

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

RESOURCES FOR HUMAN DEVELOPMENT, INC.

23-1727133

Name and title of officer

MARCO GIORDANO
CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>274,023,560.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize FRIEDMAN LLP to enter my PIN 11667
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Marco Giordano* Date ▶ 5/13/2021
8E742E6678A94E7...

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24373311910

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DENISE MCKNIGHT Date ▶ 05/11/21

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 4700 WISSAHICKON AVENUE 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: MARCO GIORDANO SAME AS C ABOVE	D Employer identification number 23-1727133 E Telephone number (215) 951-0300 G Gross receipts \$ 274,568,106. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.RHD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1970
		M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: 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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6538
	6	Total number of volunteers (estimate if necessary)	6	1014
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,864,224.
9		Program service revenue (Part VIII, line 2g)	267,073,384.	271,565,229.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	441,037.	194,840.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-145,677.	-13,030.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,232,968.	274,023,560.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	186,126,472.	188,928,338.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 537,619.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	80,843,080.	85,464,948.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	266,969,552.	274,393,286.
	19	Revenue less expenses. Subtract line 18 from line 12	3,263,416.	-369,726.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 69,917,270.	End of Year 79,164,574.
	21	Total liabilities (Part X, line 26)	47,027,223.	56,695,272.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,890,047.	22,469,302.

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 MARCO GIORDANO, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DENISE MCKNIGHT	Preparer's signature DENISE MCKNIGHT
	Date 05/11/21	Check if self-employed <input type="checkbox"/> PTIN P01063588
	Firm'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 [X]

1 Briefly describe the organization's mission: RHD IS A NATIONAL COMPREHENSIVE SOCIAL SERVICES ORGANIZATION HEADQUARTERED IN PHILADELPHIA. OUR MISSION IS TO PROVIDE CARING, EFFECTIVE, AND INNOVATIVE SERVICES THAT EMPOWER PEOPLE OF ALL ABILITIES AS THEY WORK TO ACHIEVE THE HIGHEST LEVEL (CONT. ON SCH. 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 [X] 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 [X] 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 \$ 107,154,446. including grants of \$) (Revenue \$ 121,503,158.) RESIDENTIAL, DAY, EMPLOYMENT AND COMMUNITY-BASED SERVICES FOR INTELLECTUALLY/DEVELOPMENTALLY DISABLED - SEE PROGRAM SERVICE ACCOMPLISHMENTS DESCRIBED IN SCHEDULE O.

4b (Code:) (Expenses \$ 42,794,876. including grants of \$) (Revenue \$ 49,512,241.) RESIDENTIAL AND SUPPORTIVE HOUSING SERVICES FOR PEOPLE WITH MENTAL ILLNESSES - SEE PROGRAM SERVICE ACCOMPLISHMENTS DESCRIBED IN SCHEDULE O.

4c (Code:) (Expenses \$ 78,388,869. including grants of \$) (Revenue \$ 86,042,085.) PRIMARY CARE, BEHAVIORAL HEALTH, AND OTHER OUTPATIENT SERVICES - SEE PROGRAM SERVICE ACCOMPLISHMENTS DESCRIBED IN SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 12,394,799. including grants of \$) (Revenue \$ 14,507,745.)

4e Total program service expenses 240,732,990.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		6538
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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (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? (X); 16b 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?

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 (1024 or 1024-A, 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. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 Contractors

Check 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. See instructions for the order in which to list the persons above.

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 (TO 11/20) BOARD MEMBER	1.00	X					0.	0.	0.	
(2) DIANE SYDNEY RIVERS BOARD MEMBER	1.00	X					0.	0.	0.	
(3) MARVIN F. LEVINE BOARD MEMBER	1.00	X					0.	0.	0.	
(4) TRACEY EARLAND BOARD MEMBER	1.00	X					0.	0.	0.	
(5) PETER NEUSCHUL BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ANTHONY BALLARD BOARD MEMBER	1.00	X					0.	0.	0.	
(7) TERRY SOULE, M.S. BOARD MEMBER	1.00	X					0.	0.	0.	
(8) SHELDON STEINBERG, V.M.D. BOARD MEMBER	1.00	X					0.	0.	0.	
(9) BERTRAM WOLFSON (TO 11/20) BOARD MEMBER	1.00	X					0.	0.	0.	
(10) CARYN REICHLIN JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JO ANN E. CONNELLY BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MICHAEL DENOMME BOARD MEMBER	1.00	X					0.	0.	0.	
(13) DEWETTA LOGAN BOARD MEMBER	1.00	X					0.	0.	0.	
(14) DIANE MENIO BOARD CHAIRPERSON	1.00	X					0.	0.	0.	
(15) MARCO GIORDANO CHIEF EXECUTIVE OFFICER	37.50			X			169,718.	0.	19,662.	
(16) DEANNA L. CERWIN CHIEF FINANCIAL OFFICER	37.50			X			153,136.	0.	6,381.	
(17) ALICIA M. SMITH CHIEF HUMAN RESOURCES OFFICER	37.50			X			129,991.	0.	7,525.	

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) LINDA DONOVAN-MAGDAMO CHIEF PROGRAM OFFICER	37.50			X				122,572.	0.	18,019.
(19) DENNIS ROBERTS (TO 03/20) CHIEF PROGRAM OFFICER	37.50			X				141,860.	0.	6,217.
(20) EMILY K. NICHOLS EXECUTIVE DIRECTOR	40.00			X				129,183.	0.	14,747.
(21) EDWARD D. COLEMAN (TO 03/20) EXECUTIVE VICE PRESIDENT	40.00			X				97,711.	0.	5,321.
(22) BERNARD J. GLAVIN EXECUTIVE VICE PRESIDENT	40.00			X				117,182.	0.	11,716.
(23) SANDRA R. COX-SCALES EXECUTIVE VICE PRESIDENT	40.00			X				122,549.	0.	59.
(24) BRANDON V. YORK CHIEF PROGRAM OFFICER	37.50			X				124,867.	0.	0.
(25) EDWIN Z. HARTAI (TO 12/20) VP OF REVENUE CYCLE MANAGEMENT	37.50			X				44,824.	0.	2,519.
(26) SHARON KAUFFMAN (TO 12/19) SR. VP COMMUNICATION/FUND DEV.	37.50			X				130,283.	0.	8,843.
1b Subtotal								1,483,876.	0.	101,009.
c Total from continuation sheets to Part VII, Section A								1,713,183.	0.	36,539.
d Total (add lines 1b and 1c)								3,197,059.	0.	137,548.

