

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CHILD GUIDANCE RESOURCE CENTERS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2000 OLD WEST CHESTER PIKE

City or town, state or province, country, and ZIP or foreign postal code
HAVERTOWN, PA 19083

D Employer identification number
23-1490061

E Telephone number
(484) 454-8700

F Name and address of principal officer:
COLLEEN MCNICHOL
2000 OLD WEST CHESTER PIKE
HAVERTOWN, PA 19083

G Gross receipts \$ 26,001,688

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CGRC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1956 **M** State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE HIGH QUALITY, COMMUNITY-BASED THERAPEUTIC, SUPPORTIVE, AND PREVENTIVE HEATHCARE SERVICES FOR CHILDREN, ADOLESCENTS AND FAMILIES WITH MENTAL HEALTH, DEVELOPMENT DISABILITY, AND RESIDENTIAL NEEDS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	686
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	492,531	478,797
9 Program service revenue (Part VIII, line 2g)	25,941,865	25,522,807
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	600	84
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,434,996	26,001,688
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	398,630	348,025
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,232,217	20,590,521
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,966,672	4,873,252
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	26,597,519	25,811,798
19 Revenue less expenses. Subtract line 18 from line 12	-162,523	189,890

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,901,364	11,839,326
21 Total liabilities (Part X, line 26)	11,133,240	9,881,312
22 Net assets or fund balances. Subtract line 21 from line 20	1,768,124	1,958,014

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2021-05-14

COLLEEN MCNICHOL PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-05-17

Check if self-employed PTIN: P00148323

Firm's name ▶ RAINIER & COMPANY Firm's EIN ▶ 23-2183936

Firm's address ▶ 2 CAMPUS BLVD STE 220 Phone no. (610) 353-4610
NEWTOWN SQUARE, PA 190733270

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE HIGH QUALITY, COMMUNITY-BASED THERAPEUTIC, SUPPORTIVE, AND PREVENTIVE HEATHCARE SERVICES FOR CHILDREN, ADOLESCENTS AND FAMILIES WITH MENTAL HEALTH, DEVELOPMENT DISABILITY, AND RESIDENTIAL NEEDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,764,651 including grants of \$ 348,025) (Revenue \$ 7,080,809) See Additional Data

4b (Code:) (Expenses \$ 4,817,305 including grants of \$) (Revenue \$ 3,460,347) See Additional Data









4c (Code:) (Expenses \$ 2,677,779 including grants of \$) (Revenue \$ 3,429,162) See Additional Data

(Code:) (Expenses \$ 7,697,853 including grants of \$) (Revenue \$) SOCIAL SKILL DEVELOPMENT PROGRAM -CHILD GUIDANCE PROVIDES SOCIAL SKILL DEVELOPMENT PROGRAMS,BOTH DURING THE SCHOOL YEAR AND DURING THE SUMMER. DURING THE SCHOOL YEAR, CGRC CONDUCTS AN AFTER SCHOOL PROGRAM FOR CHILDREN ON THE AUTISM SPECTRUM. THE TARGET AGE POPULATION IS AGES SIX THROUGH 18, ALTHOUGH IF DIAGNOSTICALLY APPROPRIATE ADOLESCENTS MAY REMAIN IN THE PROGRAM THROUGH AGE 21. THE GOAL IS TO PROMOTE THE DEVELOPMENT OF SOCIAL COMMUNICATION SKILLS. THE PROGRAM INCORPORATES THERAPEUTIC PRACTICES FROM MANY DIFFERENT APPROACHES THAT HAVE BEEN DEVELOPED FOR CHILDREN WITH ASD. THE PROGRAM FOCUSES ON FUNCTIONAL COMMUNICATION, ACTIVE ENGAGEMENT, AND REPLACING PROBLEM BEHAVIOR WITH FUNCTIONAL ALTERNATIVES. DURING THE SCHOOL YEAR, APPROXIMATELY 100 CHILDREN WILL ATTEND. THE SESSIONS ARE DIVIDED BY AGE AND FUNCTIONING LEVEL. OLDER CHILDREN ATTEND THREE DAYS PER WEEK, WHILE YOUNGER CHILDREN ATTEND 2 DAYS PER WEEK. THE SUMMER THERAPEUTIC PROGRAMS ARE DIVIDED INTO A 4-WEEK SESSION AND A 5-WEEK SESSION. WE OPERATE THE PROGRAM IN FOUR LOCATIONS. THERE ARE SPECIALIZED TRACTS FOR CHILDREN WITH EMOTIONAL SUPPORT NEEDS AND FOR CHILDREN DIAGNOSED ON THE AUTISM SPECTRUM. DEPENDING ON CIRCUMSTANCES, A CHILD MAY ATTEND ONE OR BOTH SESSIONS. FOR SOME OF THE CHILDREN, THERE IS A ONE HOUR PER DAY EDUCATIONAL COMPONENT. THERE WERE OVER 750 REGISTRATIONS FOR THIS PROGRAM. CGRC OPERATES FOUR SITES IN THREE SOUTHEASTERN PENNSYLVANIA COUNTIES. THIS PAST YEAR WE EXTENDED A PILOT EVIDENCE-BASED PROGRAM TO ALL FOUR CAMPSITES. THE PROGRAM IS BASED ON RULES FOR SOCIAL SKILLS DECISION MAKING. IT RESULTED IN A SIGNIFICANT REDUCTION IN INCIDENCE REPORTS. ADULT RESIDENTIAL SERVICES CGRC HAS THREE 24 HOURS A DAY FULL CARE COMMUNITY RESIDENTIAL REHABILITATION FACILITIES FOR CLIENTS WITH MENTAL HEALTH DISABILITIES. THE PRIMARY GOAL OF THESE RESIDENCES IS TO HELP CONSUMERS TO DEVELOP EVERYDAY LIVING AND COPING SKILLS, TO MAINTAIN SOCIALIZATION SKILLS THROUGH A VARIETY OF STRATEGIES, TO DEVELOP INDEPENDENCE THROUGH SETTING REALISTIC GOALS AND AMBITIONS, AND TO BUILD SELF-ASSESSMENT SKILLS SO THEY CAN HANDLE STRESSORS TO PREVENT CRISIS SITUATIONS AND UNNECESSARY HOSPITALIZATIONS. THE STAFF WILL WORK COOPERATIVELY AND CREATIVELY WITH ALL SUPPORTIVE SERVICES THAT OUR MUTUALLY SHARED CONSUMER HAS. THE LIST INCLUDES, BUT IS NOT LIMITED TO: MAST, INTENSIVE CASE MANAGERS, RESOURCE COORDINATORS, ADMINISTRATORS, CASE MANAGERS, PARTIAL HOSPITAL/MISA PROGRAMS, CLUB HOUSE PROGRAM, CONSUMER SATISFACTION TEAM, DELAWARE COUNTY OFFICE OF BEHAVIORAL HEALTH, OTC WORK PROGRAM, AND FAMILIES. THE CONSUMER MUST POSSESS BASIC LIVING SKILLS WITH THE POTENTIAL TO DEVELOP THEM FURTHER. DEPENDING ON THE PARTICULAR RESIDENCE, THE CONSUMERS COOK FOR HIMSELF/HERSELF, OR THE STAFF MAY PREPARE COMMON MEALS. CONSUMERS MAINTAIN HIS OR HER APARTMENT. WE SERVE CLIENTS 18 YEARS OLD AND ABOVE WHO ARE DELAWARE COUNTY RESIDENTS. THE PROGRAM CAPACITY IS 23. THE AVERAGE NUMBER OF RESIDENTS IS 22. A SPECIAL TRACT FOR TRANSITION AGE (18-25) IS OFFERED WITHIN THIS PROGRAM. ADDITIONALLY, PROVISIONS ARE MADE FOR OLDER ADULTS WHO HAVE CO-OCCURRING CHRONIC MEDICAL CONDITIONS. A DSM-IV MENTAL HEALTH DIAGNOSIS, THE ABILITY FOR SELF-PRESERVATIONS, AND THE ABILITY TO MAINTAIN HIM/HER IN AN APARTMENT SETTING WITH ONE OR TWO ROOMMATES ARE ALL ADMISSION CRITERIA. OVER THE PAST YEARS, THE PROGRAM HAS FOCUSED ON IMPLEMENTING THE WRAP PROTOCOL. THIS IS THE WELLNESS RECOVERY ACTION PLAN. EACH CLIENT NOW HAS ONE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,697,853 including grants of \$) (Revenue \$)

