


Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

CENTER FOR HUMAN DEVELOPMENT INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

332 BIRNIE AVENUE

Room/suite

City or town, state or country, and ZIP + 4

SPRINGFIELD, MA 01107

F Name and address of principal officer

JAMES GOODWIN

332 BIRNIE AVENUE

SPRINGFIELD, MA 01107

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW CHD ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1972

M State of legal domicile

MA

Part I	Summary																																										
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>CHD IS DEDICATED TO PROVIDING FOR THE CIVIC, SOCIAL, AND EDUCATIONAL WELFARE OF PEOPLE IN NEED OF SUPPORTIVE SERVICES THIS INCLUDES THE ESTABLISHMENT OF GROUP RESIDENCES, COMMUNITY OUTREACH, FOSTER CARE, HOMELESSNESS PREVENTION, JUVENILE JUSTICE, MENTAL HEALTH AND ADDICTION SERVICES, SOCIAL ENTERPRISES, EDUCATIONAL AND TRAINING PROGRAMS CHD SERVES CHILDREN AND FAMILIES, YOUTH, AND ADULTS WITH PHYSICAL, INTELLECTUAL AND MENTAL DISABILITIES</div></div>																																										
Revenue	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>25</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>20</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>1,362</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>1,579</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>130,303</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>36,299</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	25	4	Number of independent voting members of the governing body (Part VI, line 1b)	20	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	1,362	6	Total number of volunteers (estimate if necessary)	1,579	7a	Total unrelated business revenue from Part VIII, column (C), line 12	130,303	7b	Net unrelated business taxable income from Form 990-T, line 34	36,299																								
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Part II

Signature Block

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

Sign Here

Signature of officer

JAMES GOODWIN PRESIDENT/CEO

Type or print name and title

Print/Type preparer's name

CARLA M MCCALL CPA

Preparer's signature

CARLA M MCCALL

Firm's name

ALEXANDER ARONSON FINNING & CO PC

Firm's address

21 EAST MAIN STREET

WESTBORO, MA 01581

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

THIS CORPORATION IS FORMED FOR THE PURPOSE OF PROVIDING FOR THE EDUCATIONAL, CIVIC, SOCIAL, AND GENERAL WELFARE OF PEOPLE IN NEED OF SUPPORTIVE SERVICES THE CENTER FOR HUMAN DEVELOPMENT PROVIDES A BROAD RANGE OF HIGH QUALITY, COMMUNITY-ORIENTED HUMAN SERVICES DEDICATED TO PROMOTING, ENHANCING, AND PROTECTING THE DIGNITY AND WELFARE OF PEOPLE IN NEED

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 27,435,884 including grants of \$) (Revenue \$ 7,209,384)

MENTAL HEALTH/ADDICTION SERVICES PROVIDES BEHAVIORAL HEALTH CLINICAL SERVICES, GROUP RESIDENCES, DAY PROGRAMS, RESIDENTIAL SUPPORT AND OUTREACH SERVICES, TO ADULTS AND ADOLESCENTS AFFLICTED WITH MENTAL ILLNESS AND/OR DEALING WITH ADDICTIONS IN FISCAL YEAR 2011, THESE PROGRAMS SERVED 7,095 PERSONS IN WESTERN MASSACHUSETTS AND IN CONNECTICUT

4b

(Code) (Expenses \$ 7,762,518 including grants of \$) (Revenue \$ 1,204,801)

CHILDREN AND FAMILIES SERVICES INCLUDE FOSTER CARE PLACEMENTS, GROUP RESIDENTIAL PROGRAMS, YOUTH MENTORING, A CHAPTER 766 SCHOOL, AND EARLY INTERVENTION SERVICES TO CHILDREN FROM BIRTH TO THREE YEARS, WHO ARE AT RISK OF DEVELOPMENTAL DELAYS THESE PROGRAMS SERVED 2,007 PERSONS IN FISCAL YEAR 2011, PRIMARILY IN THE PIONEER VALLEY AND WESTERN MASSACHUSETTS

4c

(Code) (Expenses \$ 6,993,313 including grants of \$) (Revenue \$ 113,560)