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 **45**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
SWEDE CONSTRUCTION CORP 890 SIMPSON HOWELL RD, ELIZABETH, PA 15037	CONSTRUCTION	1,324,265.
EVIZZITT PO BOX 734814, DALLAS, TX 75373	DOCTOR/THERAPIST	434,125.
DEEPBLUE WELLNESS LLC 4729 BARONNE STREET, NEW ORLEANS, LA 70115	DOCTOR/THERAPIST	366,500.
ATLAS RELIEF STAFFING 314 EAST MAIN ST, NORTON, MA 02766	STAFFING	334,206.
JDB SERVICE GROUP INC 442 N. EASTON ROAD, GLENSIDE, PA 19038	MAINTENANCE/RENOVATION	269,186.

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 **18**

SEE PART VII, SECTION A CONTINUATION SHEETS

(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) STEPHANIE M. POMPEY CHIEF LEGAL OFFICER	37.50			X				145,274.	0.	0.
(28) MAJKEN MECHLING (TO 10/19) VP OF BUSINESS DEVELOPMENT	37.50			X				182,928.	0.	15,200.
(29) TARA M. DRENNEN CHIEF INFORMATION OFFICER	37.50			X				123,352.	0.	173.
(30) BARONESS MARTIN VP OF DIVERSITY/CULTURE/INCLUSION	37.50			X				85,993.	0.	6,605.
(31) KARIN ANNERHED-HARRIS (FROM 04/ VP OF BUSINESS DEVELOPMENT	37.50			X				0.	0.	0.
(32) ALBERT B. MITCHELL DENTIST	40.00					X		147,977.	0.	11,610.
(33) DONALD A. HAZLETT PSYCHIATRIST	24.00					X		174,897.	0.	0.
(34) PAUL J. GITLIN PSYCHIATRIST	32.00					X		254,413.	0.	0.
(35) JANET B. BRADLEY PSYCHIATRIST	24.00					X		258,486.	0.	0.
(36) PATRICIA H. FIGGS (TO 03/20) PSYCHIATRIST	32.00					X		221,513.	0.	0.
(37) DONNA L. TORRISI (TO 6/19) EXECUTIVE VICE PRESIDENT (FORMER)	40.00						X	118,350.	0.	2,951.
Total to Part VII, Section A, line 1c								1,713,183.		36,539.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	294,615.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,981,906.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 53,442.				
	h Total. Add lines 1a-1f			2,276,521.			
Program Service Revenue	2 a PATIENT/CLIENT FEES	Business Code	900099	187,661,882.	187,661,882.		
	b FEES AND CONTRACTS FROM GOVERNMENT		900099	82,430,670.	82,430,670.		
	c SALES AND OTHER FEES		900099	1,464,711.	1,464,711.		
	d RENTAL INCOME -SECTION 8, LOW INC		531110	7,966.	7,966.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			271,565,229.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			174,497.		174,497.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	497,679.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	477,336.				
	c Gain or (loss)	7c	20,343.				
d Net gain or (loss)			20,343.		20,343.		
8 a Gross income from fundraising events (not including \$ 294,615. of contributions reported on line 1c). See Part IV, line 18	8a		54,180.				
		b Less: direct expenses	8b	67,210.			
		c Net income or (loss) from fundraising events			-13,030.		-13,030.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			274,023,560.	271,565,229.	0.	181,810.	

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	2,391,974.	184,015.	2,207,959.	
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	151,212,134.	134,268,671.	16,561,157.	382,306.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	21,793,442.	19,874,579.	1,884,315.	34,548.
10 Payroll taxes	13,530,788.	11,991,781.	1,506,541.	32,466.
11 Fees for services (nonemployees):				
a Management				
b Legal	293,343.		293,343.	
c Accounting				
d Lobbying	27,020.		27,020.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,414.		19,414.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	23,841,405.	22,995,413.	832,960.	13,032.
12 Advertising and promotion	56,377.	36,501.	19,876.	
13 Office expenses	5,412,847.	4,653,693.	738,188.	20,966.
14 Information technology	5,541,576.	1,596,297.	3,945,279.	
15 Royalties				
16 Occupancy	21,886,421.	20,229,224.	1,656,846.	351.
17 Travel	5,622,508.	5,175,663.	439,220.	7,625.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	523,995.	440,644.	82,631.	720.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,773,434.	2,034,773.	1,738,661.	
23 Insurance	4,015,040.	3,801,067.	213,973.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICALS	3,822,818.	3,822,818.		
b FOOD - RESIDENTIAL PROG	3,274,087.	3,274,087.		
c PROGRAM SUPPLIES	3,080,821.	3,038,429.		42,392.
d MISCELLANEOUS	2,661,542.	2,012,148.	649,394.	
e All other expenses	1,612,300.	1,303,187.	305,900.	3,213.
25 Total functional expenses. Add lines 1 through 24e	274,393,286.	240,732,990.	33,122,677.	537,619.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check 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	9,940,931.	1	21,310,291.
	2 Savings and temporary cash investments	974,139.	2	1,240,968.
	3 Pledges and grants receivable, net	35,725,278.	3	32,525,038.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,573,757.	9	3,187,830.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,443,419.		
	b Less: accumulated depreciation	10b 42,917,433.	10c	13,525,986.
	11 Investments - publicly traded securities	6,649,835.	11	6,985,009.
	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	362,126.	15	389,452.
16 Total assets. Add lines 1 through 15 (must equal line 33)	69,917,270.	16	79,164,574.	
Liabilities	17 Accounts payable and accrued expenses	29,799,737.	17	35,357,616.
	18 Grants payable		18	
	19 Deferred revenue	7,574,858.	19	11,885,207.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	974,139.	21	1,240,968.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,962,683.	23	4,368,027.
	24 Unsecured notes and loans payable to unrelated third parties	40,887.	24	0.
	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	2,674,919.	25	3,843,454.
	26 Total liabilities. Add lines 17 through 25	47,027,223.	26	56,695,272.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,097,939.	27	20,719,928.
	28 Net assets with donor restrictions	2,792,108.	28	1,749,374.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,890,047.	32	22,469,302.
	33 Total liabilities and net assets/fund balances	69,917,270.	33	79,164,574.

