

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



FOSTIMAN STAD DATE PART 1 3 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

		of the Treasury	The organization may have to use a copy of this return to satisfy state	reporting requirements	Open to Public Inspection
AI	For the	2008 cal		TUN 30, 2009	, mepersion
B	Check if applicable	use IHS	C Name of organization	D Employer identifica	tion number
<u> </u>	chang	e print or	NHS HUMAN SERVICES FOUNDATION INC		05500
LX.	⊾]chang ∏Initial	e 7,5	Doing Business As	23-30	05583
늗	return Termin		Number and street (or P.0. box if mail is not delivered to street address) Room/suite 620 GERMANTOWN PIKE	E Telephone number	220 4402
늗	⊒ation Amend return		City or town, state or country, and ZIP + 4	G Gross receipts \$	238-4403 770,012.
干	Ireturn Applic	a-	LAFAYETTE HILL, PA 19444	H(a) Is this a group retu	
-	pendir		ne and address of principal officer.KEVIN MCCLURE	for affiliates?	Yes X No
		1	E AS C ABOVE	H(b) Are all affiliates include	= = = = = = = = = = = = = = = = = = = =
<u> </u>	Tax-exe		ıs: X 501(c) (3	1 ''	it. (see instructions)
			SONLINE.ORG	H(c) Group exemption i	
				of formation: 1999 M S	State of legal domicile: PA
Pa	art I	Summa			
ě			scribe the organization's mission or most significant activities: CONDUCT_FU		
au	1 '		IT DONATIONS TO SUPPORT THE OPERATIONS OF		ERVICES
ern/	1		s box If the organization discontinued its operations or disposed of more	1 1	0
ဇ္ဗ	ł		f voting members of the governing body (Part VI, line 1a)	3	0
∞5	1		f independent voting members of the governing body (Part VI, line 1b)	5	0
itie	1		ber of employees (Part V, line 2a) ber of volunteers (estimate if necessary)	. 6	0
Activities & Governance	1		s unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
4	1	•	ated business taxable income from Form 990-T, line 34	7b	0.
			ons and grants (Part VIII, line 1h) RECEIVED	Prior Year	Current Year
<u>o</u>	8	Contributi	ons and grants (Part VIII, line 1h)		<u>758,297.</u>
eun	9	Program s	service revenue (Part VIII, line 2g)		
Revenue			nt income (Part VIII, inite 29)		11,715.
_			enue (Part VIII, column (A), lines 5, 6d 8e 9c, 10c, and 11e)		770 010
			nue - add lines 8 through 11 (must equal Part-VIII, column (A) line 12)		770,012. 123,548.
	1		d similar amounts paid (Part IX, column (A), lines 19)		123,340.
	1	-	paid to or for members (Part IX, column (A), line 4)		177,612.
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10) all fundraising fees (Part IX, column (A), line 11e)		111,012.
per	l oa		Iraising expenses (Part IX, column (D), line 25) 151,276.		
Ж	17		enses (Part IX, column (A), lines 11a-11d, 11f-24f)		216,023.
		· ·	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		517,183.
	19		ess expenses. Subtract line 18 from line 12		252,829.
SOC				Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)	1,203,885.	1,662,984.
et A	21		lities (Part X, line 26)	127,510.	207,570.
꾪	22 art II		s or fund balances. Subtract line 21 from line 20	1,076,375.	1,455,414.
	art II			and to the best of my knowledge	and belief, it is true, correct.
		and comple	Ities of perjury, I declare that I have examined this return, including accompanying schedules and statements, to Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
Sig	n		I WIMM	1 5/13/10	
Her		Sign	ature of officer	Date	
		► KE	VIN MCCLURE, CFO		
_			e or print name and title		
Paid	4	Preparer's	Date Ch sel		identifying number ictions)
	o parer's	signature	emem	ployed >	·- <u></u>
	Only	Firm's name yours if		EIN ►	
	,	self-employ address, an			
		ZIP + 4	Alexander and the Alexander an	Phone no.	Yes No
ıvıa'	y ine it	าอ aiscus:	s this return with the preparer shown above? (see instructions)		185 NO

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION 915-18

Form 990 (2008)

	990 (2008) NHS HUMAN SERVICES FOUNDATION INC	<u>23-3005583</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission: CONDUCT FUNDRAISING EVENTS AND SOLICIT DONATIONS TO SUPPOPERATIONS OF NHS HUMAN SERVICES INC AND ITS AFFILIATES	ORT THE	
	OT BIGHT ON OT A THE MOUNT OF THE THE TENTE OF THE TENTE		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	LXJ No
_	If "Yes", describe these new services on Schedule O.	□v	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O		LA_I NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gallocations to others, the total expenses, and revenue, if any, for each program service reported.	rants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 298,379. including grants of \$ 123,548.) (ReCONDUCT FUNDRAISING EVENTS AND SOLICIT DONATIONS TO SUPPOPERATIONS OF NHS HUMAN SERVICES INC AND ITS AFFILIATES.	ORT THE	451.)
	OPERATIONS OF MAS HUMAN SERVICES INC AND ITS AFFIDIALES.		
			