4e Total program service expenses 21,957,588

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		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? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 		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? If "Yes," complete Schedule D, Part VIII 		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? If "Yes," complete Schedule D, Part IX 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TERRY CLARK VP FINANCE 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 (484) 454-8700

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 976			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 39,793			
	e Government grants (contributions)	1e 199,600			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 238,428			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f		478,797		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a INSURANCE			17,592,969	17,592,969		
b GOVERNMENT CONTRACTS			4,234,208	4,234,208		
c SCHOOL DISTRICT AND OTHER REV			3,640,630	3,640,630		
d CLIENT FEES			55,000	55,000		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			25,522,807			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		84	84			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			26,001,688	25,522,891			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	348,025	348,025		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	16,968,569	14,574,998	2,393,571	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	609,985	478,789	131,196	
9 Other employee benefits	1,768,662	1,498,015	270,647	
10 Payroll taxes	1,243,305	1,071,191	172,114	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	97,193	3,550	93,643	
13 Office expenses	91,796	72,624	19,172	
14 Information technology	330,023	282,678	47,345	
15 Royalties				
16 Occupancy	732,768	690,379	42,389	
17 Travel	237,291	223,317	13,974	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	307,700		307,700	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	689,315	689,315		
23 Insurance	232,161	202,155	30,006	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	441,954	358,949	83,005	
b PROVISION FOR INSURANCE D	411,899	411,899		
c CONSULTANTS	263,838	164,101	99,737	
d MISCELLANEOUS EXPENSE	230,206	146,154	84,052	
e All other expenses	807,108	741,449	65,659	
25 Total functional expenses. Add lines 1 through 24e	25,811,798	21,957,588	3,854,210	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	229,380	1	308,323
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	22,187	3	12,915
	4 Accounts receivable, net	4,008,062	4	3,299,221
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	194,263	9	237,093
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	15,635,549		
	b Less: accumulated depreciation	7,918,536		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	267,912	15	264,761
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,901,364	16	11,839,326	
Liabilities	17 Accounts payable and accrued expenses	1,736,113	17	2,002,707
	18 Grants payable		18	
	19 Deferred revenue	83,952	19	126,624
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	9,025,993	24	7,568,665
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	287,182	25	183,316
	26 Total liabilities. Add lines 17 through 25	11,133,240	26	9,881,312
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,762,409	27	1,958,014
	28 Net assets with donor restrictions	5,715	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,768,124	32	1,958,014	
33 Total liabilities and net assets/fund balances	12,901,364	33	11,839,326	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,001,688
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,811,798
3	Revenue less expenses. Subtract line 2 from line 1	3	189,890
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,768,124
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,958,014

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1490061

Name: CHILD GUIDANCE RESOURCE CENTERS

Form 990 (2019)

Form 990, Part III, Line 4a:

FAMILY FIRST (FAMILY BASED SERVICES) IS A COMPREHENSIVE CLINICAL AND CASE MANAGEMENT PROGRAM DESIGNED TO WORK WITH AT-RISK CHILDREN AND THEIR FAMILIES IN THEIR OWN HOME AND COMMUNITY SETTING. FAMILY FIRST PROGRAM COMPONENTS INCLUDE FAMILY THERAPY, INDIVIDUAL COUNSELING, PARENT EDUCATION, INTENSIVE CASE MANAGEMENT, INTERAGENCY TEAM LEADERSHIP, FAMILY SUPPORT SERVICES, 32 WEEK COURSE OF TREATMENT, 24 HOUR ON-CALL OTHER SUPPORT, AND SERVICES PROVIDED BY THE FAMILY FIRST TEAM OF TWO MASTERS LEVEL THERAPISTS. (NARRATIVE CONTINUED ON PAGE 1 OF SCHEDULE O) (CONTINUATION FROM PART III - LINE 4A OF 990) - THE PHILOSOPHY OF FAMILY FIRST IS THAT A CHILD'S FAMILY IS THEIR STRONGEST AND MOST IMPORTANT LIFE DOMAIN. THEREFORE, THE MOST EFFECTIVE WAY OF HELPING TROUBLED CHILDREN AND ADOLESCENTS IS A FAMILY-FOCUSED, HOME-BASED MODEL DESIGNED TO RECOGNIZE AND BUILD ON FAMILY STRENGTHS. IN THIS WAY, THE NATURAL SUPPORTS OF THE CHILD'S LIFE CAN BE NURTURED SO THAT GAINS MADE CAN BE MAINTAINED AFTER FAMILY FIRST SERVICES HAVE ENDED. ADDITIONALLY, THE FLEXIBILITY OF THE FAMILY FIRST APPROACH ALLOWS THE TEAM TO LEARN ABOUT AND INCORPORATE ALL OF THE IMPORTANT ELEMENTS OF THE CHILD'S LIFE INTO THE TREATMENT EXPERIENCE. FAMILY FIRST SERVICES ARE RECOMMENDED TO A CHILD OR ADOLESCENT WHO IS CONSIDERED TO BE AT-RISK, THAT IS, WHO IS STRUGGLING WITH ANY OF THE FOLLOWING ISSUES: SEVERE EMOTIONAL DISORDERS OR MENTAL ILLNESS (SUCH AS CHILDHOOD DEPRESSION OR ADHD), INTENSE PARENT/CHILD CONFLICT, DIFFICULTY ADJUSTING TO FAMILY AND LIFE CHANGES, SCHOOL PROBLEMS (INCLUDING POOR PERFORMANCE, BEHAVIORAL PROBLEMS, OR TRUANCY), OPPOSITIONAL OR DEFIANT BEHAVIOR, PDD IN COMBINATION WITH FAMILY PROBLEMS, OR DRUG AND ALCOHOL USE IN COMBINATION WITH FAMILY PROBLEMS. FOR SOME, FAMILY FIRST MAY BE THE LAST INTERVENTION ATTEMPT BEFORE OUT OF HOME PLACEMENT. FOR OTHERS, FAMILY FIRST ACTS AS A BRIDGE BETWEEN RESIDENTIAL CARE AND LIVING AT HOME WITH FAMILY. THE PROGRAM SERVES APPROXIMATELY 200 FAMILIES A YEAR. AT ANY ONE TIME, THE ACTIVE CASELOAD IS APPROXIMATELY 125 FAMILIES. ONE HIGHLY SUCCESSFUL INITIATIVE UNDERTAKEN THIS PAST YEAR WAS WEEKEND PARENT AND CLIENT TRAINING RETREATS. THIS WAS DONE IN COOPERATION WITH ANOTHER NON-PROFIT AGENCY. THE TRAININGS WERE VERY WELL RECEIVED. THEY ALSO RESULTED IN PARENT TRAINING GROUPS BEING ESTABLISHED FOR THE PARENTS WHO ATTENDED THE WEEKEND SESSIONS.