JUVENILE JUSTICE AND POST-INCARCERATION SERVICES PROVIDE ALTERNATIVES TO INCARCERATION FOR ADOLESCENT MALES AND FEMALES, AS WELL AS SECURED FACILITIES AND ASSESSMENT PROGRAMS FOR ADJUDICATED YOUTH, PLUS SHORT-TERM RESIDENCE AND CASE MANAGEMENT SERVICES TO YOUTH AND WOMEN LEAVING INCARCERATION IN FISCAL YEAR 2011, THESE PROGRAMS SERVED A TOTAL OF 1,244 PERSONS IN FACILITIES CENTERED IN SPRINGFIELD AND WESTFIELD

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 14,111,823 including grants of \$) (Revenue \$ 3,071,295)
















4e

Total program service expenses

\$ 56,303,538

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	286
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	1,362
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
8			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
14b			

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		No
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MA , CT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SANDRA JACOBS CFO 332 BIRNIE AVENUE SPRINGFIELD, MA 01107 (413) 733-6624

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								947,918	0	80,983

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization8

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address		(B) Description of services	(C) Compensation
UNICARE SYSTEMS INC 540 NORTH TAMIANI TRAIL SARASOTA, FL 34236		COMPUTER SOFTWARE/ SUPPORT	221,446
FIELD EDDY & BULKLEY INC 96 SHAKER ROAD EAST LONGMEADOW, MA 01028		BENEFITS	122,826
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 2		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	122,512				
	b	Membership dues	1b					
	c	Fundraising events	1c	145,343				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	49,304,261				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	389,803				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		49,961,919				
	Program Service Revenue			Business Code				
2a		NET PATIENT SERVICE FE	900099	8,780,452	8,780,452			
b		MANAGEMENT AND SERVICE	900099	1,149,364	1,149,364			
c		CLIENT FEES	900099	831,814	831,814			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		10,761,630				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			96,945		96,945
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents		(i) Real	(ii) Personal			
				276,498				
		b Less rental expenses		146,195				
		c Rental income or (loss)		130,303				
	d	Net rental income or (loss)		130,303	93,004	37,299		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
				658,076	197,000			
		b Less cost or other basis and sales expenses		626,424	143,790			
		c Gain or (loss)		31,652	53,210			
	d	Net gain or (loss)		84,862	53,210		31,652	
	8a	Gross income from fundraising events (not including \$ 145,343 of contributions reported on line 1c) See Part IV, line 18						
		a		108,681				
		b Less direct expenses		69,499				
	c	Net income or (loss) from fundraising events		39,182			39,182	
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses		b				
		c Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		a	1,488,200				
	b Less cost of goods sold		b	797,004				
	c Net income or (loss) from sales of inventory			691,196	691,196			
Miscellaneous Revenue		Business Code						
11a	CONTRIBUTION - ACQUISI		900099	464,962			464,962	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			464,962				
12	Total revenue. See Instructions			62,230,999	11,599,040	37,299	632,741	

