




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



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 country, and ZIP + 4 HAVERTOWN, PA 19083		D Employer identification number 23-1490061 E Telephone number (484) 454-8700 G Gross receipts \$ 17,374,227	
		F Name and address of principal officer BRAD BARRY CEOPRESIDENT 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
J Website: WWW CGRC ORG							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1956		M State of legal domicile PA			

Part I		Summary		
Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 42	
	6	Total number of volunteers (estimate if necessary)	6 4	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	238,762	245,158
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,922,743	17,129,069
	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)		0
	12		15,161,505	17,374,227
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	181,080	155,938
	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)	10,976,034	12,337,227
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,667	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,838,086	4,684,490
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,005,867	17,177,655
	19	Revenue less expenses Subtract line 18 from line 12	155,638	196,572
	Net Assets or Fund Balances		Beginning of Current Year	End of Year
20		Total assets (Part X, line 16)	10,286,271	10,162,167
21		Total liabilities (Part X, line 26)	6,813,128	6,492,452
22		Net assets or fund balances Subtract line 21 from line 20	3,473,143	3,669,715

Part II Signature Block	
Sign Here	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-15</div> <div>Date</div> </div>
	<div>BRAD BARRY CEO/PRESIDENT</div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>LAWRENCE J ELLIOTT</div> </div> <div> <div>Date</div> <div>2010-11-15</div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>RAINER & COMPANY</div> <div>2 CAMPUS BLVD STE 220</div> <div>NEWTOWN SQUARE, PA 190733270</div> </div>
	<div> <div>EIN</div> <div>Phone no (610) 353-4610</div> </div>

Part IIISTatement of Program Service Accomplishments

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

☒

No

If “Yes,” describe these new services on Schedule O

3

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

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 2,329,412 including grants of \$) (Revenue \$ 3,038,791)

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

4b

(Code) (Expenses \$ 2,245,035 including grants of \$) (Revenue \$ 2,638,803)

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

4c

(Code) (Expenses \$ 1,569,234 including grants of \$) (Revenue \$ 2,063,130)

SCHOOL BASED 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

4d

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

(Expenses \$ 8,393,589 including grants of \$) (Revenue \$ 9,388,345)









4e

Total program service expenses➤\$ 14,537,270

Form 990 (2009)

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 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		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 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		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	17		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	18		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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a80		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a424		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	16	
b	Enter the number of voting members that are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

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 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TERRY CLARK VP FINANCE 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 (484) 454-8700

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	1,042,445	83,756
----	-------	-----------	--------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	10,161				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	24,277				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	210,720				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						245,158
Program Service Revenue			Business Code					
	2a	INSURANCE		11,895,365	11,895,365			
	b	GOVERNMENT CONTRACTS		2,816,458	2,816,458			
	c	SCHOOL DISTRICT AND OTHER REV		2,329,418	2,329,418			
	d	MEDICAL ASSISTANCE		76,991	76,991			
	e	CLIENT FEES		10,837	10,837			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			17,129,069			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
b	Less direct expenses							
c	Net income or (loss) from fundraising events . . .							
9a	Gross income from gaming activities See Part IV, line 19							
b	Less direct expenses							
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
b	Less cost of goods sold							
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			17,374,227	17,129,069			

