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Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

TO PROVIDE HIGH QUALITY, COMMUNITY-BASED THERAPEUTIC, SUPPORTIVE, AND PREVENTIVE HEATHCARE SERVICES FOR CHILDREN, ADOLESCENTS AND FAMILIES WITH MENTAL HEALTH, DEVELOPMENTAL 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?

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?

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 \$ 2,675,486 including grants of \$ 171,697) (Revenue \$ 3,210,298)
	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 OF THE HIGHLY SUCCESSFUL INITIATIVES UNDERTAKEN BY THE PROGRAM 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 \$ 3,019,222 including grants of \$) (Revenue \$ 3,296,263)
	BEHAVIORIAL 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 ELEVEN, THE PARENT, CLINICIAN, AND THE CLIENT COMPLETE THE ASSESSMENT SEPARATELY FOR CLIENTS UNDER ELEVEN, 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 \$ 1,453,565 including grants of \$) (Revenue \$ 2,121,267)
	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 (CONTINUATION FROM PART III - LINE 4C)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 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 \$ 10,070,201 including grants of \$) (Revenue \$ 11,771,248)
4e	Total program service expenses\$ 17,218,474

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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.? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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.? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	68		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	636		
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 (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b16		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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 15a or 15b, 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 L CLARK VP FINANCE 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 (484) 454-8700

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREG RICE CHAIRMAN	1.00	X						0	0	0
(2) J MERVYN HARRIS CHAIR EMERIT	1.00	X						0	0	0
(3) RONALD W EYLER VICE CHAIRMA	1.00	X						0	0	0
(4) DONALD AINSWORTH DIRECTOR	1.00	X						0	0	0
(5) JANICE S CAMERON DIRECTOR	1.00	X						0	0	0
(6) CATHERINE DORRICOTT DIRECTOR	1.00	X						0	0	0
(7) JCAROL HANSON DIRECTOR	1.00	X						0	0	0
(8) MARYANN C HUGHES DIRECTOR	1.00	X						0	0	0
(9) CARITA MORGAN DIRECTOR	1.00	X						0	0	0
(10) KELLY M JOHNSON DIRECTOR	1.00	X						0	0	0
(11) ELLEN LOUISE MILGRIM DIRECTOR	1.00	X						0	0	0
(12) R GREGORY SCOTT DIRECTOR	1.00	X						0	0	0
(13) KENNETH KRIEG DIRECTOR	1.00	X						0	0	0
(14) DAVID A BREEN DIRECTOR	1.00	X						0	0	0
(15) AMY RICHARDS FRANZINI DIRECTOR	1.00	X						0	0	0
(16) PHYLLIS C OSISEK DIRECTOR	1.00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) BRAD BARRY CEO/PRESIDEN	40 00			X				238,103	0	37,943
(18) ANDREW KIND-RUBIN VP CLINICAL	40 00			X				127,801	0	20,817
(19) COLLEEN MCNICHOL COO/SECRETAR	40 00			X				125,635	0	18,052
(20) TERRY L CLARK VP FINANCE	40 00			X				124,361	0	17,140
(21) AIMEE SALAS VP SPEC SVCS	40 00			X				95,440	0	17,994
(22) JONATHAN KERSUN MED OFFICER	28 00					X		166,255	0	8,000
(23) DANIELA FERRACUTI PSYCHIATRIST	30 00					X		163,673	0	22,871
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,041,268		142,817

2

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

6

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
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	9,695			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	26,142			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	243,330			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		279,167			
	Program Service Revenue	2a	Business Code				
		INSURANCE		14,843,872	14,843,872		
b		GOVERNMENT CONTRACTS		3,061,503	3,061,503		
c		SCHOOL DISTRICT AND OTHER REV		2,409,377	2,409,377		
d		MEDICAL ASSISTANCE		59,577	59,577		
e		CLIENT FEES		24,747	24,747		
f		All other program service revenue					
g		Total. Add lines 2a-2f		20,399,076			
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	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		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		20,678,243	20,399,076			