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	308,745		308,745	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,886,413	28,068,429	2,817,984	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	715,560	608,049	65,452	42,059
9	Other employee benefits	3,937,503	3,611,966	323,922	1,615
10	Payroll taxes	3,251,698	2,976,436	271,559	3,703
a	Fees for services (non-employees)				
	Management				
b	Legal	247,905		247,905	
c	Accounting	104,050		104,050	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	89,658	70,420	19,238	
13	Office expenses	966,379	796,782	169,597	
14	Information technology				
15	Royalties				
16	Occupancy	4,600,956	4,399,312	200,505	1,139
17	Travel	920,862	915,216	5,591	55
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	256,204	226,329	29,875	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	819,356	667,803	145,280	6,273
23	Insurance	359,679	278,652	81,027	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	UNRELATED BUSINESS INCO	12,000	12,000		
b	SUBCONTRACT	8,415,622	8,415,622		
c	OTHER DIRECT PROGRAM CO	3,655,920	3,640,205	15,711	4
d	NON-CAPITAL EQUIPMENT	574,030	290,018	283,036	976
e	OTHER CONSULTING, PROFE	521,855	303,464	218,391	
f	All other expenses	1,301,548	1,022,835	233,780	44,933
25	Total functional expenses. Add lines 1 through 24f	61,945,943	56,303,538	5,541,648	100,757
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			732,464	1	185,922
	2	Savings and temporary cash investments			226,645	2	1,351,226
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			5,020,010	4	5,114,769
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			481,531	8	394,572
	9	Prepaid expenses and deferred charges			469,451	9	837,239
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	17,913,552			
	b	Less: accumulated depreciation	10b	7,463,151	8,492,654	10c	10,450,401
	11	Investments—publicly traded securities			2,465,676	11	2,759,195
	12	Investments—other securities. See Part IV, line 11			0	12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,133,958	15	1,165,761
16	Total assets. Add lines 1 through 15 (must equal line 34)			19,022,389	16	22,259,085	
Liabilities	17	Accounts payable and accrued expenses			4,721,356	17	5,800,898
	18	Grants payable				18	
	19	Deferred revenue			25,153	19	11,968
	20	Tax-exempt bond liabilities			3,581,692	20	3,875,070
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			905,397	23	2,278,375
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			249,481	25	214,853
	26	Total liabilities. Add lines 17 through 25			9,483,079	26	12,181,164
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			7,541,885	27	8,123,519
	28	Temporarily restricted net assets			1,061,049	28	904,107
	29	Permanently restricted net assets			936,376	29	1,050,295
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			9,539,310	33	10,077,921
34	Total liabilities and net assets/fund balances			19,022,389	34	22,259,085	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,230,999
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,945,943
3	Revenue less expenses Subtract line 2 from line 1	3	285,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,539,310
5	Other changes in net assets or fund balances (explain in Schedule O)	5	253,555
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,077,921

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CENTER FOR HUMAN DEVELOPMENT INC	Employer identification number 04-2503926
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									






Part II

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

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


Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	38,197,462	37,842,607	42,574,608	50,430,915	51,219,964	220,265,556
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	38,197,462	37,842,607	42,574,608	50,430,915	51,219,964	220,265,556
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						220,265,556



Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	38,197,462	37,842,607	42,574,608	50,430,915	51,219,964	220,265,556
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,214	81,390	93,615	42,343	96,945	355,507
9 Net income from unrelated business activities, whether or not the business is regularly carried on	143,220	144,452	154,900	128,999	37,299	608,870
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)						221,229,933
12 Gross receipts from related activities, etc. (See instructions.)					12	34,164,730
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. ▶						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14 99 560 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15 99 530 %
16a	33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 	
b	33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 	
17a	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
b	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 	




Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code)	(Expenses \$ 4,640,939	including grants of \$)	(Revenue \$ 530,852)
INTELLECTUAL DISABILITIES SERVICES PROVIDES GROUP RESIDENTIAL AND OUTREACH PROGRAMS TO 127 PERSONS IN THE GREATER SPRINGFIELD AND WESTFIELD AREAS			
(Code)	(Expenses \$ 1,001,030	including grants of \$)	(Revenue \$)
SOCIAL ENTERPRISES SERVED 20 ADULTS IN FISCAL YEAR 2011, IN THE GREATER SPRINGFIELD AREA PROVIDING VOCATIONAL TRAINING AND SUPPORT SERVICES PRIMARILY TO ADULTS WITH MENTAL ILLNESS IN OUR FURNITURE MANUFACTURE AND ASSEMBLY OPERATION, OUR CLIENT RUN OFFICE CLEANING BUSINESS, AND IN OUR FLOWER SHOP REVENUES GENERATED BY THE CLIENTS' WORK SUBSTANTIALLY SUPPORT THESE PROGRAMS			
(Code)	(Expenses \$ 5,327,267	including grants of \$)	(Revenue \$ 37,772)
HOMELESSNESS PREVENTION PROGRAMS PROVIDE TEMPORARY RESIDENCES AND SUPPORTIVE SERVICES DIRECTED TO RETURN FAMILIES TO PERMANENT HOUSING THESE PROGRAMS SERVED 772 PERSONS IN FISCAL YEAR 2011			
(Code)	(Expenses \$ 816,890	including grants of \$)	(Revenue \$ 208,293)
COMMUNITY RESOURCES PROGRAMS WITHIN CHD'S MISSIONS AND GOALS ENCOMPASSING LEGAL SERVICES TO PERSONS WITH HIV/AIDS, A MEAL PROGRAM FOR THE NEEDY, RECREATIONAL PROGRAMS FOR PERSONS WITH DISABILITIES AND OTHERS THE TOTAL NUMBER SERVED UNDER THESE PROGRAMS WERE 842 IN FISCAL YEAR 2011			
(Code)	(Expenses \$ 2,325,697	including grants of \$)	(Revenue \$ 2,294,378)
ELDER CARE SERVICES PROVIDE GROUP HOMES FOR THOSE WHO REQUIRE ADVANCED CARE, OUTREACH SERVICES TO ELDERS LIVING INDEPENDENTLY, SUICIDE PREVENTION TRAINING, A RESPITE PROGRAM, HOMEMAKER PROGRAM, SUBSTANCE ABUSE PROGRAM AND BEREAVEMENT SUPPORT THE TOTAL NUMBER SERVED UNDER THESE PROGRAMS WERE 382 IN FISCAL YEAR 2011			

