

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **RESOURCES FOR HUMAN DEVELOPMENT, INC.** EIN or SSN **23-1727133**

Name and title of officer or person subject to tax **DEANNA CERWIN
CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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>307,634,930.</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 V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax 85768BA241E146A... Date 5/8/2024

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.

23167519103

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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 Baron Fox Date 05/08/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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.		D Employer identification number 23-1727133
	Doing business as		E Telephone number (215) 951-0300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4700 WISSAHICKON AVENUE	126	G Gross receipts \$ 328,030,048.
	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19144-4248		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DEANNA CERWIN SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		If "No," attach a list. See instructions	
J Website: WWW.RHD.ORG		H(c) Group exemption number	
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RHD'S MISSION IS TO EMPOWER PEOPLE AS THEY BUILD SELF-DETERMINATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5018
	6 Total number of volunteers (estimate if necessary)	6	88
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	102,366,121.	109,933,628.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	189,330,265.	199,300,909.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	871,998.	-1,523,611.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-44,238.	-75,996.
		292,524,146.	307,634,930.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	196,130,408.	208,247,966.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	543,565.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	95,843,748.	106,023,226.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	291,974,156.	314,271,192.	
19 Revenue less expenses. Subtract line 18 from line 12	549,990.	-6,636,262.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	96,693,494.	140,500,727.
	22 Net assets or fund balances. Subtract line 21 from line 20	74,587,730.	124,007,015.
		22,105,764.	16,493,712.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	DEANNA CERWIN, CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AARON M. FOX	AARON M. FOX	05/08/24		P01365820
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MARCUM LLP	11-1986323		(215) 297-2100	
	Firm's address				
	1601 MARKET STREET, FL 4				
	PHILADELPHIA, PA 19103				

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 HUMAN SERVICES ORGANIZATION THAT HAS PROVIDED CARE, RESOURCES, AND COMPASSIONATE SERVICES TO COUNTLESS INDIVIDUALS. (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? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 \$ 125,098,504. including grants of \$) (Revenue \$ 113,420,915.) RESIDENTIAL, DAY, EMPLOYMENT AND COMMUNITY-BASED SERVICES FOR INTELLECTUALLY/DEVELOPMENTALLY DISABLED. - SEE PROGRAM SERVICE ACCOMPLISHMENTS DESCRIBED IN SCHEDULE O.

4b (Code:) (Expenses \$ 52,261,649. including grants of \$) (Revenue \$ 15,676,896.) RESIDENTIAL AND SUPPORTIVE HOUSING SERVICES FOR PEOPLE WITH MENTAL ILLNESS - SEE PROGRAM SERVICE ACCOMPLISHMENTS DESCRIBED IN SCHEDULE O.

4c (Code:) (Expenses \$ 86,195,702. including grants of \$) (Revenue \$ 63,801,649.) 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 \$ 8,899,664. including grants of \$) (Revenue \$ 6,401,449.)

4e Total program service expenses 272,455,519.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 the 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 line 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 on 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 on 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 on 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
 Own website Another's website 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
THE ORGANIZATION - (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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARCO GIORDANO CHIEF EXECUTIVE OFFICER	37.50 1.00			X				343,412.	0.	30,325.
(2) ANDREW F. PITTS PSYCHIATRIST	40.00					X		275,629.	0.	0.
(3) STEPHANIE M. POMPEY CHIEF LEGAL OFFICER	37.50			X				251,963.	0.	0.
(4) JANET B. BRADLEY PSYCHIATRIST	40.00					X		239,876.	0.	0.
(5) DEANNA L. CERWIN CHIEF FINANCIAL OFFICER	37.50			X				228,593.	0.	11,270.
(6) PAUL J. GITLIN PSYCHIATRIST	40.00					X		239,148.	0.	0.
(7) ALICIA M. SMITH CHIEF HR OFFICER	37.50			X				181,478.	0.	9,581.
(8) KARIN ANNERHED-HARRIS VP OF BUSINESS DEVELOPMENT	37.50			X				187,766.	0.	0.
(9) TARA M. DRENNEN CHIEF INFORMATION OFFICER	37.50			X				187,562.	0.	0.
(10) EMILY K. NICHOLS EXECUTIVE DIRECTOR	40.00			X				159,406.	0.	27,593.
(11) LINDA DONOVAN-MAGDAMO CHIEF PROGRAM OFFICER	37.50 1.00			X				157,048.	0.	19,283.
(12) ALBERT B. MITCHELL DENTIST	40.00					X		162,224.	0.	12,458.
(13) BARONESS MARTIN VP OF CULTURE & COMMUNICAT	37.50			X				158,622.	0.	9,340.
(14) CRYSTAL O. YETTER NETWORK DENTAL DIRECTOR	40.00					X		141,782.	0.	22,793.
(15) BERNARD J. GLAVIN EXECUTIVE VICE PRESIDENT	40.00			X				138,489.	0.	9,663.
(16) SANDRA R. COX-SCALES EXECUTIVE VICE PRESIDENT	40.00			X				132,456.	0.	30.
(17) BRANDON V. YORK (TO 08/22) CHIEF PROGRAM OFFICER	37.50			X				117,164.	0.	13,877.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TRACEY EARLAND BOARD MEMBER	1.00	X						0.	0.	0.
(19) DEWETTA LOGAN (TO 9/22) BOARD MEMBER	1.00	X						0.	0.	0.
(20) DIANE MENIO BOARD CHAIRPERSON	1.00	X						0.	0.	0.
(21) DIANE SYDNEY RIVERS BOARD MEMBER	1.00	X						0.	0.	0.
(22) ELDRON CHARLES BLACKWELL BOARD MEMBER	1.00	X						0.	0.	0.
(23) JO ANN E. CONNELLY BOARD MEMBER	1.00	X						0.	0.	0.
(24) CARYN REICHLIN JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(25) MARVIN F. LEVINE VICE CHAIRPERSON	1.00 1.00	X						0.	0.	0.
(26) MICHAEL DENOMME BOARD MEMBER	1.00 1.00	X						0.	0.	0.
1b Subtotal								3,302,618.	0.	166,213.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,302,618.	0.	166,213.