Form 990, Part III, Line 4b:

BEHAVIORAL HEALTH REHABILITATIVE SERVICES PROGRAM (BHRS) IS A COMMUNITY-BASED SERVICE UTILIZED TO ASSIST THE CLIENT AND FAMILY ADDRESS BEHAVIORAL HEALTH NEEDS THROUGH THE USE OF STRENGTH - BASED GOALS AND THE INTEGRATION OF COMMUNITY SERVICES. BHRS SERVICES ARE HIGHLY INDIVIDUALIZED SERVICES DEVELOPED AND APPROVED BY AN INTERDISCIPLINARY TEAM. THEY ARE PROVIDED BY SPECIFIC CLINICIANS WHO ARE RECOMMENDED THROUGH PSYCHOLOGICAL OR PSYCHIATRIC EVALUATION OF THE INDIVIDUAL CHILD AND FAMILY. (NARRATIVE CONTINUED ON PAGE 2 OF SCHEDULE O)

(CONTINUATION FROM PART III - LINE 4B - 990) THESE CLINICIANS INCLUDE A BEHAVIORAL SPECIALIST CONSULTANT (DOCTORAL OR MASTER'S LEVEL CLINICIAN), A MOBILE THERAPIST (DOCTORAL OR MASTER'S LEVEL CLINICIAN), AND A THERAPEUTIC STAFF SUPPORT (BACHELOR'S LEVEL CLINICIAN). THE GOAL OF THE BHRS TEAM IS TO WORK WITH THE FAMILY TO DEVELOP AN APPROPRIATE TREATMENT PLAN THAT UTILIZES BEHAVIORAL MODIFICATION, INDIVIDUAL AND / OR FAMILY THERAPY, AND ONE-ON-ONE INTERVENTIONS THAT HELP IMPROVE PROBLEM-SOLVING SKILLS. IN BHRS, THE FAMILIES ARE CONSIDERED TO BE THE BEST RESOURCES FOR WORKING TOWARDS GOAL ACHIEVEMENT. BHRS IS BASED ON A WELL-DEFINED SET OF PRINCIPLES. THESE PRINCIPLES ARE COMPRISED OF SIX CORE CONCEPTS: TREATMENT WHICH IS CHILD-CENTERED, FAMILY FOCUSED, COMMUNITY BASED, MULTI-SYSTEMIC, CULTURALLY COMPETENT, AND LEAST RESTRICTIVE / LEAST INTRUSIVE. THE PROGRAM SERVES APPROXIMATELY 450 CASES A YEAR. AT ANY ONE TIME, THERE ARE 300 FAMILIES RECEIVING THIS SERVICE. THE CHILDREN SERVED RANGE IN AGE FROM THREE TO TWENTY-ONE. SERVICES ARE PROVIDED IN THE HOME, SCHOOL, AND COMMUNITY. CLIENTS COME FROM THREE SOUTHEASTERN PENNSYLVANIA COUNTIES. TWO SIGNIFICANT INITIATIVES ARE ON GOING IN THE PROGRAM. ONE USES THE MEASUREMENT TOOL CANS (CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT) FOR CLIENTS WITH AN EMOTIONAL SUPPORT DIAGNOSIS. FOR CLIENTS OVER THE AGE OF 11, THE PARENT, CLINICIAN, AND THE CLIENT COMPLETE THE ASSESSMENT SEPARATELY. FOR CLIENTS UNDER 11, THE CLINICIAN AND THE PARENT COMPLETE IT. THE SECOND INITIATIVE IS IMPROVING THE NUMBER OF HOURS PROVIDED TO EACH CLIENT VERSUS THE NUMBER OF HOURS PRESCRIBED. BOTH INITIATIVES SHOWED SIGNIFICANT IMPROVEMENT IN THE RESULTS FROM THE BEGINNING OF THE YEAR TO THE END OF THE YEAR.

Form 990, Part III, Line 4c:

SCHOOL PROGRAM - CHILD GUIDANCE PROVIDES FULL RANGE OF SERVICES TO SCHOOL DISTRICTS. THESE INCLUDE: 1.TWO LICENSED PRIVATE SCHOOLS SERVING CHILDREN WHO NEED FULL TIME EMOTIONAL SUPPORT SERVICES THAT ARE MORE THAN THEIR SCHOOL DISTRICT CAN PROVIDE, AND THOSE CHILDREN WHO HAVE A DIAGNOSIS ON THE AUTISM SPECTRUM WHO NEED SPECIALIZED CLASSROOMS. APPROXIMATELY 40 CHILDREN A YEAR ATTEND THESE SCHOOLS. THE SCHOOL OFFERS KINDERGARTEN THROUGH EIGHTH GRADE. (NARRATIVE CONTINUED ON PAGE 3 OF SCHEDULE O) (CONTINUATION FROM PART III - LINE 4C - 990) - THE SCHOOL LOCATED IN HAVERTOWN WAS LICENSED ON JULY 24, 1998 AND THE MONTGOMERY COUNTY SCHOOL LOCATION WAS LICENSED ON AUGUST 21, 2009. CHILD GUIDANCE'S PRIVATE SCHOOL PROGRAM IS COMMITTED TO PROVIDING COMPLETE ACADEMIC PROGRAMMING FOR CHILDREN REQUIRING EMOTIONAL/BEHAVIORAL/AUTISTIC SUPPORT THAT WILL BE COST-EFFECTIVE AND OUTCOME-ORIENTED. OUR PRIMARY GOAL IS TO PROVIDE EACH OF OUR STUDENTS WITH THE TOOLS NECESSARY TO HELP THEM FUNCTION IN A LESS RESTRICTIVE ENVIRONMENT WITHIN THEIR OWN SCHOOL DISTRICT. OUR PROGRAM IS AN ACADEMIC ENVIRONMENT, MUCH LIKE A SCHOOL DISTRICT'S EMOTIONAL SUPPORT CLASSROOM, WITH A STRONG EMPHASIS ON SOCIAL, EMOTIONAL, AND BEHAVIORAL DEVELOPMENT. OUR CHILDREN RECEIVE A QUARTERLY REPORT CARD, IEPS, ACCESS TO INDIVIDUAL ACADEMIC CHARTS, THE OPPORTUNITY TO CONSULT REGARDING EMOTIONALLY CHALLENGED CHILDREN, TRANSITION HELP, AND OUR COMMITMENT TO FOLLOW THE SAME ACADEMIC STANDARDS ESTABLISHED BY THE STATE OF PENNSYLVANIA. A COMPREHENSIVE TESTING PROGRAM TO MEASURE READING, MATH, SPELLING, AND COMPREHENSION WAS INSTITUTED. 100% OF THE STUDENTS MADE SIGNIFICANT PROGRESS. CLIENT SATISFACTION STUDIES SHOWED AN OVERALL HIGH DEGREE OF SATISFACTION, BUT INDICATED THE NEED TO STRENGTHEN THE HOMEWORK ASSIGNMENTS. FOR FISCAL 09-10, A RESEARCHED BASED PROTOCOL COVERING HOMEWORK ASSIGNMENT WILL BE INSTITUTED FOR ALL GRADES. THE BEHAVIOR MODIFICATION PROGRAM IS BASED ON 1-2-3 MAGIC DEVELOPED BY THOMAS PHELAN. 2.SCHOOL BASED CONTRACTED SERVICES THAT PROVIDE DISTRICTS WITH AN ARRAY OF SERVICES THAT COVER ALL THREE TIERS OF THE POSITIVE BEHAVIORAL SUPPORT MODEL. STAFF ARE PLACED DIRECTLY IN SCHOOLS WITH THE GOAL OF MAINTAINING STUDENTS IN THE LEAST RESTRICTIVE ENVIRONMENT. NINE SCHOOL DISTRICTS IN THREE SOUTHEASTERN PENNSYLVANIA COUNTIES CONTRACTED FOR THESE SERVICES. SERVICES WERE PROVIDED TO OVER 1,300 CHILDREN AND ADOLESCENTS. SCHOOL-BASED SERVICES ARE INDIVIDUALIZED AND INCLUDE PARTICIPATION IN INSTRUCTIONAL SUPPORT TEAMS, INDIVIDUAL THERAPY, GROUPS, SPECIALIZED INTERVENTIONS IN REGULAR CLASSROOM SETTINGS AND EMOTIONAL SUPPORT CLASSES. SERVICES ARE GOVERNED BY EACH STUDENT'S TREATMENT PLAN, WHICH IS DEVELOPED IN CONJUNCTION WITH THE INDIVIDUAL EDUCATION PLAN AND IN COOPERATION WITH PARENTS AND FAMILIES. A SCHOOL BASED MENTAL HEALTH WORKER PROVIDES ONE-ON-ONE AND GROUP INTERVENTIONS TO A CHILD OR ADOLESCENT IN SCHOOL WHEN THE CHILD OR ADOLESCENT'S BEHAVIOR WITHOUT THIS INTERVENTION WOULD REQUIRE A MORE RESTRICTIVE TREATMENT OR EDUCATIONAL SETTING. SCHOOL BASED WORKERS PROVIDE SPECIFIC THERAPEUTIC SUPPORT SERVICES INCLUDING BUT NOT LIMITED TO CRISIS INTERVENTION TECHNIQUES, IMMEDIATE BEHAVIORAL REINFORCEMENTS, EMOTIONAL SUPPORT, TIME-STRUCTURING ACTIVITIES, TIME-OUT STRATEGIES, AND PSYCHOSOCIAL REHABILITATIVE ACTIVITIES. SCHOOL BASED MENTAL HEALTH WORKERS WORK AS PART OF A TREATMENT TEAM. SCHOOL BASED MENTAL HEALTH WORKERS WORK IN ELEMENTARY, MIDDLE, AND HIGH SCHOOLS. CHILD GUIDANCE'S VISION HAS ALWAYS INVOLVED THE CONCEPT OF PROVIDING THE NECESSARY TOOLS TO CHILDREN TO ENABLE THEM TO FUNCTION IN THE LEAST RESTRICTIVE ENVIRONMENT. 3.TRAINING AND CONSULTATION SERVICES - SINCE 1960, CGRC HAS PROVIDED CONSULTATION TO A VARIETY OF SCHOOL SYSTEMS IN THE FORM OF TRAINING AND EDUCATION. WE ARE CERTIFIED TO GRANT CONTINUING EDUCATION CREDITS THAT MEET THE REQUIREMENT OF PENNSYLVANIA LAW GOVERNING TEACHER RECERTIFICATION. WE HAVE A TRAINER CERTIFIED IN THE OLWEUS BULLYING PREVENTION MODEL.

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COLLEEN MCNICHOL PRESIDENT/CE	40.00			X				208,483	0	27,719
DANIELA FERRACUTI PSYCHIATRIST	.....					X		228,641	0	7,044
ROSSANA ISABEL AVELINO PSYCHOLOGIST	.....					X		207,834	0	27,624
CHRISTINE MULLIGAN NURSE PRACTI	.....					X		187,849	0	6,147
ANDREW KIND-RUBIN VP CLINICAL	.....			X				167,087	0	21,847
TERRY CLARK VP FINANCE	.....			X				166,086	0	21,255
AIMEE SALAS VP SPEC SVCS	.....			X				162,288	0	21,350
DONALD J AINSWORTH DIRECTOR	0.50	X						0	0	0
LUCILLE ARSLANIAN DIRECTOR	0.50	X						0	0	0
JONATHAN BLOME DIRECTOR	0.50	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID BREEN DIRECTOR	0.50	X						0	0	0
BRETT BURMAN DIRECTOR	0.50	X						0	0	0
KEVIN DOLAN DIRECTOR	0.50	X						0	0	0
RONALD EYLER DIRECTOR	0.50	X						0	0	0
ROBERT FARRINGTON DIRECTOR	0.50	X						0	0	0
GEORGE JAMES JR DIRECTOR	0.50	X						0	0	0
TODD KLEINMAN DIRECTOR	0.50	X						0	0	0
RICHARD KRON DIRECTOR	0.50	X						0	0	0
MARK LAMAR DIRECTOR	0.50	X						0	0	0
JACK LIPPART DIRECTOR	0.50	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR MARGARITA LORCH DIRECTOR	0.50	X						0	0	0
RICHARD MCKNIGHT DIRECTOR	0.50	X						0	0	0
ROGER M NAUT DIRECTOR	0.50	X						0	0	0
CHRISTINE REUTHER VICE CHAIR	0.50	X						0	0	0
R GREGORY SCOTT CHAIR	0.50	X						0	0	0
ERIC TRAUOGOTT DIRECTOR	0.50	X						0	0	0
JAMES WILEY DIRECTOR	0.50	X						0	0	0
STACEY PORTER SECRETARY	40.00			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CHILD GUIDANCE RESOURCE CENTERS

Employer identification number
23-1490061

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	284,915	322,825	681,687	492,531	478,797	2,260,755
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	23,489,443	24,390,735	25,007,594	25,942,465	25,522,891	124,353,128
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	23,774,358	24,713,560	25,689,281	26,434,996	26,001,688	126,613,883
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.)						126,613,883

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	23,774,358	24,713,560	25,689,281	26,434,996	26,001,688	126,613,883
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	23,774,358	24,713,560	25,689,281	26,434,996	26,001,688	126,613,883

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 23-1490061

Name: CHILD GUIDANCE RESOURCE CENTERS

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
CHILD GUIDANCE RESOURCE CENTERS

Employer identification number
23-1490061

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		13,933,199	6,483,619	7,449,580
c Leasehold improvements		179,510	179,510	
d Equipment		1,494,557	1,255,407	239,150
e Other		28,283		28,283
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				7,717,013

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	183,316
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	183,316

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	26,001,688
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	26,001,688
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	26,001,688