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	274,023,560.
2	Total expenses (must equal Part IX, column (A), line 25)	2	274,393,286.
3	Revenue less expenses. Subtract line 2 from line 1	3	-369,726.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,890,047.
5	Net unrealized gains (losses) on investments	5	-51,019.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,469,302.

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? _____ 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		X
2b	Were the organization's financial statements audited by an independent accountant? _____ 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	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2054063.	2609940.	2833375.	2864224.	2276521.	12638123.
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	2054063.	2609940.	2833375.	2864224.	2276521.	12638123.
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)						468,464.
6 Public support. Subtract line 5 from line 4.						12169659.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2054063.	2609940.	2833375.	2864224.	2276521.	12638123.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61,404.	411,744.	289,127.	375,691.	174,497.	1312463.
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						13950586.
12 Gross receipts from related activities, etc. (see instructions)					12	1,302,441,164.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	87.23 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	88.75 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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"/>

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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		(A) Prior Year	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).		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Horizontal lines for supplemental information.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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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	<u>INDEPENDENCE BLUE CROSS FOUNDATION</u> <u>1901 MARKET STREET, 37TH FLOOR</u> <u>PHILADELPHIA, PA 19103</u>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>THE PHILADELPHIA FOUNDATION</u> <u>1835 MARKET STREET, SUITE 2410</u> <u>PHILADELPHIA, PA 19103</u>	\$ <u>306,599.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>THE TIDES FOUNDATION</u> <u>1012 TORNEY AVENUE</u> <u>SAN FRANCISCO, CA 94129</u>	\$ <u>60,000.</u>	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.)
_____	_____ _____ _____	\$ _____	Person <input 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 RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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) 2019**

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 (grassroots 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

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)).

	(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		20,409.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		6,611.
j Total. Add lines 1c through 1i			27,020.
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 campaign activity 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 - \$6,611

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 Term 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		1,789,369.		1,789,369.
b Buildings		18,778,383.	11,624,039.	7,154,344.
c Leasehold improvements		18,778,041.	15,988,361.	2,789,680.
d Equipment		8,539,275.	7,583,658.	955,617.
e Other		8,558,351.	7,721,375.	836,976.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,525,986.

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	2,253,775.
(3) DEFERRED RENT OBLIGATION	791,912.
(4) RETIREMENT LIABILITIES	797,767.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,843,454.

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 FASB 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	275,971,103.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-51,019.	
b	Donated services and use of facilities	2b	897,074.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,101,488.	
e	Add lines 2a through 2d	2e	1,947,543.	
3	Subtract line 2e from line 1	3	274,023,560.	
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	274,023,560.	

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	276,304,016.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	897,074.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,013,656.	
e	Add lines 2a through 2d	2e	1,910,730.	
3	Subtract line 2e from line 1	3	274,393,286.	
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	274,393,286.	

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 2B:

THE ORGANIZATION IS THE REPRESENTATIVE PAYEE FOR THE CONSUMERS. ACCOUNTS HAVE BEEN ESTABLISHED TO ACCOUNT FOR ASSETS RECEIVED BY THE ORGANIZATION ON BEHALF OF CONSUMERS OF VARIOUS PROGRAMS, TYPICALLY RESIDENTIAL. THESE FUNDS ARE EXPENDED FOR THE DIRECT BENEFIT OF THE INDIVIDUAL CONSUMERS.

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

Part XIII Supplemental Information (continued)

NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES RHD 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	1,034,278.
FUNDRAISING EVENT COSTS	67,210.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,101,488.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF CONSOLIDATED SUBSIDIARY	946,446.
FUNDRAISING EVENT COSTS	67,210.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,013,656.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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 10 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				▶		

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WINE GALA (event type)	SPRING RECEPTION GA (event type)	3 (total number)		
Revenue	1	Gross receipts	176,765.	63,327.	108,703.	348,795.
	2	Less: Contributions	145,805.	63,327.	85,483.	294,615.
	3	Gross income (line 1 minus line 2)	30,960.		23,220.	54,180.
Direct Expenses	4	Cash prizes		317.	55.	372.
	5	Noncash prizes				
	6	Rent/facility costs		2,977.		2,977.
	7	Food and beverages	24,826.		21,182.	46,008.
	8	Entertainment		206.	1,959.	2,165.
	9	Other direct expenses	11,566.		4,122.	15,688.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-13,030.

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				
	2	Cash prizes				
Direct Expenses	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.

**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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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 on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARCO GIORDANO CHIEF EXECUTIVE OFFICER	(i)	169,718.	0.	0.	0.	19,662.	189,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEANNA L. CERWIN CHIEF FINANCIAL OFFICER	(i)	153,136.	0.	0.	0.	6,381.	159,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAJKEN MECHLING (TO 10/19) VP OF BUSINESS DEVELOPMENT	(i)	182,928.	0.	0.	0.	15,200.	198,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALBERT B. MITCHELL DENTIST	(i)	147,977.	0.	0.	0.	11,610.	159,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONALD A. HAZLETT PSYCHIATRIST	(i)	174,897.	0.	0.	0.	0.	174,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL J. GITLIN PSYCHIATRIST	(i)	254,413.	0.	0.	0.	0.	254,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JANET B. BRADLEY PSYCHIATRIST	(i)	258,486.	0.	0.	0.	0.	258,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PATRICIA H. FIGGS (TO 03/20) PSYCHIATRIST	(i)	221,513.	0.	0.	0.	0.	221,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DONNA L. TORRISI (TO 6/19) EXECUTIVE VICE PRESIDENT (FORMER)	(i)	118,350.	0.	0.	0.	2,951.	121,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING FY19-20 :

MAJKEN MECHLING - \$65,000

EDWARD D. COLEMAN - \$19,667

SCHEDULE J, PART I, LINE 4B:

THE FOLLOWING INDIVIDUAL(S) RECEIVED PAYMENTS FROM A SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN (PLAN 457) DURING FY19-20 :

DONNA L. TORRISI - \$24,544

SHARON KAUFFMAN - \$43,339

DENNIS ROBERTS - \$23,016

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 section 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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-5 are empty.