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 69

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEX SHIFT MEDICAL STAFFING, NEW CENTURY FINANCIAL PO BOX 8968, SPRING, TX 77387	MEDICAL STAFFING	676,755.
PRO COMPUTER SERVICES, 304 HARPER DRIVE SUITE 130, MOORESTOWN, NJ 08057	COMPUTER	514,128.
KATHERINE SMITH NOLA BRAIN AND BEHAVIOR 4838 MAGAZINE STREET, NEW ORLEANS, LA 70115	DOCTOR/THERAPIST	396,480.
SONESTA SIMPLY SUITES HORSHAM 250 BUSINESS CTR DR, HORSHAM, PA 19044	HOSPITALITY/ACCOMMODATION	339,150.
GENERAL HEALTHCARE RESOURCES INC PO BOX 825973, PHILADELPHIA, PA 19182	MEDICAL STAFFING	323,186.

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 32

SEE PART VII, SECTION A CONTINUATION SHEETS

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	123,728.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	108,527,728.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,282,172.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 86,307.				
	h	Total. Add lines 1a-1f		109933628.				
Program Service Revenue	2 a	PATIENT/CLIENT FEES	Business Code	900099	196137690.	196137690.		
	b	SALES AND OTHER FEES		900099	3,154,784.	3,154,784.		
	c	RENTAL INCOME -SECTION 8, LOW INC		531110	8,435.	8,435.		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			199300909.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			442,009.		442,009.	
	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				
				(ii) Other				
					18,107,043.	214,279.		
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)				-1,965,620.	-1965620.		
8 a	Gross income from fundraising events (not including \$ 123,728. of contributions reported on line 1c). See Part IV, line 18	8a						
				32,180.				
				108,176.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events				-75,996.	-75,996.		
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			307634930.	199300909.	0.	-1599607.	

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 X

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	2,347,822.	196,448.	2,151,374.	
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	172,898,026.	150,817,337.	21,765,566.	315,123.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	19,390,799.	17,388,820.	1,983,410.	18,569.
10 Payroll taxes	13,611,319.	11,870,954.	1,719,802.	20,563.
11 Fees for services (nonemployees):				
a Management				
b Legal	293,192.		293,192.	
c Accounting	313,150.		313,150.	
d Lobbying	24,000.		24,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,135.		30,135.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	32,815,338.	29,521,939.	3,253,418.	39,981.
12 Advertising and promotion	585,374.	539,587.	45,787.	
13 Office expenses	5,950,136.	5,353,285.	573,893.	22,958.
14 Information technology	7,982,015.	2,422,504.	5,559,511.	
15 Royalties				
16 Occupancy	28,248,186.	26,386,043.	1,862,143.	
17 Travel	5,454,879.	4,885,724.	569,155.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	588,837.	435,769.	152,263.	805.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,232,389.	2,047,078.	185,311.	
23 Insurance	4,830,699.	4,588,407.	242,292.	
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	5,653,760.	5,653,760.		
b PROGRAM SUPPLIES	4,597,691.	4,523,950.		73,741.
c FOOD - RESIDENTIAL PROG	3,348,774.	3,348,774.		
d SMALL EQUIPMENT AND MAI	1,730,610.	1,471,190.	232,345.	27,075.
e All other expenses	1,344,061.	1,003,950.	315,361.	24,750.
25 Total functional expenses. Add lines 1 through 24e	314,271,192.	272,455,519.	41,272,108.	543,565.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	8,537,845.	1	567,973.
	2 Savings and temporary cash investments	1,368,822.	2	1,357,590.
	3 Pledges and grants receivable, net	55,677,198.	3	54,224,128.
	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	1,898,706.	9	2,444,365.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 57,538,206.		
	b Less: accumulated depreciation	10b 47,414,827.	10c	
	11 Investments - publicly traded securities	11,138,202.	11	10,558,871.
	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	2,477,775.	15	61,224,421.
16 Total assets. Add lines 1 through 15 (must equal line 33)	96,693,494.	16	140,500,727.	
Liabilities	17 Accounts payable and accrued expenses	39,367,653.	17	29,321,811.
	18 Grants payable		18	
	19 Deferred revenue	26,661,055.	19	22,182,291.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,368,821.	21	1,357,590.
	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	3,777,000.	23	7,506,547.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	3,413,201.	25	63,638,776.
	26 Total liabilities. Add lines 17 through 25	74,587,730.	26	124,007,015.
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	20,288,945.	27	13,961,701.
	28 Net assets with donor restrictions	1,816,819.	28	2,532,011.
	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	22,105,764.	32	16,493,712.
	33 Total liabilities and net assets/fund balances	96,693,494.	33	140,500,727.

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	307,634,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	314,271,192.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,636,262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,105,764.
5	Net unrealized gains (losses) on investments	5	1,024,210.
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	16,493,712.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2864224.	2276521.	110517519	102366121	109933628	327958013
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	2864224.	2276521.	110517519	102366121	109933628	327958013
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						327958013

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2864224.	2276521.	110517519	102366121	109933628	327958013
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	375,691.	174,497.	600,662.	1190190.	442,009.	2783049.
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						330741062
12 Gross receipts from related activities, etc. (see instructions)					12 1,089,661,378.	
13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f))	14	99.16 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.82 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

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>		
1		

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 on line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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 input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>22,404,345.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>12,072,041.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>10,907,574.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>7,317,405.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>6,288,969.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>6,254,995.</u>	Person <input checked="" 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
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>3,904,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>3,507,344.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>3,010,659.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>2,497,709.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>2,202,706.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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
--	---

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

(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

(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

(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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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) 2022**

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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) 2019	(b) 2020	(c) 2021	(d) 2022	(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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		24,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			24,000.
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 expenditures 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.