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

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

1	Total expenses and losses per audited financial statements		1	25,811,798
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 XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	25,811,798
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	25,811,798

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHILD GUIDANCE RESOURCE CENTERS

Employer identification number 23-1490061

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SEE PART IV BELOW		348,025		FMV	SEE PART IV BEL
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 4, PART IV	(CONTINUED FROM SCHEDULE I - PART III) THESE FUNDS ENABLE DEPARTMENT STAFF TO PROVIDE CONSUMERS WITH SHORT-TERM, TREATMENT PLAN DRIVEN FINANCIAL ASSISTANCE AS ONE COMPONENT OF A COMPREHENSIVE APPROACH THAT FOSTERS FAMILY SELF-SUFFICIENCY. FAMILY SUPPORT EXPENDITURES CAN INCLUDE CONCRETE SERVICES OR TANGIBLE GOODS SUCH AS FOOD, FURNITURE, RENT OR MORTGAGE PAYMENTS, CLOTHING OR UTILITY BILLS. OTHER SUPPORT SERVICES THAT WOULD BE CONSIDERED AS ASSISTING IN THE FAMILYS DRIVE TOWARD HEALTHIER FUNCTIONING MAY INCLUDE RESPITE, SKILL BUILDING OR JOB-TRAINING OPPORTUNITIES, RECREATION ACTIVITIES, SUPPORT GROUPS, AND COMMUNITY CLUB MEMBERSHIPS. PROCEDURE:REQUESTS FOR FAMILY SUPPORT FUNDS ARE MADE BY THE CONSUMER FAMILY TO THE CLINICIANS WHO REVIEW THE REQUEST WITH THE PROGRAM SUPERVISOR. JUSTIFICATION FOR THE USE OF FAMILY SUPPORT FUNDS MAY BE MADE AFTER SATISFYING THESE CRITERIA: - THE FAMILY IS IN FINANCIAL NEED. - THE USE OF FAMILY SUPPORT FUNDS CAN BE JUSTIFIED AS ONE METHOD OF MEETING TREATMENT GOALS DESCRIBED IN THE TREATMENT PLAN. - IF APPLICABLE, A PLAN IS CREATED THAT WILL INSURE A MORE PERMANENT SOLUTION FOLLOWING THE USE OF FAMILY SUPPORT FUNDS AS A TEMPORARY MEASURE. ARRANGEMENTS ARE MADE WITH THE CONSUMER TO OBTAIN BACKUP DOCUMENTATION FOR ALL FAMILY SUPPORT FUND EXPENSES. ALL REQUESTS ARE DOCUMENTED IN THE CLIENT RECORD, WITH DOCUMENTATION ATTACHED. THE CHECK REQUESTS AND JUSTIFICATION FORM AUTHORIZED BY THE DEPARTMENT DIRECTOR ARE SUBMITTED TO THE ACCOUNTING DEPARTMENT IN ORDER FOR THE PAYMENT TO BE RELEASED. CONTINUED FROM SCHEDULE I - PART III - COLUMN (F) - DESCRIPTION OF NON-CASH ASSISTANCE - FAMILY SUPPORT EXPENDITURES CAN INCLUDE CONCRETE SERVICES OR TANGIBLE GOODS SUCH AS FOOD, FURNITURE, RENT OR MORTGAGE PAYMENTS, CLOTHING OR UTILITY BILLS.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILD GUIDANCE RESOURCE CENTERS

Employer identification number
23-1490061

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 COLLEEN MCNICHOL PRESIDENT/CEO	(i)	208,483				27,719	236,202	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 DANIELA FERRACUTI PSYCHIATRIST	(i)	228,641				7,044	235,685	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 ROSSANA ISABEL AVELINO PSYCHOLOGIST	(i)	207,834				27,624	235,458	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 CHRISTINE MULLIGAN NURSE PRACTITIONER	(i)	187,849				6,147	193,996	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 ANDREW KIND-RUBIN VP CLINICAL	(i)	167,087				21,847	188,934	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 TERRY CLARK VP FINANCE	(i)	166,086				21,255	187,341	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 AIMEE SALAS VP SPEC SVCS	(i)	162,288				21,350	183,638	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