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	155,938	155,938		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	10,291,002	9,232,209	1,058,793	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	353,499	284,775	68,724	
9	Other employee benefits	941,637	833,863	107,774	
10	Payroll taxes	751,089	681,586	69,503	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	133,183	114,370	18,813	
14	Information technology	310,003	212,234	97,769	
15	Royalties				
16	Occupancy	673,728	629,359	44,369	
17	Travel	325,560	316,305	9,255	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,396	6,136	8,260	
20	Interest	234,793		234,793	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	476,916		476,916	
23	Insurance	205,974	184,504	21,470	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	TREATMENT & SUPPORT	613,087	585,136	27,951	
b	PROVISION FOR INSURANCE D	609,490	609,490		
c	PURCHASED PERSONNEL	331,619	114,211	217,408	
d	TELEPHONE	325,349	228,375	96,974	
e	EQUIPMENT RENTAL EXPENSE	173,263	161,052	12,211	
f	All other expenses	257,129	187,727	69,402	
25	Total functional expenses. Add lines 1 through 24f	17,177,655	14,537,270	2,640,385	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)	
					Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing				374,593	1	486,425
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				47,050	3	77,475
	4	Accounts receivable, net				1,734,904	4	1,635,926
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				294,603	9	356,944
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,287,252	7,685,050	10c	7,430,123	
	b	Less accumulated depreciation	10b	1,857,129				
	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			150,071	15	175,274	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,286,271	16	10,162,167	
Liabilities	17	Accounts payable and accrued expenses			1,083,079	17	1,461,449	
	18	Grants payable				18		
	19	Deferred revenue			233,986	19	107,365	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			5,484,788	23	4,923,638	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			11,275	25		
	26	Total liabilities. Add lines 17 through 25			6,813,128	26	6,492,452	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets			3,456,012	27	3,659,912	
	28	Temporarily restricted net assets			17,131	28	9,803	
	29	Permanently restricted net assets				29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other funds				32		
	33	Total net assets or fund balances			3,473,143	33	3,669,715	
	34	Total liabilities and net assets/fund balances			10,286,271	34	10,162,167	

Part XI **Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

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 11, check only one box)

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	68,018	72,854	97,718	238,762	245,158	722,510
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	9,741,165	12,396,279	14,051,850	14,922,743	17,129,069	68,241,106
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	9,809,183	12,469,133	14,149,568	15,161,505	17,374,227	68,963,616
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)						68,963,616

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	9,809,183	12,469,133	14,149,568	15,161,505	17,374,227	68,963,616
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	9,809,183	12,469,133	14,149,568	15,161,505	17,374,227	68,963,616
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	100.000 %	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.000 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 %
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2009. 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 <input type="checkbox"/>		
b	33 1/3% support tests—2008. 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 <input type="checkbox"/>		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	

Part II

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes ☒ No

6

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

7

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

8

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

☐ Yes ☒ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

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

2

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

a Revenues included in Form 990, Part VIII, line 1▶ \$ _____

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

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		8,107,089	1,423,090	6,683,999
c Leasehold improvements		247,195	48,796	198,399
d Equipment		918,100	385,243	532,857
e Other		14,868		14,868
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				7,430,123

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,374,227
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,177,655
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	196,572
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	196,572

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	17,374,227
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,374,227
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,374,227

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	17,177,655
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,177,655
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,177,655

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	------------------------------------	--------------------------	-----------------------------------	--	--	------------------------------------

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SEE PART IV BELOW	237		155,938	FMV	SEE PART IV BEL
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CHILD GUIDANCE RESOURCE CENTERS