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

2022

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, acquired after 2006), and questions 3-9 regarding 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 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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		1,758,945.		1,758,945.
b Buildings		18,708,347.	14,400,895.	4,307,452.
c Leasehold improvements		22,036,518.	18,736,865.	3,299,653.
d Equipment		8,614,012.	8,292,466.	321,546.
e Other		6,420,384.	5,984,601.	435,783.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,123,379.

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) OPERATING LEASE RIGHT-OF-USE ASSET, NET	59,284,043.
(2) ADVANCES AND LOANS TO RELATED PARTIES, NET	406,381.
(3) OTHER ASSETS	1,533,997.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	61,224,421.

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	1,549,202.
(3) RETIREMENT LIABILITIES	1,402,955.
(4) OPERATING LEASE LIABILITY	60,686,619.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	63,638,776.

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	311,708,512.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,024,210.	
b	Donated services and use of facilities	2b	912,584.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,136,788.	
e	Add lines 2a through 2d	2e		4,073,582.
3	Subtract line 2e from line 1	3		307,634,930.
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		307,634,930.

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	317,178,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	912,584.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,994,674.	
e	Add lines 2a through 2d	2e		2,907,258.
3	Subtract line 2e from line 1	3		314,271,192.
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		314,271,192.

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, PICL AND NPHO MET THE REQUIREMENTS TO MAINTAIN THEIR TAX-EXEMPT STATUSES 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, AS WELL AS ITS RELATED FOR-PROFIT ENTITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include REVENUE OF CONSOLIDATED SUBSIDIARY (2,028,612), FUNDRAISING EVENT COSTS (108,176), and TOTAL TO SCHEDULE D, PART XI, LINE 2D (2,136,788).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include EXPENSES OF CONSOLIDATED SUBSIDIARY (1,886,498), FUNDRAISING EVENT COSTS (108,176), and TOTAL TO SCHEDULE D, PART XII, LINE 2D (1,994,674).

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)	PHILLY POURS (event type)	NONE (total number)	
Revenue	1	Gross receipts	120,939.	34,969.	155,908.
	2	Less: Contributions	98,199.	25,529.	123,728.
	3	Gross income (line 1 minus line 2)	22,740.	9,440.	32,180.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	12,890.	5,549.	18,439.
	6	Rent/facility costs	3,400.		3,400.
	7	Food and beverages	37,042.	17,460.	54,502.
	8	Entertainment	4,158.	1,600.	5,758.
	9	Other direct expenses	21,920.	4,157.	26,077.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			108,176.
11	Net income summary. Subtract line 10 from line 3, column (d)			-75,996.	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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

2022

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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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)	343,412.	0.	0.	0.	30,325.	373,737.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREW F. PITTS PSYCHIATRIST	(i)	275,629.	0.	0.	0.	0.	275,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHANIE M. POMPEY CHIEF LEGAL OFFICER	(i)	251,963.	0.	0.	0.	0.	251,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JANET B. BRADLEY PSYCHIATRIST	(i)	239,876.	0.	0.	0.	0.	239,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEANNA L. CERWIN CHIEF FINANCIAL OFFICER	(i)	228,593.	0.	0.	0.	11,270.	239,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL J. GITLIN PSYCHIATRIST	(i)	239,148.	0.	0.	0.	0.	239,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALICIA M. SMITH CHIEF HR OFFICER	(i)	181,478.	0.	0.	0.	9,581.	191,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KARIN ANNERHED-HARRIS VP OF BUSINESS DEVELOPMENT	(i)	187,766.	0.	0.	0.	0.	187,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TARA M. DRENNEN CHIEF INFORMATION OFFICER	(i)	187,562.	0.	0.	0.	0.	187,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EMILY K. NICHOLS EXECUTIVE DIRECTOR	(i)	159,406.	0.	0.	0.	27,593.	186,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LINDA DONOVAN-MAGDAMO CHIEF PROGRAM OFFICER	(i)	157,048.	0.	0.	0.	19,283.	176,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALBERT B. MITCHELL DENTIST	(i)	162,224.	0.	0.	0.	12,458.	174,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BARONESS MARTIN VP OF CULTURE & COMMUNICAT	(i)	158,622.	0.	0.	0.	9,340.	167,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CRYSTAL O. YETTER NETWORK DENTAL DIRECTOR	(i)	141,782.	0.	0.	0.	22,793.	164,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

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
MARGARET S. GLAVIN	SPOUSE OF BERNARD G	73,487.	EMPLOYMENT		X
MARCO K. MAGDAMO	SPOUSE OF LINDA DON	90,280.	EMPLOYMENT		X
GREGORY K. MARTIN	SPOUSE OF BARONESS	113,540.	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: MARGARET S. GLAVIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF BERNARD GLAVIN (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: 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

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	X	13	2,080.	RETAIL PRICE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		51,519.	RETAIL PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	64	18,542.	SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GIFT CERTIFICAT)	X	19	6,565.	SELLING PRICE
26 Other (VACATION PACKAG)	X	4	5,120.	SELLING PRICE
27 Other (TICKETS)	X	11	1,986.	SELLING PRICE
28 Other (MISCELLANEOUS)	X	4	495.	SELLING PRICE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 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.		

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):

RHD IS REPORTING THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RESOURCES FOR HUMAN DEVELOPMENT, INC.