4b	(Code.) (Expenses \$ including grants of \$) (Re	evenue \$)
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code.) (Expenses \$ including grants of \$) (Re	evenue \$)
			
۸,,	Other program services. (Describe in Schedule O.)		
4d	(Expenses \$ Including grants of \$) (Revenue \$		
4e	Total program service expenses ▶\$ 298,379. (Must equal Part IX, Line 25, column (B).)		
		Form 9	90 (2008)

			Yes	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	_11_	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the US?	1 <u>4</u> a		<u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15_	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20_		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b_	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	X
		Form	990 ((2008)

Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee. a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? Х If "Yes," complete Schedule L, Part IV 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 31 Х If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N. Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? 34

If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes." complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2008)

X

34

35

36

37

_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the graphystics comply with backers w			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		v
25	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u>1c</u>		<u> </u>
-0	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	if "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).	7.	Х	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
C	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <u>f</u>		_X_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h_		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
_	excess business holdings at any time during the year?	_8_		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. N/A	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter N/A			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			l
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
_ <u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		000	
		Form	99U (2008)

Form 990 (2008) NHS HUMAN SERVICES FOUNDATION INC 23-3005583 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	Officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11_		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	х	
	Other officers or key employees of the organization?	15b	Х	
-	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17				
	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	List the states with which a copy of this Form 990 is required to be filed ▶PA	for		
18	List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
18	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	for		
	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request		incial	
	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and some conflict of interest policy.		incial	
19	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as statements available to the public.	nd fina		
	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	nd fina		
19	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as statements available to the public.	nd fina		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	(0		Posi		ı : app	lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per	<u> </u>	T	\ \\		Т	'77	from	from related	other
	week	direct				٦		the .	organizations	compensation
		tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		altrus	onal tri		oloyee	CO mp		(***2/1000141100)		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
MICHAEL MITCHELL										
CHAIRMAN	0.00	X	<u> </u>	_				0.	0.	0.
TOM BURKHOLDER										
DIRECTOR	0.00	X	ļ	<u> </u>	_	<u> </u>		0.	0.	0.
STEPHEN CARR										•
DIRECTOR	0.00	X	ļ	ļ		-		0.	0.	0.
FRANCIS DOYLE III		l						_	•	•
DIRECTOR	0.00	X	- ∔	┢	├	<u> </u>		0.	0.	0.
CHRISTOPHER DUTTON								•	•	0.
DIRECTOR	0.00	X	┼	-	⊢	┼─		0.	_0.	0.
LIZ GRECO-ROCKS	0.00	١,,						0.	0.	0.
DIRECTOR	0.00	<u>^</u>	╁	-	-	\vdash		U .	<u></u>	
DONALD LEATHERWOOD, II,	0.00	\ . .	Ì					0.	0.	0.
DIRECTOR BRIAN BRODE	0.00	^	 		-	+		<u></u>		
BRIAN PROPP	0.00	v						0.	0.	0.
DIRECTOR CHRISTOPHER HARVEY	0.00	^	1	-		+				
DIRECTOR	0.00	v						0.	0.	0.
JOHN KROL	0.00	1	1			+				
DIRECTOR	0.00	x						0.	0.	_0.
RAY PENNACCHIA	0.00		1	 		†		<u> </u>		
DIRECTOR	0.00	x						0.	0.	0.
BRUCE SHAM										_
DIRECTOR	0.00	X						0.	0.	0.
KATHLEEN LENS										
DIRECTOR	0.00	X						0.	0.	0.
PHILLIP HUGHES										
DIRECTOR	0.00	X						0.	0.	0.
DR. CHARLES DUNTON										
DIRECTOR	0.00	X	ļ		_	$oxed{oxed}$		0.	0.	0.
M. JOSEPH ROCKS										
EX-OFFICIO	1.00	\perp	1	X	1_	\perp		0.	597,904.	201,478.
KEVIN MCCLURE										
TREASURER	1.00	<u>L</u>		X				0.	315,195.	74,028. Form 990 (2008)

832007 12-18-08

	(A) Name and title	(B) Average	npie			C)		est	(D) Reportable	(E) Reportable		Es	(F)	ed
		hours per week	director		all		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	s	com fr org	nount other pensa om th anizat d relat	of ition e ion ed
						_								
							-				-			
								_						
1b	Total		<u></u>						0.	913,09	99.	27	5,5	06.
2	Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	000 in reportable			·	Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? If "Yes,	" cc	mpl	ete S	Sch	edul	e J i	for such individual			4_	Х	
	the organization? If "Yes," complete Schedition B. Independent Contractors	lule J for such	pers	son								5_	X	
1	Complete this table for your five highest continuous the organization NONE	empensated in	dep	ende	ent c	ont	racto	ors t	that received more than (B)	\$100,000 of com	ipensa	ation f		
	Name and business	address			_				Description of s	services	C		nsatio	n
			_			_	<u>-</u>							
2	Total number of independent contractors (including those	e in	1) w	ho r	ece	ved	moi	re than \$100,000 in com	ipensation				
	from the organization	U										Form	990 (2008)