- 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.

Table with 10 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10 are empty.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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. Rows 1-10 are empty.

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
KENNETH KAUFFMAN	SPOUSE OF SHARON KA	3,968.	INDEPENDENT		X
MARGARET S. GLAVIN	SPOUSE OF BERNARD G	74,479.	EMPLOYMENT		X
BENJAMIN L. PALMER	CHILD OF DONNA TORR	45,415.	EMPLOYMENT		X
MARCO K. MAGDAMO	SPOUSE OF LINDA DON	80,066.	EMPLOYMENT		X
RACHEL D. KAUFFMAN	CHILD OF SHARON KAU	74,982.	EMPLOYMENT		X
GREGORY K. MARTIN	SPOUSE OF BARONESS	101,855.	EMPLOYMENT		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: KENNETH KAUFFMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF SHARON KAUFFMAN (SR. VP COMMUNICATION AND FUND DEV.)

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR PROVIDING

PHOTOGRAPHY SERVICES

(A) NAME OF PERSON: MARGARET S. GLAVIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF BERNARD GLAVIN (EXECUTIVE VICE PRESIDENT)

(A) NAME OF PERSON: BENJAMIN L. PALMER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF DONNA TORRISI (EXECUTIVE VICE PRESIDENT)

(A) NAME OF PERSON: MARCO K. MAGDAMO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF LINDA DONOVAN-MAGDAMO (CHIEF PROGRAM OFFICER)

(A) NAME OF PERSON: RACHEL D. KAUFFMAN

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF SHARON KAUFFMAN (SR. VP COMMUNICATION AND FUND DEV.)

(A) NAME OF PERSON: GREGORY K. MARTIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF BARONESS MARTIN (VP OF DIVERSITY/CULTURE/INCLUSION)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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		30,530.	RETAIL PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	19,012.	SEE SUPP. INFO
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	52	3,900.	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 isn't 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 nonstandard 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 didn't 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) 2019

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 M, PART 1, COLUMN (D):

LINE 9: MV DATE RECEIVED 07/03/19, 07/10/19, 09/27/19, 12/10/19

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

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

OF INDEPENDENCE POSSIBLE AND BUILD BETTER LIVES FOR THEMSELVES, THEIR
FAMILIES, AND THEIR COMMUNITIES.

RHD OPERATES APPROXIMATELY 160 PROGRAMS IN 13 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 HOMELESS, SUBSTANCE USE,
POST-TRAUMATIC STRESS, ABUSE AND OTHER CONDITIONS. OUR SERVICES ARE
EXTREMELY DIVERSE INCLUDING HOUSING, HEALTH CARE, EDUCATION, COMMUNITY
DEVELOPMENT, JOB TRAINING, CAREER COUNSELING, SOCIAL SERVICES,
ADDICTION COUNSELING, OUTSIDER ART, AND RETURNING CITIZENS.

FORM 990, PART III, LINE 1

IN 2020, RHD CELEBRATED 50 YEARS OF DELIVERING QUALITY SERVICES IN A
VALUES-DRIVEN ENVIRONMENT BUILT AROUND RESPECT FOR THE DIGNITY AND
WORTH OF THE PEOPLE WE SUPPORT AND EACH OTHER. RHD WAS FOUNDED IN 1970
AS AN ORGANIZATION THAT WOULD BE AN AGENT FOR SOCIAL CHANGE AND GUIDED
BY ITS VALUES. FROM ONE PROGRAM, TWO EMPLOYEES AND A BUDGET OF \$50,000,
RHD HAS GROWN INTO A NATIONAL HUMAN SERVICES ORGANIZATION THAT PROVIDES
CARE, RESOURCES AND COMPASSIONATE SERVICES TO COUNTLESS INDIVIDUALS
EACH YEAR, IN PERSON-CENTERED, TRAUMA-INFORMED PROGRAMS ACROSS THE
COUNTRY. RHD'S CLIENTS ACHIEVE THE HIGHEST LEVEL OF INDEPENDENCE
POSSIBLE AND BUILD THEIR MOST SUCCESSFUL LIVES.

SINCE OUR INCEPTION MORE THAN 50 YEARS AGO, RHD HAS ALWAYS TAKEN PRIDE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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IN OUR DIVERSITY AND EXISTED TO BENEFIT ALL CITIZENS. WE'VE ALSO BEEN DRIVEN BY A DESIRE TO AFFECT SOCIAL CHANGE, WHICH IS WHY WE LAUNCHED OUR ERADICATE HATE INITIATIVE IN 2020. THROUGHOUT THE ORGANIZATION, WE BANDED TOGETHER TO RECOGNIZE, CALL OUT, AND FIGHT ACTS OF RACISM AND DISCRIMINATION DUE TO HISTORICAL INJUSTICES IN OUR COUNTRY. WE EXAMINED OUR OWN PRIVILEGE AND BIAS, CHALLENGED OURSELVES TO LISTEN AND LEARN, AND PUT WORDS INTO ACTION BY MAKING IMMEDIATE AND LONG-TERM CHANGES TO CREATE A MORE EQUITABLE RHD.

DUE TO THE UNPRECEDENTED CHALLENGES OF 2020, LIKE SO MANY ORGANIZATIONS AROUND THE WORLD, RHD WAS FORCED TO CHANGE COURSE AND ADAPT TO AN EVER-EVOLVING "NEW NORMAL." OUR PRIMARY GOAL WAS TO PROVIDE SAFE AND HEALTHY LIVING AND WORK ENVIRONMENTS FOR THE PEOPLE WE ARE PRIVILEGED TO SERVE AND EMPLOY. DURING THE PANDEMIC, RHD ENACTED PROTOCOLS AND PROCEDURES SO WE COULD SEAMLESSLY DELIVER ESSENTIAL SERVICES TO PEOPLE IN THE EXTRAORDINARY CIRCUMSTANCES CREATED BY COVID-19. WE WILL CONTINUE TO CLOSELY MONITOR CHALLENGES AT RHD PROGRAMS ACROSS THE COUNTRY AND WORK WITH OUR PARTNERS, FUNDERS, AND STAKEHOLDER TO REINFORCE BEST-PRACTICE, PREVENTATIVE SAFETY MEASURES ACROSS THE ORGANIZATION.