Employer identification number

23-1727133

FORM 990, PART III, LINE 1

HEADQUARTERED IN PHILADELPHIA, PENNSYLVANIA, RHD'S MISSION IS TO
 PROVIDE A WIDE RANGE OF HUMAN SERVICES FOR THE MOST VULNERABLE MEMBERS
 OF OUR SOCIETY. IN 1970, ROBERT FISHMAN, CO-FOUNDER OF RESOURCES FOR
 HUMAN DEVELOPMENT (RHD), EMBARKED ON AN EXPERIMENT TO POTENTIALLY
 CHANGE HOW ORGANIZATIONS OPERATED FOREVER. HE BELIEVED HE COULD BEGIN A
 NEW KIND OF CORPORATION ONE THAT OPERATED ON THE THREE BASIC
 ASSUMPTIONS: 1) PEOPLE ARE OF EQUAL HUMAN WORTH; 2) PEOPLE ARE
 ESSENTIALLY GOOD; 3) THERE IS NO SINGLE WAY TO MANAGE A CORPORATION.
 MR. FISHMAN SHARED, "WHEN WE CREATE AN ENVIRONMENT IN WHICH EACH
 PERSON'S UNIQUENESS IS VALUED, HONORED, AND APPRECIATED, WE HAVE THE
 OPPORTUNITY TO BRING OUT THE BEST IN EACH OF US. AND THIS, IN TURN,
 ENRICHES THE LIFE OF THE ORGANIZATION."

MR. FISHMAN'S "EXPERIMENT" BECAME A NATIONAL COMPREHENSIVE HUMAN
 SERVICE ORGANIZATION DEDICATED TO PROMOTING THE COMMON GOOD IN EVERY
 PERSON. HEADQUARTERED IN PHILADELPHIA, PENNSYLVANIA, RHD NOW OPERATES
 MORE THAN 125 PROGRAMS IN 13 STATES. EACH YEAR, MORE THAN 28,800
 CHILDREN AND ADULTS RECEIVE TRAUMA-INFORMED CARE AND EFFECTIVE AND
 INNOVATIVE SERVICES THROUGH RHD'S PROGRAMS.

RHD'S MISSION IS TO PROVIDE A WIDE RANGE OF HUMAN SERVICES FOR THE MOST
 VULNERABLE MEMBERS OF SOCIETY. FOR OVER 50 YEARS, RHD'S PROGRAMS HAVE
 HELPED INDIVIDUALS AND FAMILIES WITH COMPLEX NEEDS, INCLUDING MENTAL
 ILLNESS, DEVELOPMENTAL DISABILITIES, CHRONIC HOMELESSNESS, SUBSTANCE
 ABUSE, POST-TRAUMATIC STRESS, ABUSE, AND OTHER CONDITIONS. OUR DIVERSE

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

Schedule O (Form 990) 2022

232211 10-28-22

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

SERVICES INCLUDE HOUSING, HEALTH CARE, EDUCATION, COMMUNITY DEVELOPMENT, JOB TRAINING, CAREER COUNSELING, SOCIAL SERVICES, RECOVERY, OUTSIDER ART, AND RETURNING CITIZENS.

RHD AIMS TO EMPOWER PEOPLE OF ALL ABILITIES TO BUILD BETTER LIVES FOR THEMSELVES, THEIR FAMILIES, AND COMMUNITIES. THANKS TO THE DEDICATION AND EXPERTISE OF RHD STAFF THROUGHOUT THE ORGANIZATION, THE INDIVIDUALS RHD SUPPORTS CAN ACHIEVE THE HIGHEST LEVEL OF INDEPENDENCE POSSIBLE WHILE BUILDING THEIR MOST SUCCESSFUL LIVES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
 DURING RHD'S FISCAL YEAR 2022-2023, NEW, INNOVATIVE SERVICES WERE INTRODUCED, WHILE EXISTING PROGRAMS REMAINED ON A PATH TOWARD GROWTH. NEW PROGRAMMING INCLUDED: NEW ORLEANS MOBILE CRISIS UNIT, A FOURTH BRANCH OF THE EMERGENCY RESPONSE SYSTEM THAT CAN MORE EFFECTIVELY RESPOND TO BEHAVIORAL HEALTH CRISES CALLED INTO 911; HOMELESS HEALTH INITIATIVE, WHICH STRIVES TO IMPROVE THE HEALTH OUTCOMES OF INDIVIDUALS EXPERIENCING HOMELESSNESS BY ESTABLISHING CONNECTIONS WITH COMMUNITY-BASED HEALTHCARE SERVICES AND UTILIZING THEIR HEALTH PLAN BENEFITS; AND THE CHRISTINE GIBSON PEER SUPPORT HOUSE, WHICH AIMS TO DECREASE PARTICIPANTS' LENGTH OF STAY IN JAIL OR IN A HOSPITAL, MINIMIZE REINCARCERATION, AND IMPROVE CONNECTIONS TO SERVICES.

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

RHD OFFERS COMMUNITY-BASED RESIDENTIAL, SHARED LIVING, COMMUNITY INTEGRATION/PARTICIPATION, CASE MANAGEMENT, AND ARTS-BASED DAY SERVICES

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

TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THESE SERVICES ARE OFFERED IN 37 RHD PROGRAMS IN CONNECTICUT, DELAWARE, FLORIDA, MASSACHUSETTS, MISSOURI, NEBRASKA, PENNSYLVANIA, AND SOUTH DAKOTA. PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

LOCATED IN PHILADELPHIA, PA, RHD'S IDEATE IS REVOLUTIONIZING INCLUSIVE EMPLOYMENT THROUGH ITS INNOV8 LABORATORY. DURING FISCAL YEAR 2022-2023, PHASE TWO OF THE INNOV8 PROJECT TOOK SHAPE, AIMING TO CREATE A UNIQUE MEDIA PRODUCTION FACILITY WITH CUSTOMIZED TOOLS AND SOFTWARE THAT IS ACCESSIBLE TO ALL, PARTICULARLY INDIVIDUALS WITH SIGNIFICANT DISABILITIES. IN MAY 2023, IDEATE HELD "VIRTUAL CONNECTIONS: HARNESSING THE POWER OF VIRTUAL REALITY FOR IMPROVED INTERVENTIONS," AN EVENT FEATURING A PANEL DISCUSSION PLUS A Q&A SESSION. IDEATE IS AN INCLUSIVE EMPLOYMENT ORGANIZATION DEDICATED TO PROVIDING CLINICALLY GUIDED SUPPORT TO INDIVIDUALS WITH BARRIERS TO GETTING AND SUSTAINING EARNING OPPORTUNITIES.