					VICES FO	<u>UNDATION I</u>	NC	<u>23-3005</u>	583 Page 9
Pa	rt v	<u> </u>	I Statement of Reve	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns	1a					
ga		b	Membership dues	1b					
am, c		С	Fundraising events	1c					
<u>ag</u>		d	Related organizations	1d			:		
S.E		е	Government grants (contribute	tions) <u>1e</u>	. <u></u>				
향합		f	All other contributions, gifts, gran						
들칅			similar amounts not included abo	ove 1f 7	<u> 58,297.</u>				
Contributions, gifts, grants and other similar amounts		g	Noncash contributions included in lines	s 1a-1f \$					
Q <u>a</u>		<u>h</u>	Total. Add lines 1a-1f		. •	758,297.			
					Business Code				
<u>8</u>	2	а			. — — —	 			
e S		b						<u>-</u>	
n S		С							
e a		d							
Program Service Revenue		e					ļ——————————————————————————————————		
<u>~</u>]		f	All other program service revi	enue					
\rightarrow	_	_	Total. Add lines 2a-2f	 	>				
	3		Investment income (including	j dividends, inter		11 715			11 715
			other similar amounts)		>	11,715.			11,715.
	4		Income from investment of ta	ix-exempt bond t	proceeds -			 	
	5		Royalties	(2.51	(3.5)				
		_	Overe Perte	(i) Real	(ii) Personat	!			
Ì	ь	a							
ļ		b	Less rental expenses Rental income or (loss)		 				
		ر د		L					
	7	d	Gross amount from sales of	(i) Securities	(ii) Other		 		
ŀ	•	а	assets other than inventory	to Securities	(ii) Other				
		h	Less: cost or other basis						
			and sales expenses						
		c	Gain or (loss)						
į			Net gain or (loss)						
اه	8		Gross income from fundraisir	ng events (not					
Other Revenue			including \$						
ě			contributions reported on line						
ᇤ			Part IV, line 18	а					
١		b	Less. direct expenses	b					
~		С	Net income or (loss) from fun	draising events	_				
	9	а	Gross income from gaming a	ctivities See					
			Part IV, line 19	а					
			Less direct expenses	. b	L				
			Net income or (loss) from gar						
	10	а	Gross sales of inventory, less	returns	1		1		
			and allowances	. а					
			Less cost of goods sold	, b					
ł		<u>C</u>	Net income or (loss) from sale						
}	44	_	Miscellaneous Revenu		Business Code				
	11	_				 -		· · · · · · · · · · · · · · · · · · ·	
		þ			 				
		ن	All other revenue						
		u	Total, Add lines 11a-11d	•					
	12		Total Revenue. Add lines 1h, 2g, 3,	4 5 8d 7d 8c 9c 1		770,012.	0.	0.	11,715.
83200	<u> </u>	-	. C.a. Herenee. Add lines in, 2g, 5,	-, -, -, -, -, -, -, -, -, -, -, -, -, -	SO, AND 118	,			Form 990 (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		САРЕПЭСЭ	general expenses	CAPONSOS
•	organizations in the U.S. See Part IV, line 21	123,548.	123,548.		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the U.S.	İ			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	147,809.	118,247.	29,562.	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	2,905.	2,469.	436.	
9	Other employee benefits	14,131.	12,011.	2,120.	
10	Payroll taxes	12,767.	10,852.	1,915.	
11	Fees for services (non-employees)				
а		10,270.		10,270.	
b	Legal	4,741.		4,741.	
c	, · .	1,000.		1,000.	
d	· · · · · · · · · · · · · · · · ·				
e					
f	Investment management fees				
g					
12	Advertising and promotion	134,798.			134,798
13	Office expenses				
14	Information technology				
15	Royalties			_	
16	Occupancy	9,162.		9,162.	
17	Travel	5,376.	4,301.	1,075.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,649.	1,649.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PRINTING EXPENSE	18,526.	14,821.	3,705.	
b	DUDG 3170 GUDGGD TD DT 611G	16,174.			16,174
С	BANK FEES	7,039.	5,631.	1,408.	
d	EQUIPMENT RENTAL	3,767.	3,014.	753.	
е	POSTAGE AND SHIPPING	1,522.	1,218.		304
f	All other expenses	1,999.	618.	1,381.	
25	Total functional expenses. Add lines 1 through 24f	517,183.	298,379.	67,528.	151,276
26	Joint Costs Check here ▶ If following				
	SOP 98-2. Complete this line only if the organization		j		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	j			