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	171,697	171,697		
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	12,147,194	10,861,025	1,250,552	35,617
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	408,622	336,491	72,131	
9	Other employee benefits	1,171,523	1,030,395	136,058	5,070
10	Payroll taxes	877,465	797,835	71,344	8,286
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	145,433	119,012	25,794	627
14	Information technology	200,117	162,896	37,221	
15	Royalties				
16	Occupancy	650,916	601,649	49,011	256
17	Travel	398,574	371,257	20,493	6,824
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	204,356		204,011	345
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	525,465		525,465	
23	Insurance	184,721	160,897	23,824	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROVISION FOR INSURANCE D	938,832	938,832		
b	TREATMENT & SUPPORT	760,524	713,651	45,920	953
c	TELEPHONE	477,831	367,961	109,535	335
d	PURCHASED PERSONNEL	354,649	154,208	200,441	
e	EQUIPMENT RENTAL EXPENSE	203,513	185,554	17,959	
f	All other expenses	331,367	245,114	52,954	33,299
25	Total functional expenses. Add lines 1 through 24f	20,152,799	17,218,474	2,842,713	91,612
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			486,425	1	974,064
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			77,475	3	108,208
	4	Accounts receivable, net			1,635,926	4	1,529,151
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i>				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			356,944	9	502,782
	10a	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i>	10a	9,678,081			
	b	Less accumulated depreciation	10b	2,382,594	7,430,123	10c	7,295,487
	11	Investments—publicly traded securities				11	
	12	Investments—other securities <i>See Part IV, line 11</i>				12	
	13	Investments—program-related <i>See Part IV, line 11</i>				13	
	14	Intangible assets				14	
	15	Other assets <i>See Part IV, line 11</i>			175,274	15	219,394
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,162,167	16	10,629,086
Liabilities	17	Accounts payable and accrued expenses			1,461,449	17	1,991,369
	18	Grants payable				18	
	19	Deferred revenue			107,365	19	114,636
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i>				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22	
	23	Secured mortgages and notes payable to unrelated third parties			4,923,638	23	4,327,922
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>				25	
	26	Total liabilities. Add lines 17 through 25			6,492,452	26	6,433,927
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			3,659,912	27	4,174,872
	28	Temporarily restricted net assets			9,803	28	20,287
	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			3,669,715	33	4,195,159
	34	Total liabilities and net assets/fund balances			10,162,167	34	10,629,086

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,678,243
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,152,799
3	Revenue less expenses Subtract line 2 from line 1	3	525,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,669,715
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,195,159

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input 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

2010

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 described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

An organization organized and operated exclusively to test for public safety 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	72,854	97,718	238,762	245,158	279,167	933,659
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	12,396,279	14,051,850	14,922,743	17,129,069	20,399,076	78,899,017
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	12,469,133	14,149,568	15,161,505	17,374,227	20,678,243	79,832,676
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)						79,832,676

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	12,469,133	14,149,568	15,161,505	17,374,227	20,678,243	79,832,676
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.)	12,469,133	14,149,568	15,161,505	17,374,227	20,678,243	79,832,676
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	100.000 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	100.000 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶			

Part IV

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

Facts And Circumstances Test

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 \$	10,070,201) (Revenue \$ 11,771,248)
<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 TWO YEARS AGO 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 THEMSELVES, OR THE STAFF MAY PREPARE COMMON MEALS CONSUMERS MAINTAIN THEIR APARTMENT THEMSELVES 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>			

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☒ No

6

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

7

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

8

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

☐ Yes ☒ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes☒ No

Part IV

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

1a

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

☐ Yes☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
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		8,325,979	1,751,472	6,574,507
c Leasehold improvements		247,195	90,211	156,984
d Equipment		1,052,091	540,911	511,180
e Other		52,816		52,816
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				7,295,487

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	20,678,243
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,152,799
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	525,444
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	525,444

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	20,678,243
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	20,678,243
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	20,678,243

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	20,152,799
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	20,152,799
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	20,152,799

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
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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

2010

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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
(1) SEE PART IV BELOW	421		171,697	FMV	SEE PART IV BEL