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CENTER FOR HUMAN DEVELOPMENT INC

Employer identification number

04-2503926

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06

2a

Held at the End of the Year

2b

2c

2d

3

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

4

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

5

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

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

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

8

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

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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?

☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the 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
1a Beginning of year balance	612,564	544,034	158,430		
b Contributions	11,679		503,614		
c Investment earnings or losses	44,055	68,530	-118,010		
d Grants or scholarships					
e Other expenditures for facilities and programs	245,331				
f Administrative expenses					
g End of year balance	422,967	612,564	544,034		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 44 140 %

b

Permanent endowment ▶ 55 860 %

c

Term endowment ▶

3a

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?

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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) Accumulated depreciation	(d) Book value
1a Land		1,102,781		1,102,781
b Buildings		12,187,221	4,396,954	7,790,267
c Leasehold improvements		730,041	560,435	169,606
d Equipment		2,467,122	2,034,095	433,027
e Other		1,426,387	471,667	954,720
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				10,450,401

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	62,230,999
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,945,943
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	285,056
4	Net unrealized gains (losses) on investments	4	109,558
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	143,997
9	Total adjustments (net) Add lines 4 - 8	9	253,555
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	538,611

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	63,497,252
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	109,558
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,156,695
e	Add lines 2a through 2d	2e	1,266,253
3	Subtract line 2e from line 1	3	62,230,999
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	62,230,999

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	62,958,641
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,012,698
e	Add lines 2a through 2d	2e	1,012,698
3	Subtract line 2e from line 1	3	61,945,943
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	61,945,943

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE LONG-TERM YIELDS WHILE ASSUMING A CONSERVATIVE RISK
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD WHICH REQUIRES THE ORGANIZATION TO REPORT UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS ASSETS AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST AND PENALTIES ACCORDINGLY. AS OF JUNE 30, 2011, THE ORGANIZATION DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT. THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX AUTHORITIES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS INFORMATION RETURNS. THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE UNITED STATES, FEDERAL, MASSACHUSETTS AND CONNECTICUT STATE JURISDICTIONS. THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS.
		PART XI, LINE 8: OTHER ADJUSTMENTS IN RECONCILIATION OF NET ASSETS: CHANGE IN CARRYING VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS FOR 109,369 AND INTEREST RATE SWAP CONTRACT IN GAIN POSITION FOR 34,628. PART XII, LINE 2D: OTHER ADJUSTMENTS IN RECONCILIATION OF REVENUES: SAME ITEMS AS ABOVE AS WELL AS RENTAL EXPENSES NETTED WITH UNRELATED BUSINESS INCOME FOR 146,195, FUNDRAISING EVENT EXPENSES WERE NETTED WITH FUNDRAISING EVENT REVENUES OF 69,499 AND COST OF GOODS SOLD NETTED WITH RETAIL SALES FOR 797,004. THESE AMOUNTS ARE ALL SHOWN ON THE 990, PART VIII, STATEMENT OF REVENUE. PART XIII, LINE 2D: OTHER ADJUSTMENTS IN RECONCILIATION OF EXPENSES: THIS AMOUNT INCLUDES THE FOLLOWING ITEMS: RENTAL EXPENSES NETTED WITH UNRELATED BUSINESS INCOME FOR 146,195, FUNDRAISING EVENT EXPENSES WERE NETTED WITH FUNDRAISING EVENT REVENUES OF 69,499 AND COST OF GOODS SOLD NETTED WITH RETAIL SALES FOR 797,004. THESE AMOUNTS ARE ALL SHOWN ON THE 990, PART VIII, STATEMENT OF REVENUE.