			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	633,720. 1	592,604.
	2	Savings and temporary cash investments	506,720. 2	486,169.
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	46,750. 4	101,470.
İ	5	Receivables from current and former officers, directors, trustees, key	1	
		employees, or other related parties. Complete Part II of Schedule L.	5	
	6	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		
		Part II of Schedule L	6	
2	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
۱ ۲	9	Prepaid expenses and deferred charges	16,695. 9	7,270.
	10a	Land, buildings, and equipment. cost basis 10a 1,123.		
	ь	Less: accumulated depreciation. Complete		
		Part VI of Schedule D 10b 1,123.	0 • 10c	0.
-	11	Investments · publicly traded securities		473,336.
ŀ	12	Investments - other securities See Part IV, line 11	12	
	13	Investments · program-related See Part IV, line 11	13	
- 1	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	0. 15	2,135.
\dashv	16_	Total assets. Add lines 1 through 15 (must equal line 34)	1,203,885. 16	1,662,984.
ı	17	Accounts payable and accrued expenses	75,870. 17	<u>56,522.</u>
ł	18	Grants payable	18	
	19	Deferred revenue	11,832. 19	125,099.
- }	20	Tax-exempt bond liabilities	20	
3	21	Escrow account liability Complete Part IV of Schedule D	21	
	22	Payables to current and former officers, directors, trustees, key employees,		
		highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	22	
ı	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable	24	
	25	Other liabilities. Complete Part X of Schedule D	39,808. 25	25,949.
	26	Total liabilities. Add lines 17 through 25	127,510. 26	207,570.
		Organizations that follow SFAS 117, check here X and complete		
1		lines 27 through 29, and lines 33 and 34.		
	27	Unrestricted net assets	583,605. 27	<u>836,440</u> .
	28	Temporarily restricted net assets	492,770. 28	618,974.
	29	Permanently restricted net assets	29	
5		Organizations that do not follow SFAS 117, check here		
5		complete lines 30 through 34.		
o closed of	30	Capital stock or trust principal, or current funds	30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
;	32	Retained earnings, endowment, accumulated income, or other funds	32	
-	33	Total net assets or fund balances	1,076,375. 33	1,455,414.
	34_	Total liabilities and net assets/fund balances	1,203,885. 34	1,662,984.
ar	t XI	Financial Statements and Reporting		Yes No
	^	ounting method used to prepare the Form 990: Cash X Accrual	Other	Tes No
				2a X
		the organization's financial statements compiled or reviewed by an independent	accountant r	
		the organization's financial statements audited by an independent accountant?	neibility for avareight of the acidit	2b X
		es" to lines 2a or 2b, does the organization have a committee that assumes respo w, or compilation of its financial statements and selection of an independent acco		2c X
		result of a federal award, was the organization required to undergo an audit or au		
		and OMB Circular A-133?	9	3a X

832011 12-18-08

b If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** NHS HUMAN SERVICES FOUNDATION INC 23-3005583 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is. (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated a L Type i By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11q(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization organizátion in col. in col. (i) listed in your organization in col. support organization (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section No No Νo (see instructions)) <u>Total</u> Schedule A (Form 990 or 990-EZ) 2008

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

Schedule A (Form 990 or 990-EZ) 2008 NHS HUMAN SERVICES FOUNDATION INC 23-3005583 Page 2

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	233,249.	507,171.	1,138,360.	819,028.	758,297.	3,456,105.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 · 3	233,249.	507,171.	1,138,360.	819,028.	758,297.	3,456,105.
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						3 456 105
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	233,249.	507,171.	1,138,360.	819,028.	758,297.	3,456,105.
8	Gross income from interest,			!			
	dividends, payments received on					:	
	securities loans, rents, royalties						
	and income from similar sources	2,803.	12,499.	23,851.	23,264.	11,715.	74,132.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			 			
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						3,530,237.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	<u> 207,376.</u>
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here					<u> </u>
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
	Public support percentage for 2008 (•	olumn (f))		14	<u>97.90 %</u>
15	Public support percentage from 2007	7 Schedule A, Part	IV-A, line 26f			15	%
16	a 33 1/3% support test - 2008. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies						$\triangleright [X]$
ŧ	33 1/3% support test - 2007. If the	organization did no	t check a box on l	ne 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua						▶□
178	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the orga	nization
	meets the "facts-and-circumstances"						. ▶∟
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t						. —
	organization meets the "facts-and-cir						
18	Private foundation, If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ns 🕨 📗

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(4) = 0	10/2000	(0)2000	10/2001	(6) 2000	(I) TOTAL
membership fees received (Do not						
include any "unusual grants.")		}	1	1		
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						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5		<u> </u>			<u> </u>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					<u> </u>	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add tines 7a and 7b					ļ	
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	ercentage				-
15 Public support percentage for 2008 (lin			column (f))		15	
16 Public support percentage from 2007 S		-	``'		16	
Section D. Computation of Invest						
17 Investment income percentage for 200					17	
18 Investment income percentage from 20	•		***	•	18	
19a 33 1/3% support tests - 2008. If the o				15 is more than		
more than 33 1/3%, check this box and						▶
b 33 1/3% support tests - 2007. If the o	•	_				and
line 18 is not more than 33 1/3%, chec						
20 Private foundation, If the organization						
EV CITAGLE TOURNALION. II LIE DIGANIZALION	and mor critick a	IIII III 14. 15	13D. UIEUN U			