CHILD GUIDANCE RESOURCE CENTERS

Employer identification number

23-1490061

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	THE CHILD GUIDANCE RESOURCE CENTERS' (CGRC) BOARD OF DIRECTORS IS A VOLUNTEER BOARD. THE BOARD MEMBERSHIP INCLUDES A BROAD MIX OF PERSONS THAT IS REFLECTIVE OF THE COMMUNITIES WHICH CGRC SERVICES. THE INDIVIDUALS REPRESENT HEALTHCARE/CONSUMER/BUSINESS AGENCIES AND POSSESS THE KNOWLEDGE/EXPERIENCE/EXPERTISE THAT PROVIDE FOR A DIVERSE PERSPECTIVE RELATING TO ORGANIZATIONAL PLANNING AND LEADERSHIP. THE BOARD OF DIRECTORS IS ULTIMATELY RESPONSIBLE FOR THE QUALITY OF CARE AND THE FINANCIAL VIABILITY OF CHILD GUIDANCE RESOURCE CENTERS. ADDITIONALLY, CGRC HAS COMMUNITY VOLUNTEERS WHO PROVIDE ASSISTANCE TO THE FAMILIES IN THE OUTPATIENT WAITING AREAS AND ADMINISTRATIVE CLERICAL SUPPORT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>FAMILY FIRST (FAMILY BASED SERVICES) IS A COMPREHENSIVE CLINICAL AND CASE MANAGEMENT PROGRAM DESIGNED TO WORK WITH AT-RISK CHILDREN AND THEIR FAMILIES IN THEIR OWN HOME AND COMMUNITY SETTING. FAMILY FIRST PROGRAM COMPONENTS INCLUDE FAMILY THERAPY, INDIVIDUAL COUNSELING, PARENT EDUCATION, INTENSIVE CASE MANAGEMENT, INTERAGENCY TEAM LEADERSHIP, FAMILY SUPPORT SERVICES, 32 WEEK COURSE OF TREATMENT, 24 HOUR ON-CALL OTHER SUPPORT, AND SERVICES PROVIDED BY THE FAMILY FIRST TEAM OF TWO MASTERS LEVEL THERAPISTS. (NARRATIVE CONTINUED ON PAGE 1 OF SCHEDULE O) (CONTINUATION FROM PART III - LINE 4A OF 990) - THE PHILOSOPHY OF FAMILY FIRST IS THAT A CHILD'S FAMILY IS THEIR STRONGEST AND MOST IMPORTANT LIFE DOMAIN. THEREFORE, THE MOST EFFECTIVE WAY OF HELPING TROUBLED CHILDREN AND ADOLESCENTS IS A FAMILY-FOCUSED, HOME-BASED MODEL DESIGNED TO RECOGNIZE AND BUILD ON FAMILY STRENGTHS. IN THIS WAY, THE NATURAL SUPPORTS OF THE CHILD'S LIFE CAN BE NURTURED SO THAT GAINS MADE CAN BE MAINTAINED AFTER FAMILY FIRST SERVICES HAVE ENDED. ADDITIONALLY, THE FLEXIBILITY OF THE FAMILY FIRST APPROACH ALLOWS THE TEAM TO LEARN ABOUT AND INCORPORATE ALL OF THE IMPORTANT ELEMENTS OF THE CHILD'S LIFE INTO THE TREATMENT EXPERIENCE. FAMILY FIRST SERVICES ARE RECOMMENDED TO A CHILD OR ADOLESCENT WHO IS CONSIDERED TO BE AT-RISK, THAT IS, WHO IS STRUGGLING WITH ANY OF THE FOLLOWING ISSUES: SEVERE EMOTIONAL DISORDERS OR MENTAL ILLNESS (SUCH AS CHILDHOOD DEPRESSION OR ADHD), INTENSE PARENT/CHILD CONFLICT, DIFFICULTY ADJUSTING TO FAMILY AND LIFE CHANGES, SCHOOL PROBLEMS (INCLUDING POOR PERFORMANCE, BEHAVIORAL PROBLEMS, OR TRUANCY), OPPOSITIONAL OR DEFIANT BEHAVIOR, PDD IN COMBINATION WITH FAMILY PROBLEMS, OR DRUG AND ALCOHOL USE IN COMBINATION WITH FAMILY PROBLEMS. FOR SOME, FAMILY FIRST MAY BE THE LAST INTERVENTION ATTEMPT BEFORE OUT OF HOME PLACEMENT. FOR OTHERS, FAMILY FIRST ACTS AS A BRIDGE BETWEEN RESIDENTIAL CARE AND LIVING AT HOME WITH FAMILY. THE PROGRAM SERVES APPROXIMATELY 200 FAMILIES A YEAR. AT ANY ONE TIME, THE ACTIVE CASELOAD IS APPROXIMATELY 125 FAMILIES. ONE HIGHLY SUCCESSFUL INITIATIVE UNDERTAKEN THIS PAST YEAR WAS WEEKEND PARENT AND CLIENT TRAINING RETREATS. THIS WAS DONE IN COOPERATION WITH ANOTHER NON-PROFIT AGENCY. THE TRAININGS WERE VERY WELL RECEIVED. THEY ALSO RESULTED IN PARENT TRAINING GROUPS BEING ESTABLISHED FOR THE PARENTS WHO ATTENDED THE WEEKEND SESSIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>BEHAVIORAL HEALTH REHABILITATIVE SERVICES PROGRAM (BHRS) IS A COMMUNITY-BASED SERVICE UTILIZED TO ASSIST THE CLIENT AND FAMILY ADDRESS BEHAVIORAL HEALTH NEEDS THROUGH THE USE OF STRENGTH - BASED GOALS AND THE INTEGRATION OF COMMUNITY SERVICES. BHRS SERVICES ARE HIGHLY INDIVIDUALIZED SERVICES DEVELOPED AND APPROVED BY AN INTERDISCIPLINARY TEAM. THEY ARE PROVIDED BY SPECIFIC CLINICIANS WHO ARE RECOMMENDED THROUGH PSYCHOLOGICAL OR PSYCHIATRIC EVALUATION OF THE INDIVIDUAL CHILD AND FAMILY. (NARRATIVE CONTINUED ON PAGE 2 OF SCHEDULE O) (CONTINUATION FROM PART III - LINE 4B - 990) THESE CLINICIANS INCLUDE A BEHAVIORAL SPECIALIST CONSULTANT (DOCTORAL OR MASTER'S LEVEL CLINICIAN), A MOBILE THERAPIST (DOCTORAL OR MASTER'S LEVEL CLINICIAN), AND A THERAPEUTIC STAFF SUPPORT (BACHELOR'S LEVEL CLINICIAN). THE GOAL OF THE BHRS TEAM IS TO WORK WITH THE FAMILY TO DEVELOP AN APPROPRIATE TREATMENT PLAN THAT UTILIZES BEHAVIORAL MODIFICATION, INDIVIDUAL AND / OR FAMILY THERAPY, AND ONE-ON-ONE INTERVENTIONS THAT HELP IMPROVE PROBLEM-SOLVING SKILLS. IN BHRS, THE FAMILIES ARE CONSIDERED TO BE THE BEST RESOURCES FOR WORKING TOWARDS GOAL ACHIEVEMENT. BHRS IS BASED ON A WELL-DEFINED SET OF PRINCIPLES. THESE PRINCIPLES ARE COMPRISED OF SIX CORE CONCEPTS: TREATMENT WHICH IS CHILD-CENTERED, FAMILY FOCUSED, COMMUNITY BASED, MULTI-SYSTEMIC, CULTURALLY COMPETENT, AND LEAST RESTRICTIVE / LEAST INTRUSIVE. THE PROGRAM SERVES APPROXIMATELY 450 CASES A YEAR. AT ANY ONE TIME, THERE ARE 300 FAMILIES RECEIVING THIS SERVICE. THE CHILDREN SERVED RANGE IN AGE FROM THREE TO TWENTY-ONE. SERVICES ARE PROVIDED IN THE HOME, SCHOOL, AND COMMUNITY. CLIENTS COME FROM THREE SOUTHEASTERN PENNSYLVANIA COUNTIES. TWO SIGNIFICANT INITIATIVES ARE ON GOING IN THE PROGRAM. ONE USES THE MEASUREMENT TOOL CANS (CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT) FOR CLIENTS WITH AN EMOTIONAL SUPPORT DIAGNOSIS. FOR CLIENTS OVER THE AGE OF 11, THE PARENT, CLINICIAN, AND THE CLIENT COMPLETE THE ASSESSMENT SEPARATELY. FOR CLIENTS UNDER 11, THE CLINICIAN AND THE PARENT COMPLETE IT. THE SECOND INITIATIVE IS IMPROVING THE NUMBER OF HOURS PROVIDED TO EACH CLIENT VERSUS THE NUMBER OF HOURS PRESCRIBED. BOTH INITIATIVES SHOWED SIGNIFICANT IMPROVEMENT IN THE RESULTS FROM THE BEGINNING OF THE YEAR TO THE END OF THE YEAR.