Open to Public Inspection

Employer identification number

04-2503926

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

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

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>BOWL-A-THON</u> (event type)	<u>LIGHT UP THE NIGHT</u> (event type)	<u>8</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	59,300	46,350	148,374
	2	Less Charitable contributions	41,650	23,417	80,276
	3	Gross income (line 1 minus line 2)	17,650	22,933	68,098
Direct Expenses	4	Cash prizes		17	17
	5	Non-cash prizes	825	588	1,413
	6	Rent/facility costs	4,311	16,438	20,749
	7	Food and beverages	4,701	14,075	18,776
	8	Entertainment		2,250	2,250
	9	Other direct expenses	6,383	18,001	26,294
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CENTER FOR HUMAN DEVELOPMENT INC

Employer identification number

04-2503926

Part 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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II

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

For each individual whose compensation must be reported 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES GOODWIN	(i) (ii)	166,947 0	0 0	0 0	5,008 0	3,998 0	175,953 0	0 0
(2) LOUIS VELAZQUEZ	(i) (ii)	171,418 0	0 0	0 0	0 0	12,802 0	184,220 0	0 0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization CENTER FOR HUMAN DEVELOPMENT INC										Employer identification number 04-2503926		

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		06-04-2008	3,000,000	PURCHASE OF REAL ESTATE AND IMPROVEMENTS		X		X		X
B MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		06-30-2003	3,600,000	PURCHASE OF REAL ESTATE AND IMPROVEMENTS		X		X		X
C MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		11-30-2009	925,000	PURCHASE OF REAL ESTATE AND IMPROVEMENTS		X		X		X

Part II

Proceeds

1	Amount of bonds retired	A		B		C		D	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	3,000,000		3,600,000		925,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	51,377		72,000		25,000			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	2,948,623		3,528,000		900,000			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2009		2003		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		X	X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
CENTER FOR HUMAN DEVELOPMENT INC

Employer identification number

04-2503926

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMY ROYAL	MEMBER OF BOARD OF DIRECTORS	104,252	ATTORNEY FOR A LAW FIRM WHICH PROVIDES SERVICES TO THE ORGANIATION		No
(2) PETER BARRY	FORMER CHAIRMAN OF BOARD OF DIRECTORS	84,902	ATTORNEY FOR A LAW FIRM WHICH PROVIDES SERVICES TO THE ORGANIATION		No
(3) DAN BURACK	HUSBAND OF DEB BORONSKI, MEMBER OF THE BOARD OF DIRECTORS	97,082	SERVES AS LANDLORD FOR CERTAIN PROGRAM SITES		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CENTER FOR HUMAN DEVELOPMENT INC	Employer identification number 04-2503926
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	CHD ACQUIRED HAWTHORN SERVICES, INC DURING 2011 AS A RESULT OF THE MERGER, CHD ADDED ELDER CARE SERVICES TO THEIR PROGRAMS THIS PROGRAM PROVIDES GROUP HOMES FOR ELDERS WHO REQUIRE ADVANCED CARE, OUTREACH SERVICES TO ELDERS LIVING INDEPENDENTLY, SUICIDE PREVENTION, TRAINING AND RESPITE PROGRAM, HOMEMAKER PROGRAM, SUBSTANCE ABUSE PROGRAM AND BEREAVEMENT SUPPORT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DEMETRIOUS PANTELEAKIS, A BOARD MEMBER, WAS AN EMPLOYEE OF EVAN PLOTKIN, A BOARD MEMBER, FOR A PORTION OF 2011