IN MARCH OF 2023, CENTER FOR CREATIVE WORKS (CCW) PARTICIPATED IN THE PRESTIGIOUS OUTSIDER ART FAIR, HOSTED AT THE METROPOLITAN PAVILION IN MANHATTAN, NY. THIS MARKED CCW'S SIXTH YEAR AT THE FAIR, WITH 11 OF THEIR ARTISTS EXHIBITING WORKS. CCW ACHIEVED REMARKABLE SUCCESS DURING THE FAIR, WITH SALES EXCEEDING \$33,000, MAKING 2023 THEIR BEST YEAR TO DATE. NOTABLY, ACTRESS EDIE FALCO PURCHASED ONE OF THE ARTISTS' WORKS. IN MAY 2023, CCW ARTISTS EXHIBITED FOR THE FIRST TIME AT THE NEW ART DEALERS ALLIANCE (NADA) ART FAIR IN NEW YORK CITY. THE NEW YORK TIMES SINGLED OUT CCW FOR PRAISE IN THEIR COVERAGE OF THE FAIR. IN MARCH 2023, A CCW ARTIST RECEIVED A COMMISSION FROM TEMPLE UNIVERSITY'S TECHOWL TO CREATE DESIGNS FOR WHEELCHAIR REPAIR IN BICYCLE SHOPS ACROSS

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

PHILADELPHIA. HE COMPLETED HIS DESIGNS IN JUNE 2023. IN SPRING 2023, CCW ARTISTS SOLD THEIR WORKS FOR DISPLAY IN YOWIE, A NEW BOUTIQUE HOTEL OPENING IN PHILADELPHIA. AND IN SPRING AND SUMMER 2023, VISITORS TO PHILADELPHIA MUSEUM OF ART AND WOODMERE ART MUSEUM GIFT SHOPS COULD PURCHASE CCW ARTWORK. CCW IS AN ARTS-BASED DAY PROGRAM FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES WITH LOCATIONS IN WYNNEWOOD AND PHILADELPHIA, PA.

ON OCTOBER 7, 2022, A TALENTED ARTIST FROM IMAGINE THAT! IN KANSAS CITY, MO, HAD THE HONOR OF SHOWCASING HIS ARTWORK ON TWO BILLBOARDS IN THE CROSSROADS ARTS DISTRICT, THANKS TO THE SUPPORT OF THE CHARLOTTE STREET ARTS FOUNDATION. THE MURALS WERE ON DISPLAY THROUGH DECEMBER 2022. THIS ARTIST'S PARTICIPATION IN THE SITE THREE SHOW AT H&R BLOCK ARTSPACE IN AUGUST 2022 FURTHER HIGHLIGHTED HIS ARTISTIC ACHIEVEMENTS. OTHER IMAGINE THAT! ARTISTS EXHIBITED AT THE FOLLOWING: CHICAGO MIDWEST ART FAIR IN SEPTEMBER 2022; CIRCLE GALLERY AND TROSST GARDENS IN OCTOBER 2022; KANSAS CITY PUBLIC LIBRARY'S CENTRAL LOCATION IN JANUARY AND JUNE 2023; THE TROOST GARDENS GALLERY IN KANSAS CITY IN MAY 2023; AND THE KANSAS CITY FLATLIFE EXHIBITION IN MAY 2023. IMAGINE THAT! IS AN ARTS-BASED PROGRAM OFFERING CREATIVE HEALING AND LEARNING OPPORTUNITIES FOR ARTISTS WITH INTELLECTUAL DISABILITIES.

IN FEBRUARY 2023, RHD DEFUNIAK SPRINGS, LOCATED IN DEFUNIAK SPRINGS, FL, CELEBRATED ITS 25TH ANNIVERSARY IN GRAND STYLE. THE STAFF ORGANIZED A HIGH-PROFILE EVENT COMPLETE WITH EMBELLISHED WALLS DISPLAYING AN ARRAY OF PHOTOS AND ARTWORK CRAFTED BY PARTICIPANTS OVER THE PAST 25 YEARS. THE EMOTIONALLY MOVING TRIBUTE WALL GAVE ATTENDEES A CHANCE TO REFLECT ON AND SHARE STORIES ABOUT STAFF AND PARTICIPANTS WHO HAVE

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

PASSED AWAY. THE PROGRAM DIRECTORS PRESENTED AWARDS TO STAFF AND PARTICIPANTS, AND THE MAYOR OF DEFUNIAK SPRINGS ATTENDED TO PROCLAIM FEBRUARY AS THE OFFICIAL MONTH TO CELEBRATE RHD AND THE PROFOUND IMPACT THE DEFUNIAK SPRINGS PROGRAM HAS HAD ON THE COMMUNITY. RHD DEFUNIAK SPRINGS IS STRUCTURED AS A COMMUNITY-BASED CLUBHOUSE MODEL AND DAY PROGRAM SERVING ADULTS WITH DEVELOPMENTAL DISABILITIES

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

RHD'S RESIDENTIAL SERVICES OFFER INDIVIDUALS WITH MENTAL ILLNESSES A VARIETY OF EFFECTIVE AND INNOVATIVE RESOURCES, SUCH AS CREATIVE ARTS THERAPIES AND THE COMPANION MODEL, ALL GEARED TOWARD HELPING THEM LIVE AS INDEPENDENTLY AS POSSIBLE WITHIN THEIR COMMUNITIES. OFFERINGS RANGE FROM SIMPLE RESIDENTIAL GROUP LIVING TO INDEPENDENT HOUSING. SOME LIVING MODELS OFFER A HIGHER LEVEL OF GUIDANCE TO PROVIDE CARE FOR INDIVIDUALS WITH A DUAL DIAGNOSIS, OR MORE FRAGILE MEDICAL CONDITIONS. THESE SERVICES ARE OFFERED IN 59 RHD PROGRAMS LOCATED IN DELAWARE, IOWA, NEW JERSEY, NORTH CAROLINA, AND PENNSYLVANIA. PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