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

Open to Public Inspection

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	NHS HUMAN SERVICES	FOUNDATION INC	23-3005583
Par			
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may be	e used only
	for charitable purposes and not for the benefit of the donor of		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	. —	stoncally important land area
	Protection of natural habitat	Preservation of certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	at a makedadea (a)	2b
C	Number of conservation easements on a certified historic str		2c
2	Number of conservation easements included in (c) acquired Number of conservation easements modified, transferred, re		
3	year	leased, extinguished, or terminated by th	e organization during the taxable
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		and
•	enforcement of the conservation easements it holds?	,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, c	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		*
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
_	(ii) Assets included in Form 990, Part X	and the similar appets for financial	
2	If the organization received or held works of art, historical tre		ai gairi, provide
	the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, line 1	to relating to these items	> \$
a h	Assets included in Form 990, Part XIII, line 1		► \$ ► \$
U	Assets moluded in Form 550, Fait A		· · · · · · · · · · · · · · · · · · ·
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	e the Instructions for Form 990.	Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2008 NHS HUM	AN SERVICE	S FO	UNDATI	ON INC			<u> 23-30</u>	0558	3 P	аде 2
that apply). a Public exhibition d Loan or exchange programs b Scholarly research e Other b Scholarly research e Other b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to rage funds rather than to be manifered so part of the organization collection? Yes No Part IVI Trust, Escrow and Cuistodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1s Is the organization include an amount on Form 990, Part X, line 21. c Beginning balance 1d Additions during the year 1 Endormment Funds. Complete in organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 1b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete in organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1 Administrative expenses 2 End of year balance 2 Provide the estimated percentage of the year end balance held as' a Board designated or quasi-endowment	Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (cont	inued)	
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization sciolection 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? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year e Distributions during the year and programs e Distributions during the year and programs e Distributions during the year and programs e Distributions during the year and balance held as: a Board designated or quasi-endowment P	3	Using the organization's accession and othe	r records, check any	of the f	ollowing tha	t are a signif	icant use	of its coll	ection ite	ms (chec	k all	
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV		that apply).										
c	а	Public exhibition	c	. 🛄	Loan or excl	hange progr	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIV and complete the following table: Color	b	Scholarly research	•	, 🗀	Other					_		
5 During the year, did the organization solicit or receive donations of art, instoncal treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization and segment in Part XIV and complete the following table: Amount Itel	С	Preservation for future generations										
to be sold to rase funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizat	ion's exen	npt purpo	se in Par	t XIV		
Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No I"Yes," explain the arrangement in Part XIV and complete the following table: Complete Complet	5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets		_		
Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inve 21: Color Fart		aintained as part of	the orga	nization's co	llection?				Yes		No	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 teles	Par		-	- Compl	lete if organi	zation answ	ered "Yes	" to Form	990, Par	t IV, line	9, or	
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b Contributions councilude an amount on Form 990, Part X, line 217 b if "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete organization answered "Yes" to Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year		reported an amount on Form 990, Par	t X, line 21.									
b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	ssets not	ıncluded		_		_
Amount 1c		on Form 990, Part X?							L_	Yes	L	J No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? bif "Yes" explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (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 year end balance held as a Board designated or quasi-endowment % b Fermanent endowment % c Term endowment % c) Term endowment tunds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 C) Depreciation (d) Book value basis (investment) Describe in Part XIV the intended uses of the organization's endowment basis (of the organization dass (of the organization) Describe in Part XIV the intended uses of the organization's endowment funds.	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
d Additions during the year Distributions during the year 16 16 16 16 16 16 16 1										Amoun	<u>t</u>	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21?	С	Beginning balance						1c				
The contributions of the organization of the stimulated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % % % % % % % % %	d	• •						1d				
2a Did the organization include an amount on Form 990, Part X, line 21? b if "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Investment earnings or 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 year end balance held as: a Board designated or quasi-endowment ▶	е	Distributions during the year						1e				
Bill "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	f	Ending balance						1f				
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		_	orm 990, Part X, line	21?					L	」 Yes	L.	J No
(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 Investment earnings or 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 year end balance held as: a Board designated or quasi-endowment ▶	Par	t V Endowment Funds. Complete r										
b Contributions c Investment earnings or 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 year end balance held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) Iwo yea	rs back (d) I hree y	ears back	(e) Four	years	back
c Investment earnings or 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 year end balance held as: a Board designated or quasi-endowment W	1a	· · ·								<u> </u>	-	
d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	b											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	C	•								 		
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶		'						<u>-</u>				
f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment Board designated or quasi-endowment We have the endowment possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 1,123, 1,123, 0.	е	·										
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶			·· ·				 -			 		
2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	f	`	 _									
Board designated or quasi-endowment							l			L		
b Permanent endowment		•	r end balance held a									
Term endowment ▶		- · · · · · · · · · · · · · · · · · · ·		_%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 1,123. 1,123. 0.			 -									
by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Depreciation (d) Book value b Buildings c Leasehold improvements d Equipment 1,123. 1,123. 0.			· ·	-4 41					_4!			
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Depreciation (d) Book value b Buildings c Leasehold improvements d Equipment 1,123. 0.	3a		ission of the organiz	ation the	at are neid a	na aoministe	ered for th	ie organiz	ation	ſ	Vaa	No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Depreciation (d) Book value b Buildings c Leasehold improvements d Equipment 1,123. 0.											165	140
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 1,123. 1,123. 0.									•			
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) basis (other) (c) Depreciation (d) Book value basis (other) 1a Land b Buildings	_	• • • • • • • • • • • • • • • • • • • •	listed as required a	n Cobor	Nulo D2	•					-	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment 1,123. 1,123. 0.	4									<u></u>		
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value basis (other) Leasehold improvements d Equipment 1,123. 1,123. 0.	Par					Part X line	10					
basis (investment) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 1,123. 1,123. 0.								nreciatio		(d) Bool	k valu	
ta Land b Buildings c Leasehold improvements d Equipment 1,123. 1,123. 0.		Description of investment	1 ''				(0) 00	-preciation	"	(u) Doo	· valu	•
b Buildings	19	Land										
c Leasehold improvements d Equipment 1,123. 1,123. 0.												
d Equipment 1,123. 1,123. 0.						. ———						
						1.123		1.13	23.			0.
		• •				_,,		<u> </u>				 -
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))			orm 990. Part X. colu		line 10(c))				▶			0.