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

RHD OFFERS A VARIETY OF COMMUNITY-BASED RESIDENTIAL, ART-BASED DAY, AND COMMUNITY INTEGRATION/PARTICIPATION SERVICES TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. COMMUNITY-BASED RESIDENTIAL AND COMMUNITY INTEGRATION/PARTICIPATION SERVICES ARE

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

PROVIDED IN EIGHT STATES ACROSS OVER FIFTY PROGRAMS, WHILE OUR TWELVE ARTS-BASED DAY PROGRAMS ARE SPREAD ACROSS SEVEN OF THOSE STATES. RHD OFFERS SERVICES IN CONNECTICUT, DELAWARE (COMMUNITY-BASED RESIDENTIAL AND COMMUNITY INTEGRATION/PARTICIPATION SERVICES ONLY), FLORIDA, MASSACHUSETTS, MISSOURI, NEBRASKA, PENNSYLVANIA, AND SOUTH DAKOTA.

PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

LIVE YES STUDIOS IN LINCOLN, NEB., WAS CHOSEN TO BE IN A PBS DOCUMENTARY ABOUT DISABILITIES AND THE ARTS. DUE TO COVID-19, ALL PLANS HAVE BEEN PUT ON HOLD UNTIL A SAFER TIME.

OUTSIDE THE LINES STUDIO IN BOSTON, MASS. HAD ONE ARTIST WHO WAS SELECTED FOR AND DISPLAYED HER ART PIECES IN AN EXTERNAL SHOW.

VALIANT STUDIOS, AN ARTS-BASED DAY PROGRAM IN OMAHA, NEB., ADDED CONSULTATIVE ASSESSMENT SERVICES AND RESPITE SERVICES TO THEIR PORTFOLIO. VALIANT STUDIOS HAD SIX ARTISTS WHO WERE SELECTED FOR AND DISPLAYED THEIR ART PIECES IN EXTERNAL SHOWS.

GROWTH PROGRAM IN NAZARETH, PA., WHICH FOCUSES ON COMMUNITY PARTICIPATION SUPPORT (CPS) SERVICES, HAD SIX INDIVIDUALS RECEIVE A CERTIFICATE OF ACHIEVEMENT AWARD FOR OUTSTANDING VOLUNTEER SERVICES.

CENTER FOR CREATIVE WORKS IN PHILADELPHIA, PA., HAD SIX ARTISTS TAKE PART IN THE OUTSIDER ART FAIR IN NYC IN JANUARY 2020. THIS IS A PRESTIGIOUS INTERNATIONAL ART FAIR WHICH REQUIRES COMMITTEE VETTING OF THE ARTWORK FOR ENTRY. CENTER FOR CREATIVE WORKS REPRESENTED THESE

Name of the organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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ARTISTS FOR FOUR DAYS AT THE FAIR AND SOLD NEARLY \$23,000 IN ARTWORK.

WORKS WERE PROCURED BY PRIVATE COLLECTORS AS WELL AS INSTITUTIONS, INCLUDING A LARGE PAINTING BOUGHT BY THE MCGOVERN INSTITUTE OF MIT THAT NOW HANGS IN THEIR RECEPTION AREA.

TO MAINTAIN A SENSE OF COMMUNITY DURING THE COVID-19 CLOSURE, FINE LINE STUDIOS IN ST. LOUIS, MO., DECORATED THEIR FLEET VEHICLES AND PERSONALLY DELIVERED ART SUPPLY PACKAGES TO EACH CLIENT'S HOME. THEY ALSO DEVELOPED VIRTUAL ART PROGRAMMING TO CONNECT WITH CLIENTS, AND ASSISTED IN ACCESSING TABLETS AND PROVIDING INSTRUCTION FOR THE DEVICES FOR CLIENTS LIVING AT HOME

BLANK CANVAS STUDIOS IN ST. CHARLES, MO., HELD A VARIETY SHOW AT A LOCAL CULTURAL ARTS CENTER, HIGHLIGHTING THE STUDIO TALENT THROUGH A GROUP PERFORMANCE AND GRAND FINALE RENDITION OF "THIS IS ME."

THE BAND AT IMAGINE THAT! ART STUDIO IN KANSAS CITY, MO., WAS ASKED TO PLAY AT THE MID WEST MUSIC FEST IN WINONA, MINN., THE WEEKEND OF MAY 1-3. THE BAND PERFORMED LIVE TO RAISE FUNDS FOR THE TRIP AND SCHEDULED A SECOND SHOW AT A LOCAL RECORD SHOP IN MARCH 2020. UNFORTUNATELY, THE LATTER PERFORMANCE AND MID WEST MUSIC FEST EVENTS WERE CANCELLED DUE TO COVID-19.

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. OFFERINGS RANGE FROM SIMPLE RESIDENTIAL GROUP

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

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. RHD'S BEHAVIORAL HEALTH AND HOUSING DIVISION HAS OVER 100 PROGRAMS LOCATED IN IOWA, LOUISIANA, NEW JERSEY DELAWARE, FLORIDA, PENNSYLVANIA, AND NORTH CAROLINA. THE BEHAVIORAL HEALTH AND HOUSING SERVICE LINES INCLUDE BEHAVIORAL HEALTH, ADDICTION RECOVERY, HOMELESSNESS, YOUTH DEVELOPMENT, AND VETERAN'S AFFAIRS.

PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

NEW FOUNDATIONS SUCCESSFULLY IMPLEMENTED A NEW PSYCH REHAB DAY PROGRAM CALLED "LAUNCH PAD." IN ADDITION, THE PROGRAM HAD SIX SUCCESSFUL DISCHARGES TO MORE INDEPENDENT SETTINGS. NEW FOUNDATIONS, WHICH IS COMPRISED OF GROUP HOMES FOR ADULTS WITH MENTAL ILLNESS, PROVIDES SUPERVISION, TRAINING, AND GUIDANCE IN DAILY LIVING SKILLS. PROGRAMMING AND SERVICE DELIVERY IS GUIDED BY THE PRINCIPLES OF RECOVERY TO ASSIST INDIVIDUALS TO ACHIEVE LIFE GOALS. THE YOUNG ADULT LEARNING ENVIRONMENT (YALE) PROVIDES ADDITIONAL EDUCATIONAL, VOCATIONAL, AND SOCIAL SUPPORTS TO BETTER MEET THE NEEDS OF YOUNGER INDIVIDUALS 18 TO 22 YEARS OLD.