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WAS COMPLETED BY ALEXANDER, ARONSON, FINNING & CO , P C (AAF), OUR AUDITORS, WITH THE GUIDANCE OF CENTER FOR HUMAN DEVELOPMENT'S STAFF AFTER CAREFUL REVIEW BY THE CFO AND THE DEPUTY CFO, IT WAS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BY EMAIL THIS GAVE THEM THE OPPORTUNITY TO REVIEW AND PROVIDE INPUT AT THE BOARD MEETING WE EXPLAINED TO THE BOARD OF DIRECTORS THE REQUIREMENT THAT IT BE DISTRIBUTED TO THEM TO REVIEW PRIOR TO SUBMISSION WE ALSO HELD A QUESTION AND ANSWER SESSION AT THE AUDIT/FINANCE COMMITTEE MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DISCLOSURE FORMS ARE DISTRIBUTED AT THE FIRST MEETING OF THE FISCAL YEAR, AND THE EXECUTIVE'S SECRETARY MONITORS THEIR RETURN. ALL DIRECTORS COMPLETED AND RETURNED THEIR FORMS IN FY 2011.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE ORGANIZATION'S VICE PRESIDENT OF HUMAN RESOURCES REVIEWS FORMS 990 OF COMPARABALE AGENCIES WITHIN OUR STATE AND REGION AND REPORTS FINDINGS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE CEO AND SETTING THE COMPENSATION LEVEL.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE PUBLICLY AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS SECRETARY OF STATE, BY REQUEST OR VIA THE STATE WEBSITE, FINANCIAL STATEMENTS ARE ALSO PUBLICLY AVAILABLE VIA THE COMMONWEALTH OF MASSACHUSETTS OPERATIONAL SERVICES DIVISION (OSD) E-FILING WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 109,558 CHANGE IN CARRYING VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS 109,369 UNREALIZED GAIN ON THE CARRYING VALUE OF INTEREST RATE SWAP CONTRACT 34,628 TOTAL TO FORM 990, PART XI, LINE 5 253,555

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CENTER FOR HUMAN DEVELOPMENT INC

Employer identification number
04-2503926

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

(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 II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ALGONQUIN-CASINO MANAGEMENT INC 332 BIRNIE AVENUE SPRINGFIELD, MA 01107 04-3663990	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
(2) CHAMPLAIN MANAGEMENT INC 332 BIRNIE AVENUE SPRINGFIELD, MA 01107 22-3221294	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
(3) HONEYMAN INC 332 BIRNIE AVENUE SPRINGFIELD, MA 01107 26-1596148	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
(4) HAWTHORN FOUNDATION I INC 332 BIRNIE AVENUE SPRINGFIELD, MA 01107 04-3103893	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
(5) HAWTHORN FOUNDATION II INC 332 BIRNIE AVENUE SPRINGFIELD, MA 01107 22-3090216	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
(6) ALDEN HOUSE INC 332 BIRNIE AVENUE SPRINGFIELD, MA 01107 04-3452410	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