Schedule D (Form 990) 2008 NHS HUMAN S Part VII Investments - Other Securities. Se	ERVICES FOUN	DATION INC	23-3005583 Page 3
(a) Description of security or category	e Form 990, Part X, line	12.	(-) Mathematical advantages
(including name of security)	(b) Book value	Cos	(c) Method of valuation: st or end-of-year market value
			or or one or your market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			
Total (Col (b) should equal Form 990, Part X, col (B) line 12.)			···
Part VIII Investments - Program Related. S	ee Form 990 Part Y line	13	
		1	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cos	st or end-of-year market value
		-	<u> </u>
		 	
		- 	
	· 		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.		
	Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
			
			
Total. (Column (b) should equal Form 990, Part X, col (B) li	ne 15)		
Part X Other Liabilities. See Form 990, Part X,			
(a) Description of liability		(b) Amount	
Federal income taxes			
DUE TO AFFILIATES		25,949.	
Total, (Column (b) should equal Form 990, Part X, col (B) li	ne 25.)	25,949.	
In Part XIV, provide the text of the footnote to the organiza			anization's liability for uncertain tax positions

21

under FIN 48. 832053 12-23-08

	t XI Reconciliation of Change in Net Assets from Form 990 to		tomonto	23-3	005583	Page 4
ч		rinanciai Sta			770	012.
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			, 012. , 183.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			, 183. , 829.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			570.
4	Net unrealized gains (losses) on investments Donated services and use of facilities		5		01	, 3/0.
5			6			
6	Investment expenses		7		44	640.
7	Prior period adjustments Other (Describe in Part XIV)		8		77	, 0 4 0 .
8 9	Total adjustments (net). Add lines 4-8		9		126	210.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10			039.
	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Reve		Return		
1	Total revenue, gains, and other support per audited financial statements			1	851	582.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a	81,570	.		
b	Donated services and use of facilities	2b		7		
c	Recoveries of prior year grants	2c	_	7		
d	Other (Describe in Part XIV)	2d				
	Add lines 2a through 2d		-	2e	81	570.
3	Subtract line 2e from line 1			3	770	012.
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 XIV)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5		<u>,012.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses pe	r Returi	n	
1	Total expenses and losses per audited financial statements			1	517	<u>,183.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		4		
С	Losses reported on Form 990, Part IX, line 25	2c		4		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3_	517	<u>,183.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
b	Other (Describe in Part XIV)	4b		4		_
C	Add lines 4a and 4b .			4c		0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	- -		5	<u>517</u>	<u>,183.</u>
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l, lines 1a and 4, f	Part IV, lines	1b and 2b	o; Part V, line	4; Part
X, Pa	rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					
		 .				
			· · · ·			
				Schedu	le D (Form 9	90) 2008

SCHEDULE I			Č					OMB No 1545-0047	15-0047
(Form 990)			Governn	Governments, and Individuals in the U.S.	uals in the U.S.			2008	•
Department of the Treasury Internal Revenue Service		▲ Comp	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.	n answered "Yes," on F ■ Attach to Form 990.	" on Form 990, Pa	art IV, lines 21 or 22.		Open to Public Inspection	ublic
Name of the organization	on NHS HIMAN	SECTURES	FOTTNDATTON	↓			<u> </u>	Employer identification number 23-3005583	number 5583
Part I General Inf		nd Assistance		1					
1 Does the organiza	Does the organization maintain records to substantiate the amount of the	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	·	
	criteria used to award the grants or assistance?	tance?		of areast friends in the Hortest Chates	Ctatos	٠		. X Yes	&
Part II Conto 2	Describe III Part IV tile organization is proceedies for monitoring tile use organization strates.	cedules for morn	Offing the use of grant	Unids in the Onice	omplete if the ords	V" bereware nortexing	'es" on Form 990 Part	W line 21 for any	
_	Grants and Other Assistance to Governments and Organizations in the Orinted States, Complete in the Originization and States of States of Form 990, if additional space is needed	5.000 Check this	box if no one recipien	t received more th	an \$5.000 Use Pa	irt IV and Schedule I-1	(Form 990) if additional	I space is needed	
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
NHS BUCKS COUNTY 620 GERMANTOWN PIKE	IKE Pa 19444	23-1876000	501(C)(3)	13 867	0				
1			(0) (0) (0)						
NHS MONTGOMERY COUNTY 620 GERMANTOWN PIKE LAFAXETTE HILL, PA 19	COUNTY PIKE PA 19444	23-2304620	501(C)(3)	5,487.	0.				
NHS PENNSYLVANIA 620 GERMANTOWN PIKE LAFAXETTE HILL, PA	TKE PA 1944	23-2799679	501(C)(3)	59,604,	0				
NHS DELAWARE COUNTY 620 GERMANTOWN PIKE LAFAXETTE HILL, PA	NTY IKE PA 19444	23-1887233	501(C)(3)	13,702,	0				
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nd government or	rganizations		;			A A	3.
4	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	990) 2008