Employer identification number
23-1490061

Part I

Questions Regarding Compensation

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

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

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	BRAD BARRY 0 4,000 0 JONATHAN KERSUN 0 8,000 0
COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 5A	THE CEO'S COMPENSATION CONSISTS OF A BASE SALARY AND A VARIABLE INCENTIVE AMOUNT. FOR THE VARIABLE INCENTIVE AMOUNT, THE CEO MAY EARN UP TO 15% OF HIS BASE COMPENSATION BASED UPON MEETING CERTAIN METRICS SET EACH YEAR BY THE BOARD OF DIRECTORS. FOR FYE 06/30/10, THE METRICS WERE AS FOLLOWS: 1) THE ORGANIZATION ACHIEVING A MINIMUM OF 95% OF ITS BUDGETED REVENUE FOR THE FISCAL YEAR. A TOTAL OF 1.5% OF BASE COMPENSATION MAY BE AWARDED. 2) THE ORGANIZATION OBTAINING A MINIMUM OF 100% OF ITS PROJECTED EXCESS OF REVENUE OVER EXPENSE FOR THE FISCAL YEAR. A TOTAL OF 4.5% OF BASE COMPENSATION MAY BE AWARDED. 3) TOTAL EXPENSES OF THE ORGANIZATION NOT EXCEEDING THE BUDGETED TOTAL EXPENSES. A TOTAL OF 1.5% OF BASE COMPENSATION MAY BE AWARDED. 4) THE ORGANIZATION IMPROVING THE STRENGTH OF ITS BALANCE SHEET. A TOTAL OF 2.25% OF BASE COMPENSATION MAY BE AWARDED. 5) SUFFICIENT PROGRESS BEING MADE IN IMPLEMENTING THE STRATEGIC PLAN. THIS WILL BE MEASURED BY NEW AND EXPANDED SERVICES AND GROWTH IN THE CLIENT ROSTER. A TOTAL OF 3.75% OF BASE COMPENSATION MAY BE AWARDED. 6) SENDING REQUIRED REPORTS TO THE BOARD OF DIRECTORS AT LEAST ONE WEEK PRIOR TO THE BOARD MEETING. THE REQUIRED REPORTS WILL COVER THE AREAS OF STRATEGIC PLANNING, OPERATIONAL PLANNING, BUDGETS, AND SUCCESSION PLANNING. A TOTAL OF 1.5% OF BASE COMPENSATION MAY BE AWARDED AFTER REVIEW OF THE CEO'S PERFORMANCE AND THE ABOVE METRICS, THE BOARD AWARDED THE CEO 95% OF THE AVAILABLE INCENTIVE COMPENSATION. THIS WAS AN AWARD OF 25,736. THE CONTRACT OF THE CEO PROVIDES FOR THE CEO TO EARN UP TO 15% OF HIS BASE SALARY IN INCENTIVE COMPENSATION. THE COMPENSATION METHOD IS DETERMINED IN ADVANCE BY THE BOARD GOVERNANCE COMMITTEE. THE COMPONENTS OF THE CALCULATION FOR FYE 06/30/10 ARE AS FOLLOWS: I. FINANCIAL PERFORMANCE (65% OF TOTAL GOAL WEIGHT) A. PROFITABILITY EQUAL TO AT LEAST 100% OF BUDGET (30% OF GOAL WEIGHT FACTOR) (INCENTIVE PAYMENT EQUALS 4.50%) B. REVENUE FROM OPERATIONS EQUAL TO AT LEAST 95% OF BUDGET (10% GOAL WEIGHT FACTOR) (INCENTIVE PAYMENT EQUALS 1.5%) C. TOTAL EXPENSES NOT GREATER THAN 100% OF BUDGET (10% OF GOAL WEIGHT FACTOR) (INCENTIVE PAYMENT EQUALS 1.50%) D. BALANCE SHEET STRENGTH (10% OF GOAL WEIGHT FACTOR, INCENTIVE PAYMENT EQUALS 1.5%) II. PROGRESS ON STRATEGIC PLAN AS MEASURED BY PROGRESS ON INDIVIDUAL CATEGORIES (20% OF GOAL WEIGHT FACTOR, INCENTIVE PAYMENT EQUALS 3%) III. PROVIDE BOARD, IN A TIMELY FASHION (AT LEAST ONE WEEK BEFORE BOARD APPROVAL IS REQUIRED), WITH SUMMARY DOCUMENTS: STRATEGIC PLAN, OPERATING PLAN, BUDGET, AND SUCCESSION PLAN (10% OF TOTAL GOAL WEIGHT) (INCENTIVE PAYMENT EQUALS 1.50%) IV. SUCCESSFUL JACHO RE-ACCREDITATION (10% OF GOAL, INCENTIVE COMPENSATION 1.5%) NOTE 1. MAY INCLUDE FUNDRAISING TARGET IF DESIRED.
COMPENSATION CONTINGENT UPON NET EARNINGS OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 6A	SEE REPLAY IN PART 1, LINE 5A
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	SEE REPLAY IN PART I, LINE 5A

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILD GUIDANCE RESOURCE CENTERS

Employer identification number
23-1490061

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes No
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$		

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes No
GREG RICE	BOARD CHAIR	17,299	TEMP NURSE STAFFING	No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization CHILD GUIDANCE RESOURCE CENTERS	Employer identification number 23-1490061
---	--