NEW PERSPECTIVES, AN EIGHT-BED, SHORT-TERM RESIDENTIAL PROGRAM FOR ADULTS IN CARBON AND PIKE COUNTIES, WAS ABLE TO EXPAND THE NATIONAL SUICIDE HOTLINE SERVICES FROM 8 HOURS PER DAY IN 3 COUNTIES TO 24/7 IN 10 PENNSYLVANIA COUNTIES. THE PROGRAM PROVIDES SUPERVISED MENTAL HEALTH STABILIZATION SERVICES AS AN ALTERNATIVE TO PSYCHIATRIC HOSPITALIZATION FOR INDIVIDUALS WHO ARE IN PSYCHIATRIC CRISIS, OR WHO MAY NEED TO BE

Name of the organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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REMOVED FROM A STRESSFUL ENVIRONMENT WHILE SUPPORTS ARE IDENTIFIED TO ENSURE STABILITY.

CAFE THE LODGE WAS AWARDED THE 2019 SOCIAL MISSION PARTNERSHIP FROM FIG MAGAZINE TO EXPAND THEIR CURRENT COMMUNITY PARTNERSHIPS. IN ADDITION, A 3-STORY MURAL WAS PAINTED ON SIDE OF THE BUILDING, IN COOPERATION WITH SEVERAL LOCAL ORGANIZATIONS. THE MURAL HAS BEEN FEATURED IN NUMEROUS PUBLICATIONS. FINALLY, 55% OF PROGRAM'S PARTICIPANTS WERE TRANSITIONED TO COMPETITIVE EMPLOYMENT IN THE COMMUNITY IN PAST 12 MONTHS. THE CAFE IS A FULL-SERVICE CAFE IN BETHLEHEM, PA., THAT EMPLOYS PEOPLE IN RECOVERY FROM MENTAL HEALTH CHALLENGES.

RHD'S NORTH CAROLINA AND DELAWARE PROGRAMS RECEIVED A THREE-YEAR CARF ACCREDITATION. CARF, THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES, SERVES AS AN INDEPENDENT, NONPROFIT ACCREDITOR OF HEALTH AND HUMAN SERVICES PROVIDERS. IT ASSISTS PROVIDERS IN IMPROVING SERVICES BY APPLYING QUALITY STANDARDS DURING A CONSULTATIVE ON-SITE SURVEY.

RHD LOUISIANA PATHWAYS PROGRAM EXPANDED TO SERVE AN ADDITIONAL FOUR CONSUMERS IN TWO ADDITIONAL APARTMENTS. THE PATHWAYS PROGRAM IS A SUPERVISED, INDEPENDENT LIVING PROGRAM FOR INDIVIDUALS WITH A SEVERE AND PERSISTENT MENTAL ILLNESS OR A CO-OCCURRING MENTAL ILLNESS AND ADDICTIVE DISORDER.

THE KAILO PROGRAM EXPANSION RESULTED IN A NEW CRR SITE (CONGREGATE) FOR 4 MALES, INCREASING PROGRAM CENSUS FROM 8 TO 12. KAILO IS A

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

RESIDENTIAL PROGRAM PROVIDING SERVICES TO CHRONICALLY MENTALLY ILL CLIENTS WHO HAVE ADJUSTMENT DISORDERS. IN ADDITION, THE PHASE ONE EXPANSION OF WISTER STREET WAS COMPLETED, RESULTING IN A NEW, CRR STEP-OUT SITE (INDIVIDUAL APARTMENTS) FOR 3 MEMBERS. WISTER STREET PROVIDES A THERAPEUTIC RESIDENTIAL ENVIRONMENT FOR INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS WHO HAVE SOME HISTORY OF FORENSIC INVOLVEMENT.

UNITED PEERS/CSP SUCCESSFULLY SPONSORED THEIR 2ND ANNUAL CSP HEALTH & WELLNESS CONFERENCE. CONDUCTED THROUGH ZOOM, THE CONFERENCE FEATURED WORKSHOPS/TRAININGS ON THE FOLLOWING: COVID-19 TESTING; SOCIALIZATION; DISTANCING - TRAUMA INFORMED SPACES & PLACES; AND MY MASK, THEIR MASK - TRAUMA INFORMED CARE & CSP PRESENTATION. 87 MEMBERS PARTICIPATED IN THE CONFERENCE WHICH TOOK PLACE JUNE 26, 2020.

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 CASE MANAGEMENT, TO INPATIENT TREATMENT FOR PEOPLE DIAGNOSED WITH CO-OCCURRING MENTAL ILLNESSES AND ADDICTIONS. THE ADDICTION RECOVERY SERVICES ARE PROVIDED TO INDIVIDUALS IN 6 STATES, IN 44 PROGRAMS.

RHD ALSO OPERATES A NATIONALLY RECOGNIZED NETWORK OF HEALTH CENTERS. FAMILY PRACTICE & COUNSELING NETWORK (FPCN), A PROGRAM OF RHD, IS A NETWORK OF FIVE FEDERALLY QUALIFIED HEALTH CENTERS THAT HAS BEEN PROVIDING PRIMARY CARE, INTEGRATED AND OUTPATIENT BEHAVIORAL HEALTH,

Name of the organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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DENTAL, PRENATAL CARE, NUTRITION COUNSELING, ADVOCACY AND MORE IN UNDERSERVED NEIGHBORHOODS IN PHILADELPHIA FOR 28 YEARS. THE HEALTH CENTERS ARE NURSE-MANAGED AND OPERATE WITH THE VISION THAT QUALITY HEALTHCARE IS A RIGHT, NOT A PRIVILEGE. FPCN PROMOTES RESILIENCY AND WELL-BEING AMONG PATIENTS, STAFF AND SURROUNDING COMMUNITIES AND SERVE OVER 22,000 PEOPLE ANNUALLY.

PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

FOLLOWING AN ANNUAL REVIEW FROM MAGELLAN BEHAVIORAL HEALTH, LEHIGH VALLEY ASSERTIVE COMMUNITY TREATMENT (LVACT) WAS AWARDED A PREFERRED PROVIDER STATUS FOR THEIR HIGH-LEVEL DELIVERY OF SERVICES. LVACT IS A RECOVERY-FOCUSED, MULTIDISCIPLINARY, ASSERTIVE COMMUNITY WITH TREATMENT PROGRAMS THAT PROVIDE INTENSIVE, INDIVIDUAL SUPPORT FOR PEOPLE IN LEHIGH AND NORTHAMPTON COUNTIES WHO ARE WORKING TO OVERCOME THE BARRIERS TO RECOVERY FROM MENTAL ILLNESS.

RHD LOUISIANA ASSERTIVE COMMUNITY TREATMENT (ACT) PROGRAM EXPANDED TO CREATE A FIFTH TEAM. THE TEAMS PROVIDE SERVICES TO 100 ADULTS EACH, REACHING UP TO 500 TOTAL PARTICIPANTS. ASSERTIVE COMMUNITY TREATMENT PROVIDES SUPPORT TO INDIVIDUALS WITH SERIOUS, CHRONIC MENTAL ILLNESSES THROUGH AN OUTREACH, COMMUNITY-BASED APPROACH.

RHD LOUISIANA RECEIVED A START-UP GRANT TO OFFSET LA ACT TEAM 5 (\$100,000). IN ADDITION, RHD LOUISIANA RECEIVED A GRANT FOR THE IMPLEMENTATION OF AUGMENTED SERVICES FOR TELEHEALTH VIRTUAL ADDICTION GROUPS WITH ACT CONSUMERS (\$25,000).

Name of the organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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IN FEBRUARY, IOWA CEDAR RAPIDS BECAME AN OFFICIAL FOOD PANTRY
DISTRIBUTION CENTER.

FPCN WORKED DILIGENTLY TO HELP SLOW THE SPREAD AND FLATTEN THE CURVE
OF COVID-19 IN A VARIETY OF WAYS.

- TESTED OVER 1,000 PEOPLE MONTHLY AT CLINICS AND MOBILE TESTING EVENTS

- EXPANDED COMMUNITY PARTNERSHIPS TO ADD ADDITIONAL MOBILE TESTING
EVENTS AT LOCATIONS THROUGHOUT PHILADELPHIA

- INTEGRATED HEALTH EDUCATION AND OTHER DISCIPLINES, INCLUDING
BEHAVIORAL HEALTH; DENTAL SERVICES; AND OUTREACH TEAMS, AT TESTING
SITES

- SUCCESSFULLY ESTABLISHED TELEHEALTH AS A NEW WAY OF DELIVERING
SERVICES IN ALL CLINICAL DISCIPLINES

- DECREASED NO/SHOWS AND INCREASED PATIENT ENGAGEMENT AND ACCESS

ADDITIONAL FPCN PROGRAM HIGHLIGHTS:

- EXPANDED MAT AND HEPATITIS C TREATMENT PROGRAMS

- SIGNIFICANTLY IMPROVED BLOOD PRESSURE CONTROL AMONG AFRICAN AMERICAN
PATIENTS THROUGH MILLION HEART PROJECT

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

OTHER PROGRAM SERVICES

RESOURCES FOR HUMAN DEVELOPMENT'S COMPREHENSIVE SOCIAL SERVICES

PROGRAMMING ALSO INCLUDES HOMELESSNESS, VETERANS, CHILDREN, EMPLOYMENT,
AND MORE. THESE SERVICES ARE PROVIDED FOR INDIVIDUALS IN 51 PROGRAMS
ACROSS FIVE STATES.

Name of the organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

RHD IDEATE EXPERIENCED A YEAR OF SIGNIFICANT ACCOMPLISHMENTS WITHIN ITS EMPLOYMENT, ASSISTED TECHNOLOGY, AND DEAF SERVICES. HIGHLIGHTS INCLUDE ESTABLISHING AN URBAN FARM, INCREASING EMPLOYMENT RATE TO 85% OF MEMBERS, INTRODUCING COMPUTING USING FACIAL RECOGNITION, UTILIZING GROUNDBREAKING INTERABLED VIDEO GAMING (REGARDLESS OF LEVEL OF IMPAIRMENT), AND ADOPTING WORKPLACE ACCOMMODATIONS IN TECHNOLOGY USING VISUAL PROMPTS. IDEATE IS AN INCLUSIVE EMPLOYMENT PROGRAM DEDICATED TO PROVIDING TRAUMA-INFORMED SUPPORT TO INDIVIDUALS WITH BARRIERS TO GETTING AND SUSTAINING EARNING OPPORTUNITIES.

RHD STREET 2 FEET OUTREACH CENTER SERVED 186 HOMELESS INDIVIDUALS IN MONROE COUNTY AND WERE ABLE TO ASSIST 65 PERSONS IN BECOMING STABLY HOUSED AND 44 PERSONS IN SECURING PART-TIME EMPLOYMENT. STREET2FEET IS THE ONLY DAY SHELTER AND OUTREACH PROGRAM FOR ADULTS, EXPERIENCING HOMELESSNESS IN MONROE COUNTY. THE PROGRAM ALSO STARTED A COLLABORATION WITH THE POCONO MOUNTAINS VISITORS BUREAU, POCONO MOUNTAINS UNITED WAY AND THE WASTE AUTHORITY OF MONROE COUNTY FOR A NO-BARRIERS, SAME-DAY PAY EMPLOYMENT PROGRAM FOR CLIENTS TO PICK UP LITTER ALONG THE MAJOR ROADWAYS AND EXIT/ENTRY RAMPS ON THE HIGHWAYS; AN INITIATIVE THAT HELPED THE ENVIRONMENT AND GAVE CLIENTS A SENSE OF PRIDE AND EMPLOYMENT SKILLS THAT CAN LEAD TO LONGER TERM EMPLOYMENT, AND EVENTUALLY HOUSING. 61 CLIENTS PARTICIPATED IN THIS PROGRAM AND THREE WERE HIRED BY THE WASTE AUTHORITY OF MONROE COUNTY BECAUSE OF THE WORK ETHIC THEY DISPLAYED DURING THE PROGRAM'S DURATION.