IN COLLABORATION WITH THE COMMUNITY SUPPORT PROGRAM OF PHILADELPHIA (CSP), RHD'S UNITED PEERS PROGRAM SUCCESSFULLY HELD ITS FIRST ANNUAL SUMMERFEST ON AUGUST 20, 2022, AT THE CHRISTIAN STRONGHOLD BAPTIST CHURCH IN PHILADELPHIA. OVER 100 PEOPLE ATTENDED THE FREE EVENT TO ENJOY ARTWORK, FOOD, ENTERTAINMENT, LEARN ABOUT RHD PROGRAMS, AND LISTEN TO SPEAKERS FROM UNITED PEERS, CSP, AND OTHER PROGRAMS. UNITED PEERS HELD ADDITIONAL ENJOYABLE AND ENRICHING PROGRAMS FOR ITS PARTICIPANTS, INCLUDING A WINTER HOLIDAY CELEBRATION; A JOB READINESS

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

SEMINAR THAT INCLUDED COMPUTER TRAINING; AN AWARDS CEREMONY TO HONOR PARTICIPANTS WHO EXCELLED IN GROUP SESSION LEARNING; AND A MEMORIAL SERVICE TO HONOR DECEASED MEMBERS OF THE UNITED PEERS COMMUNITY. LOCATED IN PHILADELPHIA, PA, UNITED PEERS IS A RECOVERY CENTER FOR PEOPLE WITH MENTAL/CO-OCCURRING DISORDERS WHO WANT TO ENRICH THEIR LIVES THROUGH WELLNESS WORKSHOPS AND EDUCATIONAL GROUPS AND SESSIONS.

IN MAY 2023, RHD'S COORDINATED HOMELESS OUTREACH CENTER (CHOC) RECEIVED THE RECOVERY & RESILIENCY AWARD AT THE 10TH ANNUAL MONTGOMERY COUNTY CSP CONFERENCE AND 45TH ANNUAL MONTGOMERY MENTAL HEALTH AWARDS RECEPTION, HELD AT MARTHA'S COMMUNITY FARM IN AUDUBON, PA. THIS CEREMONY HONORED CHOC'S ESSENTIAL SERVICES AND COMPREHENSIVE SUPPORT FOR THE VULNERABLE IN MONTGOMERY COUNTY. THE EVENT'S THEME, "COURAGE TO CONTINUE," EMPHASIZED RESILIENCE IN THE FACE OF ADVERSITY. CHOC IS THE ONLY YEAR-ROUND, 24-7, EMERGENCY HOUSING SERVICE FOR SINGLE ADULT MEN AND WOMEN EXPERIENCING HOMELESSNESS IN MONTGOMERY COUNTY, PA.

GREENE STREET IS A COMMUNITY-BASED RESIDENTIAL PROGRAM LOCATED IN THE HEART OF THE GERMANTOWN SECTION OF PHILADELPHIA, PA. RHD ESTABLISHED GREENE STREET IN MARCH OF 2023 AFTER ASSUMING CONTROL OF A PRE-EXISTING PROGRAM AND TRAINING THE 12-PERSON STAFF IN RHD PRINCIPLES AND VALUES. THE PROGRAM SERVES TEN ADULT MEN RECOVERING FROM MENTAL ILLNESS AND FACING HOUSING AND FORENSIC CHALLENGES. GREENE STREET PROVIDES A LONG-TERM RESIDENTIAL SETTING WHERE PARTICIPANTS CAN ESTABLISH BOTH TREATMENT AND HOUSING GOALS THAT SUIT THEIR INDIVIDUAL NEEDS.

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

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

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. THESE SERVICES ARE PROVIDED TO INDIVIDUALS ACROSS 30 PROGRAMS IN DELAWARE, IOWA, LOUISIANA, NEW JERSEY, PENNSYLVANIA, AND TENNESSEE.

ON NOVEMBER 21, 2022, THE PHILADELPHIA INQUIRER PUBLISHED A COMPREHENSIVE ARTICLE ON RHD'S MORRIS HOME. OVER A SPAN OF TWO YEARS, THE NEWSPAPER'S JOURNALISTS SPENT TIME WITH PARTICIPANTS AND STAFF, CAPTURING THE COMMUNITY'S CHALLENGES, TRIUMPHS, AND THEIR STRONG SENSE OF UNITY AND SHARED EXPERIENCES. THE ONLINE VERSION OF THE ARTICLE WAS AN INNOVATIVE MIX OF LONGFORM JOURNALISM, VIDEO CONTENT, AND PHOTOGRAPHY. IN MAY 2023, MORRIS HOME BEGAN MEETINGS WITH THE PHILADELPHIA MAYOR'S OFFICE OF LGBT AFFAIRS, USHERING IN A COLLABORATION THAT WILL PROVIDE INCREASED AND COORDINATED SUPPORT TO THE PHILADELPHIA LGBTQ+ COMMUNITY. IN JUNE 2023, FOR THE SECOND YEAR IN A ROW, MORRIS HOME RECEIVED A DONATION DURING PRIDE WEEK FROM PHILADELPHIA-BASED CLOTHING RETAILER ANTHROPOLOGIE. LOCATED IN PHILADELPHIA, PA, MORRIS HOME IS THE ONLY RESIDENTIAL RECOVERY FACILITY IN THE COUNTRY THAT PROVIDES SUPPORT FOR TRANSGENDER AND NONBINARY INDIVIDUALS IN A GENDER-AFFIRMING AND INCLUSIVE ENVIRONMENT.