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	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
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	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
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	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
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	(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
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	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 AND PLAY LEISURE SKILLS THE PROGRAM INCORPORATES THERAPEUTIC PRACTICES FROM MANY DIFFERENT APPROACHES THAT HAVE BEEN DEVELOPED FOR CHILDREN WITH ASD THE PROGRAM FOCUSES ON FUNCTIONAL COMMUNICATION, PLAY, 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 SOCIALIZATION 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 TWO YEARS, THE PROGRAM HAS FOCUSED ON IMPLEMENTING THE WRAP PROTOCOL THIS IS THE WELLNESS RECOVERY ACTION PLAN EACH CLIENT NOW HAS ONE
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	CHILD GUIDANCE (BRAD BARRY,CEO) PHY RECOM NUTRACEUT (K KRIEG, CEO) CONSULTING - SEE END OF SCH O
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	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
ENFORCEMENT OF CONFLICTS POLICY	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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	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

COMPENSATION PROCESS FOR OFFICERS 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 8 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 GOVERNING DOCUMENTS DISCLOSURE 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

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

Cat No 51056K

Schedule O (Form 990) 2009

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?	
							Yes	No		Yes	No

Part IV

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

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

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV		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 (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	OUSIA	C	24,277
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 23-1490061
Name: CHILD GUIDANCE RESOURCE CENTERS

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

4d. Other program services			
(Code) (Expenses \$	8,393,589) (Revenue \$ 9,388,345)
<p>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 AND PLAY LEISURE SKILLS THE PROGRAM INCORPORATES THERAPEUTIC PRACTICES FROM MANY DIFFERENT APPROACHES THAT HAVE BEEN DEVELOPED FOR CHILDREN WITH ASD THE PROGRAM FOCUSES ON FUNCTIONAL COMMUNICATION, PLAY, 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 SOCIALIZATION 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 TWO YEARS, THE PROGRAM HAS FOCUSED ON IMPLEMENTING THE WRAP PROTOCOL THIS IS THE WELLNESS RECOVERY ACTION PLAN EACH CLIENT NOW HAS ONE</p>			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG RICE CHAIRMAN	1 00	X						0	0	0
J MERVYN HARRIS CHAIR EMERIT	1 00	X						0	0	0
RONALD WEYLER V CHAIR	1 00	X						0	0	0
DONALD AINSWORTH DIRECTOR	1 00	X						0	0	0
CAROL STARK DIRECTOR	1 00	X						0	0	0
CATHERINE DORRICOTT DIRECTOR	1 00	X						0	0	0
JCAROL HANSON DIRECTOR	1 00	X						0	0	0
MARYANN C HUGHES DIRECTOR	1 00	X						0	0	0
CARITA MORGAN DIRECTOR	1 00	X						0	0	0
MICHELE DAVIDSON DIRECTOR	1 00	X						0	0	0
ELLEN LOUISE MILGRIM DIRECTOR	1 00	X						0	0	0
R GREGORY SCOTT DIRECTOR	1 00	X						0	0	0
KENNETH KRIEG DIRECTOR	1 00	X						0	0	0
DAVID A BREEN DIRECTOR	1 00	X						0	0	0
AMY RICHARDS FRANZINI DIRECTOR	1 00	X						0	0	0
PHYLLIS OSISEK DIRECTOR	1 00	X						0	0	0
BRAD BARRY CEO/PRESIDEN	40 00			X				238,023	0	15,882
ANDREW KIND-RUBIN VP CLINICAL	40 00			X				127,330	0	9,815
TERRY CLARK VP FINANCE	40 00			X				126,676	0	6,981
AIMEE SALAS VP SPEC SVCS	40 00			X				97,088	0	9,040
COLLEEN MCNICHOL COO	40 00			X				93,864	0	22,429
JONATHAN KERSUN MED OFFICER	40 00					X		182,819	0	0
DANIELA FERRACUTI PSYCHIATRIST	30 00					X		176,645	0	19,609

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
INSURANCE		11,895,365	11,895,365		
GOVERNMENT CONTRACTS		2,816,458	2,816,458		
SCHOOL DISTRICT AND OTHER REV		2,329,418	2,329,418		
MEDICAL ASSISTANCE		76,991	76,991		
CLIENT FEES		10,837	10,837		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TREATMENT & SUPPORT	613,087	585,136	27,951	
PROVISION FOR INSURANCE D	609,490	609,490		
PURCHASED PERSONNEL	331,619	114,211	217,408	
TELEPHONE	325,349	228,375	96,974	
EQUIPMENT RENTAL EXPENSE	173,263	161,052	12,211	