RHD CHILDREN'S SERVICES PROGRAM PARTNERED WITH CBH (COMMUNITY

Name of the organization RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer identification number 23-1727133
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BEHAVIORAL HEALTH) AND THE SCHOOL DISTRICT OF PHILADELPHIA TO PROVIDE INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS) TO CHILDREN, YOUTH, AND YOUNG ADULTS IN NORTH AND NORTHWEST PHILADELPHIA. IN ADDITION, RHD'S STEPPING STONES PROGRAM, WHICH IS A LONG-TERM PARTIAL HOSPITAL PROGRAM FOR CHILDREN WITH EMOTIONAL AND BEHAVIORAL CHALLENGES, OFFERED A VIRTUAL EDUCATION AND BEHAVIORAL HEALTH PROGRAM TO THEIR STUDENTS AS A RESULT OF THE COVID-19 PANDEMIC. DEVELOPING THE VIRTUAL CURRICULUM ALLOWED STEPPING STONES TO OPERATE DURING THE PANDEMIC AND TO PROVIDE NEEDED SERVICES TO SCHOOL-AGE CHILDREN WITHOUT INTERRUPTION.

RHD'S HEALING AJAX VETERANS PEER PROGRAM SERVED 64 VETERANS, MANY OF WHOM WERE REFERRED BY THE PHILADELPHIA VETERANS TREATMENT COURT, OF WHICH, 39 WERE NEW VETERAN REFERRALS. THE PROGRAM CONTINUED THEIR ADAPTED SERVICES TO SUPPORT WOMEN, WITH SUPPORT NETWORKS AND ADVOCACY ORGANIZATIONS FOCUSED ON THE SERVICE, DIVERSITY AND RESILIENCE OF WOMEN VETERANS. AT THE ONSET OF THE COVID-19 PANDEMIC, THE PROGRAM MODIFIED SERVICES TO COMPLY WITH HEALTH AND SAFETY GUIDELINES AND THE GROUPS CONSOLIDATED TO THREE, INCLUDING THE WOMEN'S GROUP. ADDITIONALLY, MEETINGS WERE MOVED TO AN ALL-VIRTUAL FORMAT WITH MEMBERS JOINING VIA ZOOM OR BY TELEPHONE.

EXPENSES \$ 12,394,799. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,507,745.

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

A DRAFT OF THE FORM 990 IS PROVIDED TO THE OFFICERS OF THE CORPORATION FOR THEIR REVIEW AND COMMENT. A COPY IS SENT TO 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.

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

PERSONAL INTERESTS, FINANCIAL INTERESTS, AND OUTSIDE ACTIVITIES THAT PRESENT ACTUAL OR POTENTIAL CONFLICTS WITH THE INTERESTS OF THE ORGANIZATION, OR APPEAR TO CONFLICT WITH THE OBJECTIVITY AND INTEGRITY OF PROFESSIONAL ROLES AND RESPONSIBILITIES WILL BE SELF-DISCLOSED, OR DISCLOSED BY OTHERS TO THE PROGRAM DIRECTOR, DIVISIONAL MANAGER, OR SHARED SERVICES DEPARTMENT DIRECTOR.

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

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER (CEO) IS COMPARED TO SIMILAR ENTITIES UTILIZING THE FORM 990 ON GUIDESTAR.

AS STATED IN OUR ADMINISTRATIVE OPERATING POLICIES AND PROCEDURES, COMPENSATION FOR THE CEO 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 CEO 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
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CEO COMPENSATION MUST NOT EXCEED THE CURRENT MAXIMUM MULTIPLE OF 14 TIMES THE COMPENSATION OF THE LOWEST PAID RHD EMPLOYEE. THE APPROVAL OF THE COMPENSATION OF THE CEO 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 I, LINE 11, OTHER REVENUE:

PRIOR YEAR:

NET LOSS FROM FUNDRAISING EVENTS 59,148

NET RENTAL LOSS 86,529

TOTAL LOSS TO FORM 990, PART I, LINE 11: 145,677

CURRENT YEAR:

NET LOSS FROM FUNDRAISING EVENTS 13,030

TOTAL LOSS TO FORM 990, PART I, LINE 11: 13,030

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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	INACTIVE	PENNSYLVANIA	501(C)(3)	9	N/A		X
FLORACER - 23-2787824 4700 WISSAHICKON AVE. SUITE 126 PHILADELPHIA, PA 19144	RENTAL ASSISTANCE	PENNSYLVANIA	501(C)(3)	9	N/A		X

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		Yes	No	
TRS, LP - 22-3518537 TAUNTON RUN VILLAGE, 401 EAST TAUNTON AVENUE, WEST BERLIN, NJ 08091	RENTAL REAL ESTATE	NJ	MUREX CORPORATION	RELATED	249,433.	3,810,406.		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 4700 WISSAHICKON AVENUE, SUITE 126 PHILADELPHIA, PA 19144	INVESTMENT IN MINORITY OWNED BUSINESSES & LOW	PA	RHD	C CORP	11,244.	483,902.	100%	X	
MUREX TRS, INC. - 22-3518534 4700 WISSAHICKON AVENUE, SUITE 126 PHILADELPHIA, PA 19144	GENERAL PARTNER IN RENTAL REAL ESTATE PARTNERSHIP	PA	MUREX CORPORATION	C CORP	0.	165,238.	100%	X	
RHD INC. SPECIAL NEEDS POOLED TRUST - 32-6101037, 4700 WISSAHICKON AVENUE, SUITE 126, PHILADELPHIA, PA 19144	TRUST	PA	N/A	TRUST	0.	0.			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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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. RESOURCES FOR HUMAN DEVELOPMENT, INC.	Taxpayer identification number (TIN) 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	
	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) 0 | 1

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, 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, 2019**, and ending **JUN 30, 2020**.

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

CARRYOVER DATA TO 2020

Name RESOURCES FOR HUMAN DEVELOPMENT, INC.	Employer Identification Number 23-1727133
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET OPERATING LOSS 192,684.

FEDERAL AMT NET OPERATING LOSS 192,684.