Part IV

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization CHILD GUIDANCE RESOURCE CENTERS	Employer identification number 23-1490061
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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"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? 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 a The organization? b Any related organization? 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		
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)?		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRAD BARRY	(i) (ii)	209,997	28,106			37,943	276,046	
(2) JONATHAN KERSUN	(i) (ii)	166,255				8,000	174,255	
(3) DANIELA FERRACUTI	(i) (ii)	163,673				22,871	186,544	
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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 06/30/11, 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 06/30/11 ARE AS FOLLOWS: I. FINANCIAL PERFORMANCE (65% OF TOTAL GOAL WEIGHT) A. PROFITABILITY EQUAL TO AT LEAST 100% OF BUDGET (30% OF GOAL I WEIGHT FACTOR) (INCENTIVE PAYMENT EQUALS 4.50%) B. REVENUE FROM OPERATIONS EQUAL TO AT LEAST 95% OF BUDGET (10% GOAL I WEIGHT FACTOR) (INCENTIVE PAYMENT EQUALS 1.5%) C. TOTAL EXPENSES NOT GREATER THAN 100% OF BUDGET (10% OF GOAL I WEIGHT FACTOR) (INCENTIVE PAYMENT EQUALS 1.50%) D. BALANCE SHEET STRENGTH (10% OF GOAL I WEIGHT FACTOR, INCENTIVE PAYMENT EQUALS 1.5%) II. PROGRESS ON STRATEGIC PLAN AS MEASURED BY PROGRESS ON INDIVIDUAL CATEGORIES (20% OF GOAL I 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	REFERENCE PREVIOUS NOTE ABOVE
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	REFERENCE PREVIOUS NOTE ABOVE

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CHILD GUIDANCE RESOURCE CENTERS	Employer identification number 23-1490061
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Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	ADDITIONAL INFORMATION FOR PART I, LINE 4 IN SCHEDULE J, THE INDIVIDUALS LISTED PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF 4,000 AND 8,000, RESPECTIVELY

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

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>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 OF THE HIGHLY SUCCESSFUL INITIATIVES UNDERTAKEN BY THE PROGRAM WAS WEEKEND PARENT AND CLIENT TRAINING RETREATS THIS WAS DONE IN COOPERATION WITH ANOTHER NON-PROFIT AGENCY THE TRAININGS WERE VERY WELL RECEIVED THEY ALSO RESULTED IN PARENT TRAINING GROUPS BEING ESTABLISHED FOR THE PARENTS WHO ATTENDED THE WEEKEND SESSIONS</p>

Identifier	Return Reference	Explanation
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 ELEVEN, THE PARENT, CLINICIAN, AND THE CLIENT COMPLETE THE ASSESSMENT SEPARATELY FOR CLIENTS UNDER ELEVEN, 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

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	<p>(CONTINUATION FROM PART III - LINE 4C) 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 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</p>

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<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 TWO YEARS AGO 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 THEMSELVES, OR THE STAFF MAY PREPARE COMMON MEALS CONSUMERS MAINTAIN THEIR APARTMENT THEMSELVES 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>

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	CHILD GUIDANCE (BRAD BARRY,CEO) PHYSICIAN RECOMMENDED NUTRICEUTICAL CONSULTING - SEE END OF SCH O

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD FINANCE COMMITTEE COMPLETES A COMPREHENSIVE REVIEW OF THE FORM 990 DOCUMENT WHICH INCLUDES ALL RELATED SCHDULES 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

Identifier	Return Reference	Explanation
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 THE BOARD GOVERNANCE COMPENSATION COMMITTEE 2) REVIEW FORM 990 OF OTHER ORGANIZATIONS 3) REVIEW OF COMPENSATION SURVEY OR STUDY 4) APPROVAL BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
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 4 HOURS PER WEEK OF FINANCIAL MANAGEMENT SERVICES TO A COMPANY OF WHICH A BOARD MEMBER IS A KEY EMPLOYEE THIS ARRANGEMENT PREDATES THE EMPLOYMENT OF THE CEO AND PREDATES THE BOARD MEMBER JOINING CHILD GUIDANCE RESOURCE CENTERS' BOARD

Identifier	Return Reference	Explanation
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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILD GUIDANCE RESOURCE CENTERS

Employer identification number
23-1490061

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) OUSIA INC OUSIA INC 2000 OLD WEST CHESTER PIKE 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 23-2392707	HOLDING CO		501C2		N/A		No
(2) MESON INC MESON INC 2000 OLD WEST CHESTER PIKE 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 23-2138411	REHAB FACI		501C3		N/A		No

Part III

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

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

Part IV

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

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

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

Yes

No

No

No

No

No

No

No

No

No

No

No

Yes

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	(d) Method of determining amount involved
(1) OUSIA	C	26,142	
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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