Page 2 (f) Description of non-cash assistance 23-3005583 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: GRANTS ARE ISSUED TO RELATED AFFILIATED (d) Amount of non-cash assistance NHS HUMAN SERVICES FOUNDATION INC (c) Amount of cash grant (b) Number of recipients ORGANIZATION BASED ON THEIR NEEDS (a) Type of grant or assistance Schedule I (Form 990) 2008 Part III

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NHS HUMAN SERVICES FOUNDATION INC

Employer identification number

23-3005583

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		i	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		i	
	First-class or charter travel Housing allowance or residence for personal use		i	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a	-	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		X_
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		l	
	contingent on the revenues of		l	3,7
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.		l	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Í	
	contingent on the net earnings of		ĺ	v
	The organization?	6a		X
b	Any related organization?	6b_		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			- v
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes " describe in Part III	8 1	i	X

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

Schedule J (Form 990) 2008

23-3005583

NHS HUMAN SERVICES FOUNDATION INC

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2008

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(O)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	Ξ		1 1	0	1 1			0
M. JOSEPH ROCKS	▣	445,555.	152,349.	0	200,027.	1,451.	799,382.	
	ε	0	0	0	- 1	,		
KEVIN MCCLURE	▣	242,195.	73,000.	0	62,640.	11,388.	389,223.	0
	Ξ							
	▣							
	ε							
	Ξ							:
	Θ							
	(ii)							
	Θ							
	€							
	Ξ							
	E							
	Ξ							
	Ξ							
	(ii)							
	Θ							
	⊞							
	(i)							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(1)							
	Ξ							
	(ii)							
				, (Schedul	Schedule J (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization **Employer identification number** NHS HUMAN SERVICES FOUNDATION INC 23-3005583 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INC AND ITS AFFILIATES. FORM 990, PART VI, SECTION A, LINE 10: FORM 990 WAS REVIEWED BY THE CHAIRPERSON OF THE AUDIT COMMITTEE AND COMMENTS WERE REVIEWED WITH SENIOR ALSO, FORM 990 WAS AVAILABLE FOR REVIEW BY THE BOARD MEMBER PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: MONITORED THRU OFFICE OF CORPORATE ACCOUNTABILITY. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION STUDY IS CONDUCTED BY AN UNDEPENDENT THIRD PARTY CONSULTANT. RESULT OF THE SURVEY IS PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD. COMPENSATION COMMITTEE MAKES A RECOMENDATION TO THE FULL BOARD WHO VOTES ON THE COMPENSATION OF OFFICERS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO THE PUBLIC. FORM 990 PAGE 6 SECTION C LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT OF THE ORGANIZATION WAS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

NHS HUMAN SERVICES FOUNDATION INC

Employer identification number 23-3005583

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ▶ See separate instructions.

Part	Part I Identification of Disregarded Entities				:	
	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part	Part II Identification of Related Tax-Exempt Organizations	ons				
	(8)	8	Ö	ê	(E)	Ð

(A)	(8)	(0)	(a)	(E)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
NHS HUMAN SERVICES INC - 23-2175924					
620 GERMANIOWN PIKE	1				
LAFAYETTE HILL, PA 19444	SUPPORT SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
NORTHWESTERN HUMAN SERVICES OF SUSQUEHANNA					
VALLEY - 25-1607369, 620 GERMANTOWN PIKE,					
LAFAYETTE HILL, PA 19444	IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
NHS CHESTER COUNTY - 23-1884756	ſ				
620 GERMANTOWN PIKE					
LAFAYETTE HILL PA 19444	BH & IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
NHS BUCKS COUNTY - 23-1876000					
620 GERMANTOWN PIKE	- 1		-		
LAFAYETTE HILL PA 19444	BH & IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instr	tice, see the Instructions for Form 990.	Э.			Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner? Yes No	_		
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			
(H) Disproportionate allocations? Yes No			
(G) Share of end-of-year assets			
(F) Share of total income			
(E) Predominant income (related, investment, unrelated)			
(D) Direct controlling entity			
(C) Legal domicile (state or foreign country)			
(B) Primary activity			
(A) Name, address, and EIN of related organization			