Yes

No

No

No

No

No

No

No

No

No

No

Yes

No

No

2

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 04-2503926
Name: CENTER FOR HUMAN DEVELOPMENT INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ALGONQUIN-CASINO MANAGEMENT INC 332 BIRNIE AVENUE SPRINGFIELD, MA01107 04-3663990	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
CHAMPLAIN MANAGEMENT INC 332 BIRNIE AVENUE SPRINGFIELD, MA01107 22-3221294	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
HONEYMAN INC 332 BIRNIE AVENUE SPRINGFIELD, MA01107 26-1596148	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
HAWTHORN FOUNDATION I INC 332 BIRNIE AVENUE SPRINGFIELD, MA01107 04-3103893	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
HAWTHORN FOUNDATION II INC 332 BIRNIE AVENUE SPRINGFIELD, MA01107 22-3090216	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No
ALDEN HOUSE INC 332 BIRNIE AVENUE SPRINGFIELD, MA01107 04-3452410	OPERATE HOUSING RESIDENCIES FOR PERSONS WITH MENTAL DISABILITIES	MA	501(C)(3)	LINE 9	CENTER FOR HUMAN DEVELOPMENT INC		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	ALGONQUIN-CASINO MANAGEMENT INC	P	2,088	FAIR VALUE METHOD
(2)	CHAMPLAIN MANAGEMENT INC	P	1,669	FAIR VALUE METHOD
(3)	HONEYMAN INC	P	2,901	FAIR VALUE METHOD
(4)	HAWTHORN FOUNDATION I INC	P	2,072	FAIR VALUE METHOD
(5)	HAWTHORN FOUNDATION II INC	P	1,548	FAIR VALUE METHOD
(6)	ALDEN HOUSE INC	P	1,815	FAIR VALUE METHOD
(7)	ALGONQUIN-CASINO MANAGEMENT INC	D	2,090	FAIR VALUE METHOD
(8)	HONEYMAN INC	E	-2,668	FAIR VALUE METHOD
(9)	HAWTHORN FOUNDATION I INC	D	19,943	FAIR VALUE METHOD
(10)	HAWTHORN FOUNDATION II INC	E	-1,128	FAIR VALUE METHOD
(11)	ALDEN HOUSE INC	E	-392	FAIR VALUE METHOD

Additional Data

Software ID:

Software Version:

EIN: 04-2503926

Name: CENTER FOR HUMAN DEVELOPMENT INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA BORONSKI DIRECTOR	50	X						0	0	0
LORING CARLSON DIRECTOR	50	X						0	0	0
JO-ANN DAVIS ESQ DIRECTOR	50	X						0	0	0
IRENE KIMBALL DIRECTOR	50	X						0	0	0
DR GARY LACY VICE CHAIR	50	X		X				0	0	0
DR MORTON LYNN DIRECTOR	50	X						0	0	0
DEMETRIOS PANTELEAKIS DIRECTOR	50	X						0	0	0
EVAN C PLOTKIN DIRECTOR	50	X						0	0	0
JAY M PRIMACK CPA CHAIRPERSON	50	X		X				0	0	0
TERESA REGINA DIRECTOR	50	X						0	0	0
AMY B ROYAL ESQ DIRECTOR	50	X						0	0	0
TIMOTHY J RYAN ESQ DIRECTOR	50	X						0	0	0
JA'NET SMITH STAFF REPRESENTATIVE	40 00	X						61,253	0	13,832
MICHAEL P WILLIAMS DIRECTOR	50	X						0	0	0
LINDA DONOGHUE DIRECTOR	50	X						0	0	0
DENISE DUKETTE TREASURER	50	X		X				0	0	0
LINDA L MARSTON PHD CLERK	50	X		X				0	0	0
ROBERT CHATEAUNEUF DIRECTOR	50	X						0	0	0
THOMAS F SULLIVAN DIRECTOR	50	X						0	0	0
AMY ROBERTS DIRECTOR	50	X						0	0	0
TERRY PRZYBYLOWICZ DIRECTOR	50	X						0	0	0
MARIA P GONCALVES DIRECTOR	50	X						0	0	0
BRADFORD GILL DIRECTOR	50	X						0	0	0
DAWN CREIGHTON DIRECTOR	50	X						0	0	0
JAMES GOODWIN PRESIDENT AND CEO	40 00	X		X				166,947	0	9,006

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA JACOBS CHIEF FINANCIAL OFFICER	40 00			X				103,071	0	4,635
LOUIS VELAZQUEZ MEDICAL DIRECTOR	40 00					X		171,418	0	12,802
HENRY J DRAPALSKI JR VICE PRESIDENT	40 00					X		107,151	0	15,145
MICHELLE THEROUX VICE PRESIDENT	40 00					X		106,640	0	12,174
LESLIE FENN PSYCHIATRIST	40 00					X		127,415	0	5,246
AUDREY HIGBEE VICE PRESIDENT	40 00					X		104,023	0	8,143