IN SEPTEMBER 2022, RHD'S FAMILY PRACTICE & COUNSELING NETWORK (FPCN) RECEIVED \$500,000 FROM INDEPENDENCE BLUE CROSS FOUNDATION, THE CHARITABLE ARM OF ONE OF THE LARGEST HEALTH INSURERS IN SOUTHEASTERN PENNSYLVANIA. THE FUNDS WILL BE USED TO HELP STAFF FPCN'S NEW FAMILY

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

HEALTH & BIRTH CENTER. SET TO OPEN IN 2024, THIS BIRTHING CENTER REPRESENTS A UNIQUE AND HOLISTIC APPROACH TO BIRTHING AND PEDIATRIC CARE, PROVIDING COMPREHENSIVE SERVICES IN A LOW-TECH, HIGH-TOUCH, HOME-LIKE SETTING. FPCN IS COMPRISED OF FIVE FEDERALLY QUALIFIED HEALTH CENTERS IN PHILADELPHIA, PA, AND IS THE LARGEST NURSE-LED HEALTH CARE NETWORK IN THE COUNTRY. SINCE 1992, IT HAS PROVIDED PRIMARY CARE, INTEGRATED AND OUTPATIENT BEHAVIORAL HEALTH CARE, PRENATAL CARE, FAMILY PLANNING SERVICES, DENTAL CARE, MIND/BODY SERVICES, COMMUNITY OUTREACH, ADVOCACY, AND MORE TO OVER 16,500 PEOPLE ANNUALLY IN UNDER-RESOURCED NEIGHBORHOODS.

LOCATED JUST OUTSIDE OF PHILADELPHIA, PA, RHD'S LOWER MERION COUNSELING & MOBILE SERVICES (LMCMS) ANNUALLY SERVES OVER 1,300 INDIVIDUALS. DURING FISCAL YEAR 2022-2023, LMCS EXPANDED ITS SERVICES, PARTICULARLY TO THE MEDICAID POPULATION, BY INCREASING ITS STAFF. ADDITIONALLY, THEY CONTINUED TO OFFER TELEHEALTH SERVICES, WHICH WERE INITIALLY IMPLEMENTED DURING THE COVID-19 PANDEMIC. FROM JANUARY TO JUNE 2023, LMCMS'S CO-LOCATED GENOA HEALTHCARE PHARMACY SERVED 742 INDIVIDUALS, MARKING A 66% INCREASE FROM THE PREVIOUS YEAR, AND PROCESSED 4,346 PRESCRIPTIONS, REFLECTING A 31% INCREASE FROM THE PREVIOUS YEAR. AS OF THE END OF APRIL 2023, GENOA PARTICIPANTS HAD AN 83% MEDICATION ADHERENCE RATE, SIGNIFICANTLY HIGHER THAN THE 50% RATE OBSERVED IN OTHER RETAIL PHARMACIES. LMCMS HAS PROVIDED COMPREHENSIVE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR OVER 50 YEARS.

IN 2022, WOMANSPACE PHILADELPHIA BEGAN LAYING THE GROUNDWORK FOR THEIR UPCOMING NEW SITE, EMPOWER. ADDITIONALLY, STAFF WORKED TO PREPARE THE SITE FOR PARTICIPANTS, THROUGH FURNITURE, DECORATIONS, AND INTEGRATION

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

OF A SMART (SENSORY MOTOR AROUSAL REGULATION TREATMENT) THERAPY ROOM. EMPOWER WILL PROVIDE 12 BEDS TO THE COMMUNITY, PROVIDING SUPPORT AND HOPE AND PROMOTING WELLNESS IN A SECURE ENVIRONMENT FOR THOSE IN NEED. LOCATED IN THE GERMANTOWN SECTION OF PHILADELPHIA, PA, WOMANSPACE PHILADELPHIA IS THE ONLY RESIDENTIAL TREATMENT PROGRAM FOR WOMEN EXPERIENCING SUBSTANCE USE AND CHRONIC HOMELESSNESS.

ON JUNE 1, 2023, RHD'S NEW ORLEANS MOBILE CRISIS INTERVENTION UNIT (NOMCIU) LAUNCHED TO ENHANCE EMERGENCY CARE IN NEW ORLEANS, LA, BY CONNECTING INDIVIDUALS IN DISTRESS WITH A SPECIALIZED CRISIS TEAM THROUGH 911. IN PARTNERSHIP WITH THE CITY OF NEW ORLEANS AND ITS HEALTH DEPARTMENT, NOMCIU AIMS TO CREATE A MORE EFFICIENT FOURTH BRANCH OF THE EMERGENCY RESPONSE SYSTEM FOR BEHAVIORAL HEALTH CRISES. OPERATING 24/7, NOMCIU WORKS CLOSELY WITH 911 DISPATCH TO HANDLE BEHAVIORAL HEALTH CALLS AND RESPOND PROMPTLY AS NEEDED.

AFTER A TWO-YEAR HIATUS, FAMILY HOUSE NORRISTOWN CELEBRATED ITS GRAND REOPENING IN AUGUST 2022. METICULOUS PREPARATIONS, INCLUDING UPDATING LICENSING REQUIREMENTS, COMPLETING NECESSARY RENOVATIONS, AND ASSEMBLING A FULL STAFF, MADE THE SUCCESSFUL REOPENING POSSIBLE. FAMILY HOUSE NORRISTOWN IS A LONG-TERM RESIDENTIAL TREATMENT FACILITY IN NORRISTOWN, PA, DEDICATED TO SUPPORTING CHEMICALLY DEPENDENT WOMEN, PREGNANT WOMEN, AND THEIR CHILDREN. THIS UNIQUE PROGRAM NOT ONLY ADDRESSES ADDICTION AND PARENTING SKILLS, BUT ALSO EMPHASIZES CHILD PREVENTION AND INTERVENTION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
RHD'S COMPREHENSIVE SOCIAL SERVICES PROGRAMMING ALSO INCLUDES

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

HOMELESSNESS, VETERANS, CHILDREN, EMPLOYMENT, AND MORE. THESE SERVICES WERE PROVIDED TO INDIVIDUALS IN NINE PROGRAMS IN LOUISIANA, NEW JERSEY, AND PENNSYLVANIA.

PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

IN SEPTEMBER 2022, RHD LAUNCHED THE HOMELESS HEALTH INITIATIVE, WHICH AIMS TO IMPROVE THE HEALTH OUTCOMES OF INDIVIDUALS EXPERIENCING HOMELESSNESS BY ESTABLISHING CONNECTIONS WITH COMMUNITY-BASED HEALTHCARE SERVICES AND UTILIZING THEIR HEALTH PLAN BENEFITS, SUCH AS DENTAL AND VISION CARE. THE HOMELESS HEALTH INITIATIVE, FUNDED BY KEYSTONE FIRST, ADDRESSES HEALTH CHALLENGES BY COLLABORATING AND SHARING INFORMATION REGARDING PARTICIPANTS' MEDICAL NEEDS AND IS A COLLABORATIVE EFFORT BETWEEN THREE OF RHD'S PROGRAMS IN THE GREATER PHILADELPHIA, PA, AREA PROVIDING EMERGENCY SHELTER: COORDINATED HOMELESS OUTREACH CENTER (CHOC), WOODSTOCK FAMILY CENTER, AND FERNWOOD.

IN DECEMBER 2022, RHD'S INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS) ENGAGED IN AN ORGANIZED THERAPEUTIC ART-MAKING PROJECT THAT AIMED TO ADDRESS THE SURGE IN GUN VIOLENCE IN PHILADELPHIA, PA. LED BY ACCLAIMED ARTIST, DIONN RENE WILLIAMS, IBHS STAFF GAINED RESPITE FROM THE EMOTIONAL STRAIN OF THEIR WORK THROUGH CREATING A PIECE OF ART. FEATURING EMPOWERING WORDS LIKE "RESILIENCE" AND "HEALING," THE COMPLETED PIECE IS DISPLAYED AS A MURAL AT RHD'S PHILADELPHIA OFFICE. IBHS SECURED A GRANT FROM CBH TO ADDRESS COMMUNITY-INVOLVED VIOLENCE, NOTABLY GUN VIOLENCE IN HIGH-IMPACT AREAS IN PHILADELPHIA. USING THIS GRANT, THEY IMPLEMENTED RHD'S SMART MODEL IN SCHOOLS. IBHS IS A PARTNERSHIP BETWEEN RHD, COMMUNITY BEHAVIORAL HEALTH (CBH), AND THE

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

SCHOOL DISTRICT OF PHILADELPHIA THAT PROVIDES THERAPEUTIC INTERVENTIONS TO STUDENTS AND THEIR FAMILIES IN NORTH AND NORTHWEST PHILADELPHIA, PA. EXPENSES \$ 8,899,664. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,401,449.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED ITS BY-LAWS IN NOVEMBER 2022.

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

A DRAFT OF THE FORM 990 IS PROVIDED TO THE EXECUTIVE TEAM 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.

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 AVOID CONFLICTS OF INTEREST WHICH COULD ARISE BETWEEN RELATED PEOPLE OR WHEN CONDUCTING BUSINESS TRANSACTIONS WITH THIRD PARTY ENTITIES AND/OR INDIVIDUALS.

CONFLICTS OF INTEREST INCLUDE AND ARE NOT LIMITED TO ACTS OR OMISSIONS WHICH COULD IMPACT PERSONAL INTERESTS, FINANCIAL INTERESTS, OR IMPROPERLY CREATE A BENEFIT OR BURDEN FOR AN ORGANIZATION OR ENTITY. ALL ACTUAL, POTENTIAL AND PERCEIVED CONFLICTS OF INTEREST MUST BE REPORTED PER RHD POLICY AND WILL BE ADDRESSED IN FULL ACCORDANCE WITH THE LAW AND RHD POLICY.

ANY KNOWN CONFLICT OF INTEREST SHOULD BE DISCLOSED TO THE COMPLIANCE

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

OFFICER AS WELL AS TO THE IMMEDIATE SUPERVISOR IF APPLICABLE.

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.

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 IX, LINE 11G, OTHER FEES:

OTHER:

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

PROGRAM SERVICE EXPENSES	29,521,939.
MANAGEMENT AND GENERAL EXPENSES	3,253,418.
FUNDRAISING EXPENSES	39,981.
TOTAL EXPENSES	32,815,338.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	32,815,338.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990, PART I, LINE 11, OTHER REVENUE:
PRIOR YEAR:
NET LOSS FROM FUNDRAISING EVENTS 44,238
TOTAL LOSS TO FORM 990, PART I, LINE 11: 44,238

CURRENT YEAR:
NET LOSS FROM FUNDRAISING EVENTS 75,996
TOTAL LOSS TO FORM 990, PART I, LINE 11: 75,996

**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

2022

**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
PENNSYLVANIA INSTITUTE FOR COMMUNITY LIVING, INC. - 13-4101319, 4700 WISSAHICKON AVE. SUITE 126, PHILADELPHIA, PA 19144	PROVIDES RESIDENTIAL AND OUTPATIENT TREATMENT, AND REHABILITATION SERVICES	PENNSYLVANIA	501(C)(3)	7	N/A		X

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

Schedule R (Form 990) 2022

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	8,240.	3,928,776.		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	14,806.	325,972.	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					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) PENNSYLVANIA INSTITUTE FOR COMMUNITY LIVING, INC.	P	1,110,715.	CASH
(2) PENNSYLVANIA INSTITUTE FOR COMMUNITY LIVING, INC.	M	144,645.	CASH
(3) PENNSYLVANIA INSTITUTE FOR COMMUNITY LIVING, INC.	D	364,613.	CASH
(4)			
(5)			
(6)			

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