Trust
ō
6
₽
ora
8
Ď
S
S
e
ğ
axa
۳
S
ē
za
Ē
ğ
Õ
eq
ā
ᅙ
¥
ĕ
9
ça
Ě
entifi
ğ
₹
Ĕ
ď

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling Type of entity (C corp. S corp, or trust)	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of Fend-of-year assets	(H) Percentage ownership
							_
832162 12-23-08	2	29				Schedule R (Form 990) 2008	m 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV				Yes	2
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?	in Parts II-IV?		_		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to other organization(s)		•	10		×
(8)			10		×
			3		>
		•	-	+	ا (۱
e Loans or loan guarantees by other organization(s)		:	e	+	×
				-	
f Sale of assets to other organization(s)			+		×
	•		2		×
			7		;
	•			<u></u>	4
i Lease of facilities, equipment, or other assets to other organization(s)			=		×
				1	
j Lease of faculties, equipment, or other assets from other organization(s)			=		×
k Performance of services or membership or fundraising solicitations for other organization(s)			*		×
I Performance of services or membership or fundraising solicitations by other organization(s)			. ₹		×
m Sharing of facilities equipment mailing lists or other assets		:	E		×
ייי פיוסיים אין אין הייים אין פיוסיים אייים אייים אייים אין פיוסיים איייים אייים איייים אייים איייים אייים אייים אייים איייים				-	: ;
n Sharing of paid employees		•	F		×
					;
o Heimbursement paid to other organization for expenses		•	일 :	+	4
p Reimbursement paid by other organization for expenses			유		×
 a Other transfer of cash or property to other organization(s) 			P		×
	•] ÷		×
1 1	relationships and tra	insaction thresholds.			
(V)		8	,	ć	
		Transaction	Amount	Amount involved	
Name of other organization(s)		type (a-r)			
(1)					
(2)		-			
(3)		_			
(4)					
(9)					
(9)					
832163 12-23-08		Sche	Schedule R (Form 990) 2008	rm 990) 2	800

23-3005583

Page 4

Schedule R (Form 990) 2008 NHS HUMAN SERVICES FOUNDATION INC

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c/3 organizations? Yes No	(E) Share of end-of- year assets	Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes No
						Schedule R (Form 990) 2008	1 990) 2008

Schedule R-1 (Form 990) 2008 NHS HUMAN SERVICES FOUNDATION INC

Organizations	
Tax-Exempt	
of Related T	
of Identification	
Continuation	
Part II	

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
NORTHWESTERN HUMAN SERVICES OF NEW JERSEY - 22-2334709, 620 GERMANTOWN PIKE, LAFAYETTE HILL. PA 19444	IDD SERVICES	PENNSYLVANIA	501(¢)(3)	YES	NO
SYLVANIA - 23-2799679 ANTOWN PIKE R HILL PA 19444	BH & IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
IA - 23-2175923 PIKE PA 19444	BH & IDD SERVICES	PENNSYLVANIA	501(¢)(3)	YES	ON
ICES - 23-2728553 PIKE PA 19444		PENNSYLVANIA	501(C)(3)	YES	NO
DUNTY PIKE PA	BH & IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
1 🗐 🦳	IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
ICES W PIKE	INACTIVE	PENNSYLVANIA	501(C)(3)	YES	NO
IIATRI PIKE PA	BH SERVICES	PENNSYLVANIA	501(C)(3)		ON
AY RES GERM	LOW INCOME HOUSING	PENNSYLVANIA	501(C)(3)	YES	NO
NHS CHILDRENS REACH - 23-6296524 620 GERMANTOWN PIKE LAFAYETTE HILL PA 19444	CHILDREN'S MH & EARLY INTERVENTION	PENNSYLVANIA	501(C)(3)	YES	NO
NHS PROPERTIES CORP - 22-0018629 620 GERMANTOWN PIKE LAFAYETTE HILL PA 19444	HOLDS TITLE TO PROPERTIES	PENNSYLVANIA	501(C)(2)		NO
NHS PARKSIDE RECOVERY - 23-2258743 620 GERMANTOWN PIKE LAFAYETTE HILL PA 19444	SUBSTANCE ABUSE REHABILITATION	PENNSYLVANIA	501(C)(3)	YES	ON
	Ē				Schedule R-1 (Form 990) 2008

Page 2 23-3005583

N SERVICES FOUNDATION INC	nizations
SERVICES F	d Tax-Exempt Orga
HUMAN	on of Relate
NHS	ntificati
Schedule R.1 (Form 990) 2008 NHS HUMAN	Continuation of Identification of Related Tax-Exempt Organiz
Schedu	Part II

(A)	(8)	(2)	<u>@</u>	<u>(i)</u>	(F)
Min pac accepted amaily	Democratical Control	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization	(man) decimal	foreign country)	section	status (if section 501(c)(3))	entity
NHS MONTGOMERY COUNTY - 23-2304620					
FIRE	AND CENTRAL PROPERTY.	DENNEYT VANTA	501(0)(3)		C
878857	מיין איין פריאזיכים		(6) (5) (5)		
ω				_	
LAFAYETTE HILL, PA 19444	IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
NHS STEVENS HOUSING CORPORATION - 25-1740509					
620 GERMANTOWN PIKE					
LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING	PENNSYLVANIA	501(C)(3)	YES	NO
NHS MIDATEANTIC INC - 76-0701257					
620 GERMANTOWN PIKE					
LAPAYETTE HILL, PA 19444	BH & IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
NHS II PROPERTIES - 30-0204506				-	
620 GERMANTOWN PIKE					
LAFAYETTE HILL, PA 19444	HOLDS TITLE TO PROPERTIES	PENNSYLVANIA	501(C)(2)		NO
TRI VALLEY CARE INC - 26-2061732					
620 GERMANTOWN PIKE					
LAFAYETTE HILL, PA 19444	MH SERVICE COORDINATION	PENNSYLVANIA	501(C)(3)	YES	NO
ALLEGHENY VALLEY SCHOOL - 25-1094911					
620 GERMANTOWN PIKE					
LAPAYETTE HILL, PA 19444	IDD SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
THE ASSOCIATION FOR INDEPENDENT GROWTH -					
GER					
9444	IDD & BH SERVICES	PENNSYLVANIA	501(C)(3)	YES	NO
4					
~					
					Schedule R-1 (Form 990) 2008