE 9 79,557.

FORM 990, PART I, LINE 11, OTHER REVENUE:

RHD REPORTED NET LOSS FROM FUNDRAISING EVENTS IN THE AMOUNT OF \$39,977 ON PRIOR YEAR RETURN.

[illegible]

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE NON PROFIT HOUSING DEVELOPMENT OF NEW JERSEY - 22-3308298, 4700 WISSAHICKON AVE., SUITE 126, PHILADELPHIA, PA 19144	INACTIVE	NEW JERSEY	501(C)(3)	9	N/A		X
THE NON PROFIT HOUSING CORPORATION OF PA - 23-2769702, 4700 WISSAHICKON AVE., SUITE 126, PHILADELPHIA, PA 19144	PROVIDES RENTAL ASSISTANCE TO LOW INCOME PEOPLE	PENNSYLVANIA	501(C)(3)	9	N/A		X
SQ FOUNDATION - 20-8024260	GRANTS TO HEALTH RELATED ORGANIZATIONS	DELAWARE	501(C)(3)	PF	N/A		X
4700 WISSAHICKON AVE., SUITE 126 PHILADELPHIA, PA 19144							
CREATIVE COMMUNITY SOLUTIONS, INC. - 27-0931807, 4700 WISSAHICKON AVE., SUITE 126, PHILADELPHIA, PA 19144	INACTIVE	PENNSYLVANIA	501(C)(3)	9	N/A		X

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

Schedule R (Form 990) 2015

Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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?	(k) Percentage ownership
							Yes	No			
HIGH STREET MANOR ASSOCIATES - 23-2813937, 4700	RENTAL REAL ESTATE	PA	MUREX CORPORATION	RELATED	-11,866.	878,726.		X	N/A	X	100%
WISSAHICKON AVE, STE 126, PHILADELPHIA, PA 19144											
SQA PHARMACY, LLC -											
20-5162981, 4700 WISSAHICKON AVE, STE B-108, PHILADELPHIA, PA 19144	CLOSED DOOR PHARMACY	PA	MUREX CORPORATION	RELATED	77,408.	728,637.		X	N/A	X	100%
TRS, LP - 22-3518537											
TAUNTON RUN VILLAGE, 401 EAST TAUNTON AVENUE, WEST BERLIN, NJ 08091	RENTAL REAL ESTATE	NJ	MUREX CORPORATION	RELATED	-43,000.	4,121,525.		X	N/A	X	100%

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MUREX CORPORATION - 23-2285412	INVESTMENT IN								
4700 WISSAHICKON AVENUE, SUITE 126	MINORITY OWNED								
PHILADELPHIA, PA 19144-4248	BUSINESSES & LOW	PA	RHD	C CORP	-218,848.	495,553.	100%	X	
MUREX INVESTMENTS, INC. - 23-2988874	INVESTMENTS AND LOANS								
4700 WISSAHICKON AVENUE, SUITE 126	TO BUSINESSES WITH								
PHILADELPHIA, PA 19144-4248	ECONOMICAL CHALLENGES	PA	RHD	C CORP	-16,840.	791,763.	93.00%	X	
MUREX HIGH STREET, INC. - 23-2813936	GENERAL PARTNER IN								
4700 WISSAHICKON AVENUE, SUITE 126	RENTAL REAL ESTATE								
PHILADELPHIA, PA 19144-4248	PARTNERSHIP	PA	MUREX CORPORATION	C CORP	-2,019.	69,145.	100%	X	
MUREX TRS, INC. - 22-3518534	GENERAL PARTNER IN								
4700 WISSAHICKON AVENUE, SUITE 126	RENTAL REAL ESTATE								
PHILADELPHIA, PA 19144-4248	PARTNERSHIP	PA	MUREX CORPORATION	C CORP	-2,060.	165,238.	100%	X	
RHD INC. SPECIAL NEEDS POOLED TRUST -									
32-6101037, 4700 WISSAHICKON AVENUE, SUITE									
126, PHILADELPHIA, PA 19144-4248	TRUST	PA	N/A	TRUST	0.	0.	0.00%		X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)	1a	X
c Gift, grant, or capital contribution from related organization(s)	1b	X
d Loans or loan guarantees to or for related organization(s)	1c	X
e Loans or loan guarantees by related organization(s)	1d	X
f Dividends from related organization(s)	1e	X
g Sale of assets to related organization(s)	1f	X
h Purchase of assets from related organization(s)	1g	X
i Exchange of assets with related organization(s)	1h	X
j Lease of facilities, equipment, or other assets to related organization(s)	1i	X
	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MUREX CORPORATION	D	67,211.	ACCOUNTING RECORDS
(2) NON PROFIT HOUSING CORP OF PA	Q	50,034.	ACCOUNTING RECORDS
(3) SQA PHARMACY	A	12,794.	ACCOUNTING RECORDS
(4) SQA PHARMACY	D	120,000.	ACCOUNTING RECORDS
(5) SQA PHARMACY	R	156,055.	ACCOUNTING RECORDS
(6) SQA PHARMACY	Q	104,416.	ACCOUNTING RECORDS