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>SCHOOL PROGRAM - CHILD GUIDANCE PROVIDES FULL RANGE OF SERVICES TO SCHOOL DISTRICTS. THESE INCLUDE: 1.TWO LICENSED PRIVATE SCHOOLS SERVING CHILDREN WHO NEED FULL TIME EMOTIONAL SUP PORT SERVICES THAT ARE MORE THAN THEIR SCHOOL DISTRICT CAN PROVIDE, AND THOSE CHILDREN WHO HAVE A DIAGNOSIS ON THE AUTISM SPECTRUM WHO NEED SPECIALIZED CLASSROOMS. APPROXIMATELY 40 CHILDREN A YEAR ATTEND THESE SCHOOLS. THE SCHOOL OFFERS KINDERGARTEN THROUGH EIGHTH GRADE . (NARRATIVE CONTINUED ON PAGE 3 OF SCHEDULE O) (CONTINUATION FROM PART III - LINE 4C - 99 0) - THE SCHOOL LOCATED IN HAVERTOWN WAS LICENSED ON JULY 24, 1998 AND THE MONTGOMERY COUN TY SCHOOL LOCATION WAS LICENSED ON AUGUST 21, 2009. CHILD GUIDANCE'S PRIVATE SCHOOL PROGRAM IS COMMITTED TO PROVIDING COMPLETE ACADEMIC PROGRAMMING FOR CHILDREN REQUIRING EMOTIONAL /BEHAVIORAL/AUTISTIC SUPPORT THAT WILL BE COST-EFFECTIVE AND OUTCOME-ORIENTED. OUR PRIMARY GOAL IS TO PROVIDE EACH OF OUR STUDENTS WITH THE TOOLS NECESSARY TO HELP THEM FUNCTION IN A LESS RESTRICTIVE ENVIRONMENT WITHIN THEIR OWN SCHOOL DISTRICT. OUR PROGRAM IS AN ACADEM IC ENVIRONMENT, MUCH LIKE A SCHOOL DISTRICT'S EMOTIONAL SUPPORT CLASSROOM, WITH A STRONG E MPHASIS ON SOCIAL, EMOTIONAL, AND BEHAVIORAL DEVELOPMENT. OUR CHILDREN RECEIVE A QUARTERLY REPORT CARD, IEPs, ACCESS TO INDIVIDUAL ACADEMIC CHARTS, THE OPPORTUNITY TO CONSULT REGAR DING EMOTIONALLY CHALLENGED CHILDREN, TRANSITION HELP, AND OUR COMMITMENT TO FOLLOW THE SA ME ACADEMIC STANDARDS ESTABLISHED BY THE STATE OF PENNSYLVANIA. A COMPREHENSIVE TESTING PR OGRAM TO MEASURE READING, MATH, SPELLING, AND COMPREHENSION WAS INSTITUTED. 100% OF THE ST UDENTS MADE SIGNIFICANT PROGRESS. CLIENT SATISFACTION STUDIES SHOWED AN OVERALL HIGH DEGRE E OF SATISFACTION, BUT INDICATED THE NEED TO STRENGTHEN THE HOMEWORK ASSIGNMENTS. FOR FISC AL 09-10, A RESEARCHED BASED PROTOCOL COVERING HOMEWORK ASSIGNMENT WILL BE INSTITUTED FOR ALL GRADES. THE BEHAVIOR MODIFICATION PROGRAM IS BASED ON 1-2-3 MAGIC DEVELOPED BY THOMAS PHELAN. 2.SCHOOL BASED CONTRACTED SERVICES THAT PROVIDE DISTRICTS WITH AN ARRAY OF DIRECTI S THAT COVER ALL THE THREE TIERS OF THE POSITIVE BEHAVIORAL SUPPORT MODEL. STAFF ARE PLACED DI RECTLY IN SCHOOLS WITH THE GOAL OF MAINTAINING STUDENTS IN THE LEAST RESTRICTIVE ENVIRONME NT. NINE SCHOOL DISTRICTS IN THREE SOUTHEASTERN PENNSYLVANIA COUNTIES CONTRACTED FOR THESE SERVICES. SERVICES WERE PROVIDED TO OVER 1,300 CHILDREN AND ADOLESCENTS. SCHOOL-BASED SER VICES ARE INDIVIDUALIZED AND INCLUDE PARTICIPATION IN INSTRUCTIONAL SUPPORT TEAMS, INDIVID UAL THERAPY, GROUPS, SPECIALIZED INTERVENTIONS IN REGULAR CLASSROOM SETTINGS AND EMOTIONAL SUPPORT CLASSES. SERVICES ARE GOVERNED BY EACH STUDENT'S TREATMENT PLAN, WHICH IS DEVELOP ED IN CONJUNCTION WITH THE INDIVIDUAL EDUCATION PLAN AND IN COOPERATION WITH PARENTS AND F AMILIES. A SCHOOL BASED MENTAL HEALTH WORKER PROVIDES ONE-ON-ONE AND GROUP INTERVENTIONS T O A CHILD OR ADOLESCENT IN SCHOOL WHEN THE CHILD OR ADOLESCENT'S BEHAVIOR WITHOUT THIS INT ERVENTION WOULD REQUIRE A MORE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	RESTRICTIVE TREATMENT OR EDUCATIONAL SETTING. SCHOOL BASED WORKERS PROVIDE SPECIFIC THERAPEUTIC SUPPORT SERVICES INCLUDING BUT NOT LIMITED TO CRISIS INTERVENTION TECHNIQUES, IMMEDIATE BEHAVIORAL REINFORCEMENTS, EMOTIONAL SUPPORT, TIME-STRUCTURING ACTIVITIES, TIME-OUT STRATEGIES, AND PSYCHOSOCIAL REHABILITATIVE ACTIVITIES. SCHOOL BASED MENTAL HEALTH WORKERS WORK AS PART OF A TREATMENT TEAM. SCHOOL BASED MENTAL HEALTH WORKERS WORK IN ELEMENTARY, MIDDLE, AND HIGH SCHOOLS. CHILD GUIDANCE'S VISION HAS ALWAYS INVOLVED THE CONCEPT OF PROVIDING THE NECESSARY TOOLS TO CHILDREN TO ENABLE THEM TO FUNCTION IN THE LEAST RESTRICTIVE ENVIRONMENT. 3. TRAINING AND CONSULTATION SERVICES - SINCE 1960, CGRC HAS PROVIDED CONSULTATION TO A VARIETY OF SCHOOL SYSTEMS IN THE FORM OF TRAINING AND EDUCATION. WE ARE CERTIFIED TO GRANT CONTINUING EDUCATION CREDITS THAT MEET THE REQUIREMENT OF PENNSYLVANIA LAW GOVERNING TEACHER RECERTIFICATION. WE HAVE A TRAINER CERTIFIED IN THE OLWEUS BULLYING PREVENTION MODEL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>SOCIAL SKILL DEVELOPMENT PROGRAM -CHILD GUIDANCE PROVIDES SOCIAL SKILL DEVELOPMENT PROGRAM S,BOTH DURING THE SCHOOL YEAR AND DURING THE SUMMER. DURING THE SCHOOL YEAR, CGRC CONDUCTS AN AFTER SCHOOL PROGRAM FOR CHILDREN ON THE AUTISM SPECTRUM. THE TARGET AGE POPULATION IS AGES SIX THROUGH 18, ALTHOUGH IF DIAGNOSTICALLY APPROPRIATE ADOLESCENTS MAY REMAIN IN THE PROGRAM THROUGH AGE 21. THE GOAL IS TO PROMOTE THE DEVELOPMENT OF SOCIAL COMMUNICATION SKILLS. THE PROGRAM INCORPORATES THERAPEUTIC PRACTICES FROM MANY DIFFERENT APPROACHES THAT HAVE BEEN DEVELOPED FOR CHILDREN WITH ASD. THE PROGRAM FOCUSES ON FUNCTIONAL COMMUNICATION, ACTIVE ENGAGEMENT, AND REPLACING PROBLEM BEHAVIOR WITH FUNCTIONAL ALTERNATIVES. DURING THE SCHOOL YEAR, APPROXIMATELY 100 