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

MUREX CORPORATION

PRIMARY ACTIVITY: INVESTMENT IN MINORITY OWNED BUSINESSES & LOW INCOME
HOUSING

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

CREATIVE COMMUNITY SOLUTIONS, INC. WAS DISSOLVED ON 02/05/16.

EXTENDED TO MAY 15, 2017

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2015Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceFor calendar year 2015 or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type RESOURCES FOR HUMAN DEVELOPMENT, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 4700 WISSAHICKON AVENUE, NO. 126 City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19144-4248	23-1727133 E Unrelated business activity codes (See instructions.) 900003
C Book value of all assets at end of year 66,336,774.	F Group exemption number (See instructions.)	
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ **INTEREST FROM A CONTROLLED ORGANIZATION.****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ **MARCO GIORDANO** Telephone number ▶ **(215) 951-0300**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8 12,794.	12,794.	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 12,794.	12,794.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a**b** Other credits (see instructions) 40b**c** General business credit. Attach Form 3800 40c**d** Credit for prior year minimum tax (attach Form 8801 or 8827) 40d**e Total credits.** Add lines 40a through 40d 40e**41** Subtract line 40e from line 39 41 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42**43 Total tax.** Add lines 41 and 42 43 0.**44a** Payments: A 2014 overpayment credited to 2015 44a**b** 2015 estimated tax payments 44b**c** Tax deposited with Form 8868 44c**d** Foreign organizations: Tax paid or withheld at source (see instructions) 44d**e** Backup withholding (see instructions) 44e**f** Credit for small employer health insurance premiums (Attach Form 8941) 44f**g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 44g**45 Total payments.** Add lines 44a through 44g 45**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.**49** Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded 49**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial

Yes No

Accounts. If YES, enter the name of the foreign country here X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation N/A**1** Inventory at beginning of year 1**2** Purchases 2**3** Cost of labor 3**4a** Additional section 263A costs (att. schedule) 4a**b** Other costs (attach schedule) 4b**5 Total.** Add lines 1 through 4b 5**6** Inventory at end of year 6**7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 7**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

CHIEF FINANCIAL**OFFICER**

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DENISE MCKNIGHT

05/11/17

P01063588

Firm's name FRIEDMAN LLP

Firm's EIN 13-1610809

2000 MARKET STREET, SUITE 500
Firm's address PHILADELPHIA, PA 19103

Phone no. 215-496-9200

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1.** Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) SQA PHARMACY, LLC	20-5162981				
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1) 77,408.		12,794.	12,794.	12,794.
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			12,794.	12,794.
Totals			12,794.	12,794.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 28.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 1
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		12,794.	
- SUBTOTAL -	1		12,794.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			12,794.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

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

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

Part I only ☒

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number (EIN) or 23-1727133
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4700 WISSAHICKON AVENUE, NO. 126	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19144-4248	

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

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

MARCO GIORDANO - 4700 WISSAHICKON AVENUE, SUITE 126 -

- The books are in the care of ► **PHILADELPHIA, PA 19144-4248**
Telephone No. ► **(215) 951-0300** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year or
- ☒ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

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

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

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