CHILDREN WILL ATTEND. THE SESSIONS ARE DIVIDED BY AGE AND FUNCTIONING LEVEL. OLDER CHILDREN ATTEND THREE DAYS PER WEEK, WHILE YOUNGER CHILDREN ATTEND 2 DAYS PER WEEK. THE SUMMER THERAPEUTIC PROGRAMS ARE DIVIDED INTO A 4-WEEK SESSION AND A 5-WEEK SESSION. WE OPERATE THE PROGRAM IN FOUR LOCATIONS. THERE ARE SPECIALIZED TRACTS FOR CHILDREN WITH EMOTIONAL SUPPORT NEEDS AND FOR CHILDREN DIAGNOSED ON THE AUTISM SPECTRUM . DEPENDING ON CIRCUMSTANCES, A CHILD MAY ATTEND ONE OR BOTH SESSIONS. FOR SOME OF THE CHILDREN, THERE IS A ONE HOUR PER DAY EDUCATIONAL COMPONENT. THERE WERE OVER 750 REGISTRATIONS FOR THIS PROGRAM. CGRC OPERATES FOUR SITES IN THREE SOUTHEASTERN PENNSYLVANIA COUNTIES. THIS PAST YEAR WE EXTENDED A PILOT EVIDENCE-BASED PROGRAM TO ALL FOUR CAMPSITES. THE PROGRAM IS BASED ON RULES FOR SOCIAL SKILLS DECISION MAKING. IT RESULTED IN A SIGNIFICANT REDUCTION IN INCIDENCE REPORTS. ADULT RESIDENTIAL SERVICES CGRC HAS THREE 24 HOURS A DAY FULL CARE COMMUNITY RESIDENTIAL REHABILITATION FACILITIES FOR CLIENTS WITH MENTAL HEALTH DISABILITIES. THE PRIMARY GOAL OF THESE RESIDENCES IS TO HELP CONSUMERS TO DEVELOP EVERYDAY LIVING AND COPING SKILLS, TO MAINTAIN SOCIALIZATION SKILLS THROUGH A VARIETY OF STRATEGIES, TO DEVELOP INDEPENDENCE THROUGH SETTING REALISTIC GOALS AND AMBITIONS, AND TO BUILD SELF-ASSESSMENT SKILLS SO THEY CAN HANDLE STRESSORS TO PREVENT CRISIS SITUATIONS AND UNNECESSARY HOSPITALIZATIONS. THE STAFF WILL WORK COOPERATIVELY AND CREATIVELY WITH ALL SUPPORTIVE SERVICES THAT OUR MUTUALLY SHARED CONSUMER HAS. THE LIST INCLUDES, BUT IS NOT LIMITED TO: MAST, INTENSIVE CASE MANAGERS, RESOURCE COORDINATORS, ADMINISTRATORS, CASE MANAGERS, PARTIAL HOSPITAL/MISA PROGRAMS, CLUB HOUSE PROGRAM, CONSUMER SATISFACTION TEAM, DELAWARE COUNTY OFFICE OF BEHAVIORAL HEALTH, OTC WORK PROGRAM, AND FAMILIES. THE CONSUMER MUST POSSESS BASIC LIVING SKILLS WITH THE POTENTIAL TO DEVELOP THEM FURTHER. DEPENDING ON THE PARTICULAR RESIDENCE, THE CONSUMERS COOK FOR HIMSELF/HERSELF, OR THE STAFF MAY PREPARE COMMON MEALS. CONSUMERS MAINTAIN HIS OR HER APARTMENT. WE SERVE CLIENTS 18 YEARS OLD AND ABOVE WHO ARE DELAWARE COUNTY RESIDENTS. THE PROGRAM CAPACITY IS 23. THE AVERAGE NUMBER OF RESIDENTS IS 22. A SPECIAL TRACT FOR TRANSITION A</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	GE (18-25) IS OFFERED WITHIN THIS PROGRAM. ADDITIONALLY, PROVISIONS ARE MADE FOR OLDER ADULTS WHO HAVE CO-OCCURRING CHRONIC MEDICAL CONDITIONS. A DSM-IV MENTAL HEALTH DIAGNOSIS, THE ABILITY FOR SELF-PRESERVATIONS, AND THE ABILITY TO MAINTAIN HIM/HER IN AN APARTMENT SETTING WITH ONE OR TWO ROOMMATES ARE ALL ADMISSION CRITERIA. OVER THE PAST YEARS, THE PROGRAM HAS FOCUSED ON IMPLEMENTING THE WRAP PROTOCOL. THIS IS THE WELLNESS RECOVERY ACTION PLAN. EACH CLIENT NOW HAS ONE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD FINANCE COMMITTEE COMPLETES A COMPREHENSIVE REVIEW OF THE FORM 990 DOCUMENT WHICH INCLUDES ALL RELATED SCHEDULES AND SUPPORTING DOCUMENTATION. AT THE COMPLETION OF THE REVIEW A COPY OF THE APPROVED 990 DOCUMENT AND AN EXECUTIVE SUMMARY ARE MAILED TO THE FULL BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST DISCLOSURES ARE SIGNED ANNUALLY BY THE BOARD. AGENCY POLICY REQUIRES THAT ALL ORGANIZATION REPRESENTATIVES DEALING WITH CLIENTS, FAMILIES, SUPPLIERS, CONTRACTORS, COMPETITORS, OR ANY PERSONS DOING OR SEEKING TO DO BUSINESS WITH CGRC SHALL ACT IN THE BEST INTEREST OF CGRC TO THE EXCLUSION OF CONSIDERATION OF PERSONAL PREFERENCE OR ADVANTAGE. SUCH REPRESENTATIVES SHALL MAKE PROMPT, WRITTEN DISCLOSURE OF CONFLICTS OR POTENTIAL CONFLICTS TO THE CEO, INCLUDING BUT NOT LIMITED TO: SIGNIFICANT FINANCIAL INTEREST IN, OR A BROKER RELATIONSHIP WITH A THIRD PARTY WITH, AN OUTSIDE FIRM SEEKING TO DO BUSINESS WITH OR IN COMPETITION WITH CGRC. CONFLICT OF INTEREST/NON-DISCLOSURE STATEMENT IS RETAINED IN THE PERSONNEL FILE FOR ALL EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	1) APPROVAL BY COMPENSATION COMMITTEE 2) REVIEW FORM 990 OF OTHER ORGANIZATIONS 3) REVIEW OF COMPENSATION SURVEY OR STUDY 4) APPROVAL BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	1) INCLUDED IN BUDGET REVIEWED BY FINANCE COMMITTEE & BOARD OF DIRECTORS 2) SET BY CEO WITHIN GUIDELINES ESTABLISHED IN STEP 1 ABOVE CONTINUED FROM FORM 990 PART VI - LINE 2 THE CEO OF CHILD GUIDANCE RESOURCE CENTERS PROVIDES APPROXIMATELY 4 HOURS PER WEEK OF FINANCIAL MANAGEMENT SERVICES TO A COMPANY OF WHICH A BOARD MEMBER IS A KEY EMPLOYEE. THIS ARRANGEMENT PREDATES THE EMPLOYMENT OF THE CEO AND PREDATES THE BOARD MEMBER JOINING CHILD GUIDANCE RESOURCE CENTERS' BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST. ANNUAL FINANCIAL REPORT IS AVAILABLE ON THE WEBSITE - WWW.CGRC.ORG

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILD GUIDANCE RESOURCE CENTERS

Employer identification number

23-1490061

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) OUSIA INC 2000 OLD WEST CHESTER PIKE 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 23-2392707	HOLDING CO		501C2		N/A		No
(2) MESON INC 2000 OLD WEST CHESTER PIKE 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 23-2138411	REHAB FACI		501C3	7	N/A		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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation