#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2018 and ending JUN 30,

Open to Public Inspection

B	heck if	C Name of organization		D Employer identifi	cation number				
_	⊣Addre	CHILD GOIDANCE CENTER OF SOUTHERN							
-	_]chang _Name	COMMECTICOT, INC.		1 06-0	712058				
-	lchang ⊒Initial	Doing business as	D Invites	<del></del>					
_	return Final	Number and street (or P.O. box if mail is not delivered to street address)  103 WEST BROAD STREET	Room/suite	E Telephone number 203-324-6127					
L	Ireturn. termin			G Gross receipts \$	6,055,417.				
ſ	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code  STAMFORD, CT 06902		H(a) Is this a group re					
<u></u>	_ireturn ``Applic			<b>.</b>					
	_Ition pendi	SAME AS C ABOVE		for subordinates? Yes X No					
1 7	`av.av	empt status: X 501(c)(3)	or 527	7	list. (see instructions)				
		e: NWW.CHILDGUIDANCECT.ORG	01021	H(c) Group exemption	. ,				
		organization: X Corporation	L Year		N State of legal domicile: CT				
		Summary							
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O					
Governance									
ца	2	Check this box   X if the organization discontinued its operations or dispose	sed of more	than 25% of its net as:	sets.				
že.	3	Number of voting members of the governing body (Part VI, line 1a)		3	19				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19				
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	84				
Ě	6	Total number of volunteers (estimate if necessary)		6	28				
Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.				
				Prior Year	Current Year				
0	8	Contributions and grants (Part VIII, line 1h)		4,308,830.	3,836,809.				
Revenue		Program service revenue (Part VIII, line 2g)		1,192,523.	1,228,022.				
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		320.	12,415.				
ш	i .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-43,923.	-59,628.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,457,750.	5,017,618.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	4	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		4,205,347.	4,326,509.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Ř	b	Total fundraising expenses (Part IX, column (D), line 25)		000 001	005 450				
ш	'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		902,061. 5,107,408.	825,459. 5,151,968.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		350,342.	-134,350.				
		Revenue less expenses. Subtract line 18 from line 12			<u> </u>				
ets or		77 1 1 2 2 2 2 1 2 1 D 2 2 3 4 D 2 2 4 D 2	156	ginning of Current Year 2,165,657.	End of Year 2,038,824.				
SSe	20	Total assets (Part X, line 16)		624,278.	631,795.				
et o	•	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		1,541,379.	1,407,029.				
P	22 rt		<u></u>	1,341,313.	1,401,0451				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the hest of m	knowledge and helief it is				
	-	et, and complete. Declaration of preparer (other than officer) is based on all information of wi			, momoge and boner, a re				
11 40	00110	and description businesses of property (outer treat distance) to become of an information of the	non proper or						
Sigi	า	Signature of officer		Date					
Her		JESSICA WELT, CEO							
,,,,,	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		GARRETT M. HIGGINS GARRETT M. HIGG:	ins 1	2/30/19 if self-emplo	P00543209				
	arer	Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EIN	27-1728945				
-	Only		EAST						
_		STAMFORD, CT 06905		Phone no. 20	3-323-2400				
Mas	, tha I	3S discuss this return with the preparer shown above? (see instructions)			X Yes No				

	CHILD GUIDANCE CENTER OF SOUTHERN
	990 (2018) CONNECTICUT, INC. 06-0712058 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CHILD GUIDANCE CENTER OF SOUTHERN CONNECTICUT (CGC) IS DEDICATED
	TO IMPROVING THE MENTAL AND BEHAVIORAL HEALTH OF CHILDREN AND TEENS
	THROUGH TREATMENT, EDUCATION, AND COMMUNITY SUPPORT.
<b></b>	
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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,644,813 • including grants of \$ ) (Revenue \$ 1,102,230 •
4a	(cod
	CGC'S LARGEST PROGRAM, CHILD AND FAMILY THERAPY (CFT), HAS BEEN AN INTEGRAL COMPONENT OF CGC SINCE OUR FOUNDING IN 1954. THIS PROGRAM
	PROVIDES A RANGE OF CLINIC-BASED DIAGNOSTIC ASSESSMENT AND TREATMENT
	SERVICES FOR CHILDREN AND TEENS IN OUR COMMUNITIES, REGARDLESS OF THEIR
	FAMILIES' ABILITY TO PAY. IN FY2019, CFT SERVED 917 CHILDREN. OF
	PARENTS WHO WERE SURVEYED IN FY2019, 88% REPORTED AN IMPROVEMENT IN THE
	PROBLEMS FOR WHICH THEY SOUGHT HELP, 91% INDICATED THEY FELT MORE
	CONFIDENT IN MEETING THE NEEDS OF THEIR CHILD, AND 96% REPORTED OVERALL
	SATISFACTION WITH THE SERVICES THEY RECEIVED. IN MARCH 2019, CGC
	LAUNCHED AN OPEN ACCESS WALK-IN CLINIC AT THE AGENCY'S MAIN STAMFORD
	LOCATION, PROVIDING UNSCHEDULED INTAKE EVALUATIONS FOR OUTPATIENT
	THERAPY. THE CLINIC NOW OPERATES THREE MORNINGS PER WEEK, MAKING
4b	(Code: ) (Expenses \$ 697,943. including grants of \$ ) (Revenue \$ 70,877.
-15	AS THE STATE'S DESIGNATED MOBILE CRISIS INTERVENTION SERVICE (MCIS)
	PROVIDER FOR STAMFORD, GREENWICH, DARIEN AND NEW CANAAN, CGC'S CRISIS
	CLINICIANS ARE AVAILABLE 365 DAYS A YEAR TO STABILIZE EMERGENCIES AT
	HOMES, SCHOOLS, OR IN OTHER COMMUNITY LOCATIONS. THE MOBILE CRISIS TEAM
	CONDUCTS IMMEDIATE PHONE ASSESSMENTS OF CALLS TRANSFERRED FROM THE
	CONNECTICUT STATE 211 CRISIS HOTLINE. IF THE SITUATION REQUIRES A
	MOBILE RESPONSE, THE TEAM IS EXPECTED ONSITE WITHIN 45 MINUTES. IN
	FY2019, MOBILE CRISIS CLINICIANS RESPONDED TO 594 EMERGENCY CALLS
	THROUGH THIS PROGRAM. IN 95% OF THESE CASES, CGC'S CLINICIANS ARRIVED
	ONSITE WITHIN 45 MINUTES, FAR EXCEEDING THE STATE'S BENCHMARK OF 80%.
4c	(Code:) (Expenses \$392,743. including grants of \$) (Revenue \$)
	THE CHILD FIRST PROGRAM IS AN EVIDENCE-BASED, INTENSIVE, HOME-BASED
	SERVICE THAT IDENTIFIES VERY YOUNG AND VULNERABLE CHILDREN FROM HIGH
	RISK FAMILIES BEFORE ABUSE OR NEGLECT HAS OCCURRED AND BEFORE A CHILD
	DEVELOPS SERIOUS PROBLEMS. THIS TREATMENT STRENGTHENS THE PARENT-CHILD
	BOND AND DECREASES THE INCIDENCE OF SERIOUS EMOTIONAL DISTURBANCE;
	DEVELOPMENTAL, LEARNING, AND HEALTH PROBLEMS; AND ABUSE AND NEGLECT IN
	THE HIGHEST RISK INFANTS AND TODDLERS UP TO AGE 6. IN FY2019, 42
	CHILDREN AND THEIR PARENTS RECEIVED CHILD FIRST SERVICES. CGC WAS
	RECENTLY AWARDED A NEW GRANT FROM THE STATE OFFICE OF EARLY CHILDHOOD
	TO EXPAND THE AGENCY'S CHILD FIRST PROGRAM, INCREASING ACCESS TO THIS
	INTENSIVE IN-HOME PROGRAM FOR FAMILIES IN STAMFORD, GREENWICH, DARIEN
	AND NEW CANAAN BY OVER 50%.

SEE SCHEDULE O FOR CONTINUATION(S)

4e Total program service expenses

832002 12-31-18

4d Other program services (Describe in Schedule O.)

589,395 • Including grants of \$
xpenses ► 4,324,894 •

54,915.)

Form 990 (2018)

Form 990 (2018) CONNECTICUT,
Part IV Checklist of Required Schedules CONNECTICUT, INC. Page 3

1 Is the corganization described in section 501(5)(3) or 4947(6)(1) (other than a private foundation)? 2 Is the congruination sequence of the complete schedule 6, Schedule of Contributions? 3 Is the congruination engage in Identical campaign in clutifies on behalf of or in opposition to candidates for public offices? If 1'Wes, "complete Schedule C, Part I is Section 501(6)(3) organization and public offices of It 1'Wes, "complete Schedule C, Part I is the cognization as access of 501(6)(3) 501(6)(3) organization and public offices of It 1'Wes, "complete Schedule C, Part II is the cognization as access of 501(6)(3) 501(6)(3) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-192 if 1'Wes, "complete Schedule C, Part II is 1 the cognization as access of 501(6)(3) 501(6)(3) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-192 if 1'Wes, "complete Schedule C, Part II is 1 the cognization marks on your dorn advised flows on which denore have the right to provide schedule on the distribution or investment of amounts in such funds or accounts? If 1'Wes, "complete Schedule D, Part II is the cognization marks or old a conservation caecament, including assessments to preaso open space, the environment, historic isno disciolates of version of artificial flowers of the cognization order of th				Yes	No_
2 Is the organization required to complete Schedule S, Schedule of Contributors* 3 Did the organization required complete Schedule C, Part I  4 Section S01(p(s) organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year* If Yea; "complete Schedule C, Part II  5 the organization as odefined in Prompties Schedule C, Part II  6 bit the organization as defined in Prompties Schedule C, Part II  7 bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advisor on the distribution or investment of entire trace or accounts for which donors have the right to provide advisor on the distribution or investment of entire trace or accounts for which donors have the right to provide advisor on the distribution or investment of entire trace or accounts for which donors have the right to provide advisor on the distribution or investment of entire trace or accounts for which donors have the right to provide advisor on the distribution or investment of entire trace or accounts for which donors have the right to provide advisor on the distribution or investment of entire trace or the control of the organization on the distribution or investment of entire trace or the environment, historic land area, or historic structures of year, complete Schedule D, Part II  9 bid the organization report an amount in Part X, line 21, for excrew or created all account liability, serve as a custodian for amounts and the part X or provides or excell countering, the miniman or part and provides advised to part X, line 10 part X, part V, line 10 part X, line 10 part V, line 10	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I "  Section Strigle) organization. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II "  List the organization an acciden 501 (h)(4), 501 (h)(5), 601					<del></del>
public office/ // / / / / / complete Schedule C. Part / Section 501(6) oferations. Dit the regratization segage in lobbying activities, or have a section 501(6) election in effect during the tax year? // */ */ex, * complete Schedule C. Part // */ * Is the organization a section 501(6)(6), of 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Newtree Procedure 98-197 // */ex, * complete Schedule C. Part // */ * * * * * * * * * * * * * * * *	2		2	_ <u>X</u> _	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? ""''es," complete Schedule C, Part II she the organization a section 501(c)(8), 501(c)(6), 5	3				7.7
during the tax year? If "Yes," complete Schodulo C, Part II  S is the organization a section Sol (SQR), 601 (S			3		
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 Newmen Procedure 96.192 (**Pres,*** complete Schedule C, Part III **).  5 Did the organization maintain any denor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (**I*** complete Schedule D, Part II **).  5 Did the organization maintain collections of works of art, historical researces, or the environment, historic land areas, or historic structures? (**I*** "Section Part II." **).  5 Did the organization report an amount to Part X, line 21, for encrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, diabt management, oredit repair, or debt negotiation services? (**I*** "I*** "Section Part X." In Part X." In Part X. In Part X. In Part X. In Part X. In III. It is the organization and environments? (**I** "Yes,** complete Schedule D, Part V." III. It is the organization services or any of the following questions is "Yes,** than completo Schedule D, Part V. III. It is organization services or any of the following questions is "Yes,** than completo Schedule D, Part V. III. It is organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X line 16? (**I** "Yes,** complete Schedule D, Part V." III. It is a septimated in Part X line 16? (**I** "Yes,** complete Schedule D, Part V." III. It is a section in Part X, line 16? (**I** "Yes,** complete Schedule D, Part V." III. It is a section in Part X, line 16? (**I** "Yes,** complete Schedule D, Part X." III. It is a section in Part X, line 16? (**I** "Yes,** complete Schedule D, Part X." III. It is a section organization report an am	4		١. ١		v
similar amounts as defined in Revenue Procedure 98-197 (**Yes,** complete Schedula C, Part III   S   X   Did the organization ministin any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (**I*Yes,** complete Schedula D, Part I   1   Did the organization receive or hold a conservation easement, including assersants to preserve open space, the arvivorment, historic land areas, or historic structure? (**I*Yes,** complete Schedula D, Part III   2   Did the organization report an amount in Part X, line 21, for acrow or custodial account liability, nerve as a custodian for amounts not lited in Part X or provide redit counseling, debt management, credit repair, or debt negoliation services? (**I*Yes,** complete Schedula D, Part IVI   1   1 the organization, directly or through a rollated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? (**I*Yes,** complete Schedula D, Part VI   1   1 the organization, directly or through a rollated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or quasi-endowmen			4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a consensuation exsement, including assements for by pressive open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Sche	5		_		x
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a consensition essement, including assemblate by preson vo pens space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit consensity, delth management, credit repair, or doth negotiation services?  If "Yes," complete Schedule D, Part III  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or question dowments, or provide credit consensity, delth management, credit repair, or doth negotiation services?  If "Yes," complete Schedule D, Part VII  Did the organization report an amount for leads of organization, hold assets in temporarily restricted endowments, permanent endowments, or question report an amount for leads to part VIII.  Did the organization report an amount for leads of organization report an amount for leads to part VIII.  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—other securities in Part X, line 18? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—other securities in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments—other securities in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part X III  Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate or consolidated fi			-3-		
Polit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  Schedule D, Part III   Significant including easements are the significant expanses of the significant expanses. A part of the significant expanses or the significant expanses. A part of the significant expanses or the significant expanses. A part of the significant expanses are proported in Part X, Implication exports an amount for land, buildings, and equipment in Part X, Implication exports an amount for land, buildings, and equipment in Part X, Implication exports an amount for land, buildings, and equipment in Part X, Implication exports an amount for land, buildings, and equipment in Part X, Implication exports an amount for land, buildings, and equipment in Part X, Implication exports an amount for land in the significant exports of the significa	ь		6		х
Bid the organization maintain collections of works of art, historical breazures, or other similar assets? If "Yes," complete Schedule D, Part II.  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cerdid counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  It is the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  It is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  Did the organization report an amount for westments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III.  Did the organization report an amount for other islabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III.  Did the organization report an amount for other islabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total	-		-		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	,		7		Х
Schedule D, Part III  Pit the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization or service or or of the following questions is "Yes," then complete Schedule D, Part V, as a spipiciable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III  b) Did the organization report an amount for investments - organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VVIII  b) Did the organization report an amount for organization organization amount for investments - program related in Part X, line 13 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VVIII  c) Did the organization report an amount for other isabilities in Part X, line 28? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other liabilities in Part X, line 28? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other liabilities in Part X, line 28? If "Yes," complete Schedule D, Part X III  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  Did the organization has a school described in Section 1700(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(	Ω				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or dobt negotiation services?  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If *Yes,* complete Schedule D, Part V    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.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI    11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX    11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    11 Did the organization report an amount for tother liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    12 Did the organization of batin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X    12 Did the organization assertion and the part X    13 Did the organization seport and part X    14 Did the organization have aggregate revenues or expenses of more than \$1,000 for grants or other assistance to or for any toerigen granization? If yes, complete Schedul	0		8		X
amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for investments - organizer state in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of lts total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  D Did the organization's ilability for uncortain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III  D Did the organization obtain separate, independent audited financial statements for the tax year include a dortance that addresses the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," and if the organization maintain an office, employees, or agents outside of the United States?  D Did the organization maintain an office, employees, or agents outside of the United States?  D Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other as	9	Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for			
If "Yes," complete Schedule D, Part IV   10   11   12   12   13   14   15   15   17   19   15   14   15   15   15   15   15   15	Ū				į
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? #*Yes,* complete Schedule D, Part V   11 If the organization's answer to any of the following quasitions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, VII, VIII, VII, V			9		X
endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V   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? // "Yes," complete Schedule D, Part VI   11a   X    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? // "Yes," complete Schedule D, Part VI   11b   X    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? // "Yes," complete Schedule D, Part VII   11c   X    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? // "Yes," complete Schedule D, Part VII   11c   X    Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X   11d   X    12a Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X   11d   X    12b Was the organization included in consolidated, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X   11d   X    13 Is the organization included in consolidated, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X   11d   X    14a Did the organization aschool described in section 170(b)(I)(A)(A)(P) "Yes," complete Schedule E   13   X    15b Was the organization included in consolidated, independent audited financial statements for the tax year? // "Yes," complete Schedule E   12a   X    15c Did the organization maintain an office, employees, or agents outside of the United States? Described E   13   X    15d Did the organization maintain an office, employees, or agents outside of	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			i
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832003 12-31-18 Form <b>990</b> (2018)	00000			990	

Form	990 (2018) CONNECTICUT, INC. 06-071	<u> 2058</u>	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ı
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		ı
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		i	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	<u></u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6		
b	many and the support of the support	0		
c	The state of the s			
	(gambling) winnings to prize winners?	1c		<u> </u>
			$\Delta \Delta \Delta \Delta$	10011

832004 12-31-18

Form 990 (2018)

CHILD GUIDANCE CENTER OF SOUTHERN

Form 890 (2016)  CONNECTICUTY INC:  The Part VI Statements Regarding Other IRS Fillings and Tax Compliance continues)  2a Enter the number of employees reported on Form We), Transmittal of Wage and Tax Statements, the statements of the statement of the statemen	Earm	990 (2018) CONNECTICUT, INC. 06-0712	058	Р	age 5
Enter the number of employees reported on Form WS, Transmittal of Wige and Tax Statements, [2] 84 st.  Bit at least on is reported on the 2x, did the organization file all required federal employment tax returns? 26 X with the statement of the calendar year ending with or wellful the year occened by this saturn [2] and the statement of the calendar year ending with or wellful the year occened by this saturn [2] and the statement of the calendar year, did the organization file all required federal employment tax returns? 26 X with the calendar year, did the organization that we unrelated business gross income of \$1,000 or more during the year? 3 S with the organization that we unrelated business gross income of \$1,000 or more during the year? 3 S with a stary time during the calendar year, did the organization that we in interest in, or a signature or other authority own, a stinuario allocute in a foreign country. Exhibit the state of the foreign country. Exhibit the state of the foreign country. Exhibit the state influence of the foreign country. Exhibit the state of the foreign state of the file was or is a party to a prohibitor and organization that it was or is a party to a prohibitor of the state foreign state of the file of the foreign state of the file was or is a party to a prohibitor and year state for amount of the state or anomaly greater than \$100,000, and did the organization solicit any contributions with the was not tax deductible? Characteristic of the organization state of the organization file form 888617.  By If Year's the file organization and prose state of the state or organization state organi	1 222				2370
22 Refer the number of employees reported on Form W.S. Transmittation Vivage and Tax Statements.  field for the calendar year ending with or within the year covered by this return  If all state one is reported on line 2a, did the organization file oil incipated federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e/be feel instructions).  B If Yes, has it filed a Form 390-T for this year? If Yes 1 for line 3b, provide an explanation in year?  B If Yes, has it filed a Form 390-T for this year? If Yes 1 for line 3b, provide an explanation in Schedulin O.  B If Yes, has it filed a form 390-T for this year? If Yes 1 for line 3b, provide an explanation in Schedulin O.  B If Yes, has it filed a form 390-T for this year? If Yes 1 for line 3b, provide an explanation in Schedulin O.  B If Yes, has it filed a form 390-T for this year? If Yes 1 for line 3b, provide an explanation in Schedulin O.  B If Yes, has it filed a foreign country.  See instructions for filing requirements for FincEN Form 114, Report of Foreign Stark and Financial Accounts (FBAF).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Stark and Financial Accounts (FBAF).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Stark and Financial Accounts (FBAF).  See instructions for this organization that It was or in a party to a prohibited tax challed the activations of the Yes 1 for the 5 are 5 ch, bill the organization has the same of the foreign Stark and Financial Accounts (FBAF).  See If Yes 1 for the 5 are 5 ch, bill the organization that It was or in a party to a prohibited tax challed contributions?  B If Yes, if did the organization include with every solicitation an express statement that such contributions colicits any contributions in the same stark of the foreign Stark and Financial Accounts (FBAF).  See If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts w	10000000	Continued		Yes	No
filed for the calendar year ending with or within the year covered by this return    Set   It als east on its reported on line 22, did the organization fise all required foleral employment tax returns?   Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e_n/g fees instructions).   All Pires, Tisse it Red a 'sorm 390'F for this year? If Yes' to give on more during the year?   All Pires, Tisse it Red a 'sorm 390'F for this year? If Yes' to give 35, proude an explanation in Schedule 0.   At any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account; year, and increased account, or other financial account; year, and increased account, or other financial account; year, and increased year, and year, and the calendary of year, and increased year, and year, ye	20	Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements	000 (000) 880 (000)		
b If at least one is reported on line 2a, did the organization file all required federal employment tox returns?  Note, if the sum of lines 1a and 2a is greater than 250, us may be required to a-fine (see instructions)  30. Bid the organization in ever unrelated business gross income of \$1,000 or more during the year?  31. Bid I I Yeas, "has it filled a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0  32. At any time during the calendary year, did the organization line with 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()?  33. A X X I I Yeas, "has it filled a foreign country (such as a bank account, securities account, or other financial account()?  34. A X in the security of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  35. Was the organization for foreign country (such as a bank account, or other financial accounts (FBAR).  36. Was the organization for foreign country (such as a bank account, or other financial accounts (FBAR).  37. By the secondary of the organization that it was or is a party to a prohibited tax shelter transaction?  38. X X X Y I Yeas, "did the organization that it was or is a party to a prohibited tax shelter transaction?  39. If Yeas, "did the organization that it was or is a party to a prohibited tax shelter transaction?  40. If Yeas, "include the organization that it was or is a party to a prohibited tax shelter transaction?  40. If Yeas, "include the organization that it was or is a party to a prohibited tax shelter transaction?  40. If Yeas, "include the organization that was a charabtelo contributions?  40. If Yeas, "include the organization that was a charabtelo contributions?  40. If Yeas, "include the mumber of forms 8802 fleed during the year that a such contribution of unrelation and party for goods and services provided to the payor."	Za				
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Sa	a	·			
b If "Yes," that all titled a Form 990-T for this year? If" No." to line 30, provide an explanation in Schedule 0  4a At any time during the calendar year, did tho organization have an interest in, or a signature or other authority over, a financial accountly of the sea to a bank account, securities account, or other financial accountly?  5b If "Yes," either the name of the foreign country; Is."  5co instructions for filing regarderments for FincRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5co instructions for filing regarderments for FincRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5co Was the organization a party to a prohibitor tax sheller transaction at any time during the tax year?  5co Did any taxable party notify the organization file Form 8986-17?  5c If "Yes," did the organization file form 8986-17?  6c Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization coloid any contributions that were not tax deductible as charitable contributions under section 170(c).  6c Did the organization real was payment in excess of \$15 made party to a prohibitod tax shall be organization and the payment in excess of \$15 made party to a manual prior specified to the payor?  6c Did the organization seale, a payment in excess of \$15 made party to a manual prior specified to the payor?  7c Did the organization seale, a payment in excess of \$15 made party to a small busined and party for which it was required to file Form 8282?  6c Did the organization and the payment in excess of \$15 made party to a small party for goods and services provided to the payor?  7d If "Yes," did the organization and the payment in excess of \$15 made party to a small party for goods and services provided to the payor?  7d If "Yes," did the organization and the payment in excess of \$15 made party to a small party for goods and services provided to the payor?  7d If "Yes," did the organization received any funds, directly or indirectly, to a personal	0-	<del>"</del>	39	20000000	Х
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; each as a bank account, securities account, or other financial account(?)  Be in instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization for a prohibited tax wheler transaction at any time during the tax year?  5a Was the organization that organization that it was or is a party to a prohibited tax shelter transaction?  5b If Y'Yea' in line Sar of Si, did the organization for FINCEN Form 1886-17.  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization collect any contributions that were not tax deductible as charitable contributions?  6b If Yea's did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If Yea's did the organization molity the donor of the value of the goods or services provided?  9b If Yea's did the organization molity the donor of the value of the goods or services provided?  9c Did the organization and, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  1c Did the organization and only the donor of the value of the goods or services provided?  1c Did the organization receive any funds, directly or indirectly, to pay preniums on a personal benefit contact?  7c X  1d If Yeas, indicate the number of Forms 8282 filed during the year  9c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1058CV  1b The organization received a contribution of provided in the payor of the provided of the provided in the payor of the payor of the provided in the payor of the payor					
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the fire of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  8 Was the organization of the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5 Did any taxable party notify the organization for fine Me8677.  5 Does the organization that the organization for foreign Bank and Financial Accounts (FBAF).  5 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 as charitable contributions?  6 If "Yes", did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization selve a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  9 If "Yes", did the organization notify the donor of the value of the goods or sancises provided?  10 If "Yes", did the organization notify the donor of the value of the goods or sancises provided?  11 If "Yes", did the organization notify the donor of the value of the goods or sancises provided?  12 If "Yes", did the organization or notify the donor of the value of the goods or sancises provided?  13 If the organization received a contribution of cars, directly, or payment in contribution and partly for goods and services provided to the payor?  14 If "Yes", directly the good or sancises provided?  15 Section 50 (Fe) (Te) and the good or sancises provided?  16 If the organization received a contribution of cars, boats, siplanes, or other vehicles, did the organization file a Form 1098-07 or a file organization file a Form 1098-07 organization file a Form 1098-07 organization file a Form 1098-07 organ	4a		4.0		X
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amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  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.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b				
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c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.	· D				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  16 Is the organization and file Form 4720, Schedule N.  17 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  18 If "Yes," complete Form 4720, Schedule O.		Eller the distance of the state	140		Х
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.		, , , , , , , , , , , , , , , , , , , ,	10	3425	
If "Yes," complete Form 4720, Schedule O.			oglocki 46		x
If "Yes," complete Form 4/20, Schedule O.	16		10	(A. 1800)	
		IT "YES," COMPLETE FORM 4720, Schedule O.	Earn	990	/2018)

Form 990 (2018) CONNECTICUT, INC. U6-0/12058 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management					<del></del> -					
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		19							
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?										
3	Did the organization delegate control over management duties customarily performed by or under the										
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3		_X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X				
5	The state of the s										
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation to the power to the power to elect or approximation to the power										
	more members of the governing body?				7a		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, si										
-	persons other than the governing body?				7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				100 to 1	Section 1	100000				
а	The governing body?				8a	Х					
b	Each committee with authority to act on behalf of the governing body?				8b	Х					
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				<del></del>						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х				
Sac					L <u>~</u>						
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Yes	No				
40	Did the averagination have large shantage by application?				10a	163	X				
	Did the organization have local chapters, branches, or affiliates?				IVA						
b	·				10b						
	·		a filing the fo		11a		Х				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belui	e many une non	11111	112	in year	21				
d	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				12a	X	spalifiki d				
12a											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	<del> </del>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H^{\rm int}$				40-	х					
	in Schedule O how this was done				12c	X	├				
13	Did the organization have a written whistleblower policy?				13	X	├				
14	Did the organization have a written document retention and destruction policy?				14	A.	969:46				
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				WINE.	37	and the				
а	The organization's CEO, Executive Director, or top management official				15a	Х					
þ	Other officers or key employees of the organization				15b	53445556	X				
	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 arranger	ment w	ith a			4000					
	taxable entity during the year?				16a	rsections	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	า'ร		53,463	William	1600				
	exempt status with respect to such arrangements?				16b		L				
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 990	-T (Section 50	1(c)(3)s	only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest poli	cy, and	financ	ial					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records 🕨								
	NED PEARCE - 203-324-6127										
	103 WEST BROAD STREET, STAMFORD, CT 06902										
83200	6 12-31-18				Forn	n <b>990</b>	(2018)				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

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

#### 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. 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.

<b>(A)</b> Name and Title	(B) Average	organization compensated (C) Position (do not check more than one		( <b>D)</b> Reportable	(E) Reportable	(F) Estimated				
rano and mo.	hours per	box	unfes	ss per	son i	s both	an	compensation	compensation	amount of
	week	<del>-</del> -	er an	dad	recto	r/trust	ee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 88	stee			Highest compensated employee		(W-2/1099-MISC)	(11 2, 1000 100,	organization
	organizations	trust	institutional trustee		Кеу етрюуее	ошь		,		and related
	below	vidual	itution	je.	ещрі	nest c	Former			organizations
	line)	를	Inst	Officer	Key	High	P.			
(1) RICHARD OSTUW	2.00									
CHAIR		X		X	<u></u>			0.	0.	0.
(2) TIMOTHY G. COLLIER	1.00									
TREASURER		X		Х				0.	0.	0.
(3) JAY H. SANDAK, ESQ.	1.00									_
VICE CHAIR		X		X				0.	0.	0.
(4) LAURA W. BECK, ESQ.	1.00									_
VICE CHAIR		Х	L	Х			_	0.	0.	0.
(5) JAMES A. COLICA	1.00	l								^
VICE CHAIR		X	<u> </u>	X		╄	_	0.	0.	0.
(6) MARGARET A. DELUCA, ESQ.	1.00									n
SECRETARY		X	1	Х	<u> </u>	ļ	<u> </u>	0.	0.	0.
(7) JAMIE BORIS	1.00	l								0
VICE CHAIR	1	X	_	X		┡		0.	0.	0.
(8) GINNY ERTL	1.00							_	0.	0.
BOARD MEMBER	1 00	X	<u> </u>		H	-	<u> </u>	0.		0.
(9) CHARLESANNA D. ECKER	1.00	١.,						0.	0.	0.
BOARD MEMBER	1 00	X	-	-	⊢	-		<u> </u>	<u>V.</u>	U .
(10) ANNE FOUNTAIN	1.00	٠,			1			0.	0.	0.
BOARD MEMBER	1 00	X	┝	<del> </del>	├	-	-	0.	0.	0.
(11) JILL GORDON	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	┢	-			-	-	U •		· · ·
(12) STEPHEN A. GRAMPS	1.00	x		l				0.	0.	0.
BOARD MEMBER (THRU 09/2018)	1.00	╁≏	$\vdash$		┼┈	╁	┢	0.		
(13) JUDY M. NEMEC, MD	1.00	$\frac{1}{x}$						0.	0.	0.
BOARD MEMBER	1.00	1	-		├-	╁	-	0.	0.	
(14) JEFF NICKELL	1.00	x						0.	0.	0.
BOARD MEMBER (15) EDWARD ROSENTHAL	1.00	┿	+-	$\vdash$	$\vdash$	-	<del>                                     </del>			
BOARD MEMBER	1.00	x						0.	0.	0.
(16) SHARAD A. SAMY, ESQ.	1.00	122	$\vdash$	1	-	+	<del> </del>			
BOARD MEMBER (THRU 09/2018)	1.00	$ _{\mathbf{x}}$			ĺ			0.	0.	0.
(17) PATRICIA TOTH	1.00	┿	+	+-	$\vdash$	+-	$\vdash$	-		
/TIL EUINTOTU TOTII	1.00	$ _{\mathbf{x}}$	Ł	1	1		1	0.	0.	0.

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Form 990 (2018)

Form 990 (2018) CONNECTIO									06-071	2058	Page 8
Part VII   Section A. Officers, Directors, Trus	ees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box offi	not d , unle	Posi heck r ss per id a di	ition nore son i	than e s both	an	(D)  Reportable compensation from	(E) Reportable compensation from related	а	(F) Estimated mount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	кау етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensation from the ganization nd related ganizations
(18) TODDY TURRENTINE BOARD MEMBER	1.00	x						0.	0		0.
(19) JENNIFER VANBELLE BOARD MEMBER	1.00	x						0.	0		0.
(20) STEVE LEITH BOARD MEMBER	1.00	x						0.	0		0.
(21) ANNE ZUCKER	1.00	x						0.	0		0.
BOARD MEMBER (22) ELIOT BRENNER, PHD	40.00	Â		v		_			0		39,312.
PRESIDENT (23) JENNIFER KNEBEL	40.00			X				205,703.			
CFO (24) JESSICA WELT-BETENSKY	40.00			Х				113,270.	0		332.
CLINICAL DIRECTOR						X		110,715.	<u> </u>	• •	12,312.
		ļ 									
1b Sub-total								429,688.		. 8	31,956. 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							<b>&gt;</b>	429,688.	0		31,956.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wr	o re	eceived more than \$100,	uuu of reportable		3
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									3	Yes No
4 For any individual listed on line 1a, is the st and related organizations greater than \$150	0,000? If "Yes,	," cc	ompl	ete S	Sche	edule	e J i	for such individual		. 4	x
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com										. 5	x
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs tl	hat received more than \$	3100,000 of comper	sation 1	from
the organization. Report compensation for (A)	the calendar y	ear	endi	ng w	/ith	or w	ithir	the organization's tax y	ear.		(C)
Name and business	address	N	ON	E				Description of s	services		ensation
	<u></u>		-								
	<u>.</u>					•••					
2 Total number of independent contractors (		ot li	mite	d to		_	stec	l above) who received m	ore than		
\$100,000 of compensation from the organ	zation ►					0				Fort	n <b>990</b> (2018)

06-0712058 Page 9

				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue exclude from tax under sections 512 - 514
த 1	а	Federated campaigns 1a	100,000.				
	b	Membership dues 1b					
ğ	С	Fundraising events1c	524,566.				
ar F		Related organizations 1d					
Ē	e	Government grants (contributions) 1e 2,	294,096.				
Ś	f	All other contributions, gifts, grants, and					
tt tt		similar amounts not included above 1f	918,147.				
and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	3,002.				
a	h	Total. Add lines 1a-1f	1	3,836,809.			
			Business Code	004 050	004 000		
2		MEDICAID FEES	624100	991,373.	991,373.		
0		THIRD PARTY INSURANCE	624100	139,663.	139,663.		
ent		PATIENT FEES	624100	73,648.	73,648.		
Revenue	d	OTHER THIRD PARTY PAYE	624100	23,338.	23,338.		
<u>'</u>	e	All Al					
		All other program service revenue	1	1,228,022.			
3		Total. Add lines 2a-2f		I, ZZO, UZZ.			
"		other similar amounts)		1,352.			1,352
4		Income from investment of tax-exempt bond p					
5		Royalties	. 1				
		(î) Real	(ii) Personal				
6	a	Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
7		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	927,000.				
	b	Less: cost or other basis					
		and sales expenses	915,937.				
	C	Gain or (loss)	11,063.				
	d	Net gain or (loss)	·	11,063.			11,063
ູ 8	a a	Gross income from fundraising events (not					
anue		including \$ <u>524,566.</u> of					
ě		contributions reported on line 1c). See					
5			37,800.				
Otner Revel		• • • • • • • • • • • • • • • • • • • •	121,862	04.000			04 060
1		Net income or (loss) from fundraising events		-84,062.			-84,062
9	) a	Gross income from gaming activities. See					
		Part IV, line 19	1				
		Less: direct expenses b					
1		, ,					
10	a	Gross sales of inventory, less returns	.				
	L	and allowances at Less: cost of goods sold					
		Net income or (loss) from sales of inventory	` <u> </u>	National and an experience of the second section of the secti		energe exercises and Policy exercise Syn Participal	, seriespeja eseera säite espitalistina
-	ت	Miscellaneous Revenue	Business Code				
11	1 a	MISCELLANEOUS REVENUE	900099	24,434.			24,434
' '	b	ATTOOLINE THE OWN AND A STATE OF THE OWN AND ADDRESS OF THE OWN AND ADDRESS OF THE OWN AD				***************************************	
	C						
1		All other revenue					
		Total. Add lines 11a-11d		24,434.			
t	2	Total revenue. See instructions		E 017 610	1,228,022.	0.	-47,213

Form 990 (2018) CONNECTICUT, INC.
Part IX Statement of Functional Expenses

b, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to domestic organizations	(A) Total expenses	Program service	(C) Management and	<b>(D)</b> Fundraising
THE PROPERTY OF THE PROPERTY O		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
		····		
? Grants and other assistance to domestic				
individuals. See Part IV, line 22  Grants and other assistance to foreign				
Grants and other assistance to foreign organizations, foreign governments, and foreign				
, , ,				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
· ·	363,069.	134,345.	142,301.	86,423
trustees, and key employees	303,003.	134,3434	112,002.	007,123
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	3,265,174.	2,982,133.	132,123.	150,918
Other salaries and wages	3,403,1/4.	4,704,133.	±34,±43+	200,010
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	400 053	370,820.	22,950.	16,083
Other employee benefits	409,853. 288,413.	249,835.	19,668.	18,910
Payroll taxes	488,413.	<u> </u>	13,000.	10,910
Fees for services (non-employees):				
a Management	40 04 0		10 017	
b Legal	10,917.		10,917.	
c Accounting	29,850.		29,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,		60.004	0 506	0 811
column (A) amount, list line 11g expenses on Sch O.)	75,511.	63,094.	9,706.	2,711 21,659
2 Advertising and promotion	23,974.	1,987.	328.	21,659
3 Office expenses	164,862.	128,761.	7,366.	28,735
1 Information technology	124,988.	115,723.	4,199.	5,066
5 Royalties				
3 Occupancy	144,884.	134,071.	5,497.	5,316
7 Travel	20,427.	19,259.	409.	759
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	18,973.	15,095.	127.	3,751
) Interest	2,268.	1,966.	154.	148
1 Payments to affiliates				
Depreciation, depletion, and amortization	45,174.	40,204.	3,025.	1,945
3 Insurance	45,543.	32,772.	10,273.	2,498
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule O.) a STAFF RECRUITMENT	80,450.		80,450.	egoty, etc. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	37,638.	34,829.	1,428.	1,381
	37,0304	J=, U4J+	1,420+	-,501
·				
d				
e All other expenses	E 1E1 000	1 221 901	480,771.	346,303
5 Total functional expenses. Add lines 1 through 24e	5,151,968.	4,324,894.	400,//1.	<u>540,303</u>
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.			1	

		Check if Schedule O contains a response or note	e to any	line in this Part X	(A)	<del></del>	(B)
					Beginning of year		End of year
Τ	1	Cash - non-interest-bearing			189,341.	1	84,123.
		Savings and temporary cash investments			206,144.	2	706,756.
		Pledges and grants receivable, net		245,605.	3	214,658.	
		Accounts receivable, net	L L	76,207.	4	50,696.	
		Loans and other receivables from current and for			10774/19		
		trustees, key employees, and highest compensa-					
		Part II of Schedule L		· · · · · · · · · · · · · · · · · · ·		5	
		Loans and other receivables from other disqualifi					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti					
		employees' beneficiary organizations (see instr).		6			
		Notes and loans receivable, net	i i		7		
		Inventories for sale or use		- I		8	
					38,990.	9	37,832
_		Land, buildings, and equipment: cost or other	i i				
1		basis. Complete Part VI of Schedule D	10a	2,716,971.			
		Less: accumulated depreciation	10b	2,716,971. 1,837,218.	1,386,889.	10c	879,753.
-		Investments - publicly traded securities				11	
-		Investments - other securities. See Part IV, line 1		Į"		12	
- 1		Investments - program-related. See Part IV, line 1				13	
-		Intangible assets		14			
- 1	15	Other assets. See Part IV, line 11		22,481.	15	65,006	
- 1	16	Total assets. Add lines 1 through 15 (must equa			2,165,657.	16	2,038,824
$\neg$	17	Accounts payable and accrued expenses			369,805.	17	552,247
- 1	18	Grants payable	i		18		
- 1	19	Deferred revenue			129,500.	19	0
- 1	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete F				21	
1.	22	Loans and other payables to current and former		1.			
	~~	key employees, highest compensated employee					
		Complete Part II of Schedule L				22	1. 1.
١,	23	Secured mortgages and notes payable to unrela			85,457.	23	79,548
	23 24	Unsecured notes and loans payable to unrelated				24	
1	25	Other liabilities (including federal income tax, pa					
- 1 '	20	parties, and other liabilities not included on lines					
1		Schedule D			39,516.	25	0.
	26				624,278.	26	631,795
	<u>~U</u>	Organizations that follow SFAS 117 (ASC 958					
		complete lines 27 through 29, and lines 33 an					
	27	Unrestricted net assets			1,504,199.	27	1,322,029
	28	Temporarily restricted net assets	37,180.	28	1,322,029		
	20 29					29	
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	25	Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.					
5 1	20	Capital stock or trust principal, or current funds			30		
. 1	30	Paid-in or capital surplus, or land, building, or ed				31	
		raiu-in di Capital Surpius, di land, bullung, di et	401hmm	15 TORIU		1──	
	31		como i	or other funds		32	
	31 32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances			1,541,379.	33	1,407,029

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	Total revenue (must equal Part VIII, column (A), line 12)	1	5,01	7.61	L8.			
1	• • • • • • • • • • • • • • • • • • • •	2	5,15					
2	Total expenses (must equal Part IX, column (A), line 25)	3	-13					
3	nevertue less experises, outstact line 2 from line 1							
4		5	1,54		· - ·			
5	Net unrealized gains (losses) on investments	6	•					
6	Donated services and use of facilities	7		•••	· · · · · · · · · · · · · · · · · · ·			
7	Investment expenses	8						
8	Prior period adjustments	9			0.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1,40	7 01	29.			
Dai	column (B)) t XIII Financial Statements and Reporting	10	1,10	,,02	<u> </u>			
ı a					X			
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No			
	Accounting method used to prepare the Form 990: Cash X Accrual Other							
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		SVS SA				
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b_	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	REE		TEN.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2018)			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. CHILD GUIDANCE CENTER OF SOUTHERN

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of			CENTER OF SC	UTHER	N		1 -	identification number 6-0712058
Double 1	CONNI Reason for Public C		1C.		a mark \ Car	instruction		0-0/12030
Part I	1					e instructions	3.	
	ization is not a private founda					2 a 1/21		
1	A church, convention of chu					(A)(I).		
2	A school described in section							
3 ∐	A hospital or a cooperative l	nospital service orga	nization described in se	densibed	myayrya 	), 	Wiii\ Entort	ha haenital'e nama
4 📖	A medical research organiza	ation operated in con	junction with a nospital	described	in section	1 110(u)( 1)(A	дину. сикон	ine nospital s name,
_ [	city, and state:	. H h	ana ar imbiarahi aimad	or operate	d by a go	rernmental u	nit describe	d in
5			ege or university owned	or operate	u by a gov	/enmemai u	IIII describe	a III
	section 170(b)(1)(A)(iv). (C		والمرائد والمراث والمراث والمراث		0/63/43/63/			
6 <u>                                     </u>	A federal, state, or local gov An organization that normal						no gonaral n	ublic described in
7 X			mai part of its support in	om a gove	iiiiieinai u	inite of months	no gonorai p	dollo dodolloda III
• —	section 170(b)(1)(A)(vi). (Co		4VAVoi) (Complete Part	· II \				
8	An agricultural research org				d in conju	nction with a	land-grant o	college
9 []	or university or a non-land-g							
	university:	tant conege of agrice	ntara (aba manaonono).	Linco, tilo.	, 0,,,			
10	An organization that normal	ly receives: (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. members	hip fees, and	d gross receipts from
10	activities related to its exem							
	income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the or	ganization at	fter June 30, 1975.
	See section 509(a)(2). (Cor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		-	
11 🔲	An organization organized a		vely to test for public saf	ety. See	section 50	9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne function	s of, or to ca	arry out the p	ourposes of one or
	more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section 5	509(a)(2).	See <b>section</b>	<b>509(a)(3).</b> C	theck the box in
	lines 12a through 12d that of							
а	Type I. A supporting orga	inization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), t	ypically by o	giving
	the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	f the direct	tors or truste	es of the su	pporting
	organization. You must o							
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	on(s), by hav	ing
	control or management o	f the supporting orga	anization vested in the sa	ame persor	ns that cor	itrol or mana	ige the supp	oorted
	organization(s). You mus							
c [	Type III functionally inte						illy integrate	d with,
	its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A, I	D, and E.		
d	Type III non-functionally							
	that is not functionally int						d an attentiv	reness
	requirement (see instructi							
e	Check this box if the orga					Type I, Type	II, Type III	
	functionally integrated, or		nally integrated supporti	ng organiz	ation.			
	ter the number of supported o							
g Pro	ovide the following information (i) Name of supported	about the supporte	d organization(s). (III) Type of organization	(iv) is the orga	inization listed	(v) Amount	of monetary	(vi) Amount of other
	organization	(ii) City	(described on lines 1-10	in your governi Yes	no document?	support (see	•	support (see instructions)
			above (see instructions))	163	140			
Total								

## Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT, INC. 06-0712 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3867367.	4160828.	4096785.	4308830.	3836809.	20270619.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				i		
	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	3867367.	4160828.	4096785.	4308830.	3836809.	20270619.
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.						20270619.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3867367.	4160828.	4096785.	4308830.	3836809.	20270619.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	890.	720.	504.	320.	1,352.	3,786.
9	Net income from unrelated business				ι		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	444.	481.	419.	6,559.	24,434.	
11	Total support. Add lines 7 through 10						20306742.
12		etc. (see instruction	ons)		,	12 5	,669,501.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectior	501(c)(3)	
	organization, check this box and stop	o here					<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (					14	99.82 %
	Public support percentage from 2017					15	<u>98.63 %</u>
16a	33 1/3% support test - 2018. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization			.,,	<u>X</u>
k	33 1/3% support test - 2017. If the	organization did no	t check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances test						
	more, and if the organization meets to						e
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1					
ŀ	) 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6			<u> </u>			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
11							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here		4				<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2018 (			column (f))		15	%
16	Public support percentage from 201	7 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 2	<b>018</b> (line 10c, colu	ımn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2018. If the	e organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	e organization did eck this box and <b>s</b>	not check a box o top here. The org	n line 14 or line 19 anization qualifies	a, and line 16 is m as a publicly supp	ore than 33 1/3%, a ported organization	<b>&gt;</b>
20	Private foundation. If the organizati	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	<b>&gt;</b>
					A		A AAA ET\ AA4A

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

•	Yes	No
		HAVA:
******	300,000,000	***************************************
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9b		1
	SASSA	
9c	1	
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1	Hagestif-	990,568
10a		10000000
1		
10b	<u> </u>	<u> </u>
n 990 or 9	90-EZ	) 2018

of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more

Schedule A (Form 990 or 990-EZ) 2018

2b

За

3b

06-0712058 Page 6 Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 **Gurrent Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT, INC. 06-0712058 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 9 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI, See instructions. 7 Excess distributions carryover to 2019. Add lines 3j Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ	1) 2018 CONNECTICUT	r, INC.		06-0712058 Page 8
Part VI Supplemental Part IV, Section A, line 1: Part IV. Sect	Information. Provide the elines 1, 2, 3b, 3c, 4b, 4c, 5a, 6tion D, lines 2 and 3; Part IV, S 6, and 8; and Part V, Section E	explanations required by Part 5, 9a, 9b, 9c, 11a, 11b, and 1 Section E. lines 1c, 2a, 2b, 3a,	1c; Part IV, Section B, lines 1 : , and 3b; Part V, line 1; Part V,	and 2; Part IV, Section C, Section B, line 1e; Part V,
SCHEDULE A, PART	II, LINE 10, E	XPLANATION FOR	OTHER INCOME:	
OTHER				
2014 AMOUNT: \$	444.			
2015 AMOUNT: \$	481.		-	and the second s
2016 AMOUNT: \$	419.			
2017 AMOUNT: \$	6,559.			
2018 AMOUNT: \$	24,434.			
			- <u></u>	

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

CHILD GUIDANCE CENTER OF SOUTHERN 06-0712058 CONNECTICUT, INC. Organization type (check one): Section: Filers of: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-FF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization
CHILD GUIDANCE CENTER OF SOUTHERN
CONNECTICUT, INC.

Employer identification number

06-0712058

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,991,675.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	:	_ \$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ 121,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ _ \$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
CHILD GUIDANCE CENTER OF SOUTHERN
CONNECTICUT, INC.

Employer identification number

06-0712058

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
		Oakaduta D.Cama	000 000 E7 av 000 DE) (0040

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization CHILD GUIDANCE CENTER OF SOUTHERN 06-0712058 CONNECTICUT, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or fess for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

CHILD GUIDANCE CENTER OF SOUTHERN

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 06-0712058 CONNECTICUT, INC.

Par			ius of Acc	Journs Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b	Funds and other accounts
	Total wants and of work			,
1	Total number at end of year			
2				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	which that the constant hald in donor	dispod funds	
5	are the organization inform all dorlors and dorlor advisors in ware the organization's property, subject to the organization's e			
_	are the organization's property, subject to the organization's e.  Did the organization inform all grantees, donors, and donor ad			
6	big the organization inform all grantees, dorlors, and dorlor ad for charitable purposes and not for the benefit of the donor or	den as advisor, or for any other pure	ooo oonfordin	ay a
Par	impermissible private benefit?  II Conservation Easements. Complete if the orga			S Total Control Contro
			OO, T AICTV	1107.
1	Purpose(s) of conservation easements held by the organization		n biotovinally i	mportant land area
	Preservation of land for public use (e.g., recreation or ed	Preservation of		
	Protection of natural habitat	Preservation of a	a Cerunea ma	tone structure
_	Preservation of open space		aum of a con	consistion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualifie	ad conservation contribution in the		Held at the End of the Tax Year
	day of the tax year.		ŀ	
a	Total number of conservation easements		i i	2a
b	Total acreage restricted by conservation easements			2c 2c
C	Number of conservation easements on a certified historic structure in the lead in (a) consists of the			20
d	Number of conservation easements included in (c) acquired af			2d
_	listed in the National Register  Number of conservation easements modified, transferred, rele	and estinguished or terminated h	v the organiz	
3		aseu, extinguished, or terminated b	y ulo organiz	ation during the tax
	year ▶ Number of states where property subject to conservation ease	ment is located		
4	Does the organization have a written policy regarding the period		a of	
5	violations, and enforcement of the conservation easements it l			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
О	Stair and voluntees flours devoted to morntoning, inspecting, in	iditaling of violations, and otherwise		· • • • • • • • • • • • • • • • • • • •
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con-	servation eas	ements during the year
,	\$ \$	ing or monatione, and error and		,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	170/h)(4)(B)(i	)
Ü	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and exp	ense stateme	ent, and balance sheet, and
5	include, if applicable, the text of the footnote to the organization	on's financial statements that descr	ibes the orga	nization's accounting for
	conservation easements.		J	<del>-</del>
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, c	r Other Si	milar Assets.
L	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (ASC		tatement and	balance sheet works of art,
-	historical treasures, or other similar assets held for public exhi			
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (ASC		ment and bal	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>\$</b>
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under SFAS 11			
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

Sert III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Bart III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets   Conditional	Sche	dule D (Form 990) 2018 CONNECT	ICUT, INC.						06-07	12058	Page 2
clicked all that apply :   a	checks at that apply): a Public exhibition b Schotarly research c Preservation for fubre generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive denotions of art, historical treasures, or other similar assets to be sold for raise funder attent than to be mainteniad as part of the organization's network of the organization's network of the organization answered "Yes" on Form 900, Part X, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, fustoo, custodian or other intermediany for contributions or other assets not included on Form 900, Part X, line 21.  b If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Additions during the year □ Is Distributions or Distributions □ Is Beginning of year balance □ Is Distributions or Distributions □ Is Beginning of year balance □ Is Beginning of ye				t, Histo	rical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)
a	a	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	are a sig	nificant ι	ise of its c	ollection it	ems
b Scholarly research e Other Preservation for future generations  A Provide a description for future generations  4 Provide a description for future generations  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No  Part IV Scorow and Custodial Arrangements. Complete if the organization's collection?  Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is Is the organization in an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is Beginning balance  C Beginning balance  It I Amount  C Beginning balance  It I I I I I I I I I I I I I I I I I I	b Scholarly research   Preservation for future generations   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assessable to be sed for tasis funds extent than to be maintained as part of the organizations collection? Yes No Part IVI   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, Line 21.  Is its de organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Line 21.  Is its de organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Line 21.  Is lithe organization that arrangement in Part XIII and complete the following table:    Collegion   Part X   Part		(check all that apply):									
c	c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive densitions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?  Ves No  Part IV   Excrow and Custodial Arrangements. Complete if the organization anawered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b   If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  1c   Additions during the year   1d   1d   1d   1d   1d   1d   1d   1	а	Public exhibition	c	i 🔲 l	_oan or excl	nange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive denetions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c Amount  1c Amount  1c Amount  1d Amount  1d Amount  1d Beginning balance  1e Inding balance  1e Inding balance  2b Distributions during the year  1e Inding balance  1f Ending balance  1g Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  1g Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  1g Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  1g Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  1g Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  1g Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  1g Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  1g Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  1g Endowment Funds. Complete if the organization an	A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be noted to raise funds either than to be meintained as part of the organization answered "Yes" on Form 930, Part IV, line 9, or reported an amount on Form 930, Part X, line 21.  Is the organization an agent, trustoc, custodian or other intermediary for contributions or other assets not included on Form 930, Part X, line 21.  Is the organization an agent, trustoc, custodian or other intermediary for contributions or other assets not included on Form 930, Part X, line 21.  Is the organization and year and the organization answered "Yes" on Form 930, Part X, line 21.  Is the organization include an amount on Form 960, Part X, line 21, for escrive or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowrhent Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Beginning of year blance [a] Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d)	b	Scholarly research	6	, 🔲 (	Other						
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 reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustoe, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   No	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be noted to raise funder another than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.  Is the organization on anyth, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part XV, line 9, or reported an amount on Form 980, Part XV, line 9, or reported an amount on Form 980, Part XV, line 9, or reported and amount on Form 980, Part XV, line 9, or specific property and 1 to 1 t	C	Preservation for future generations									
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, for escrow or outstodial account liability?   Yes   No	to be sold for relies funds rather than to be maintained as part of the organization's collocition?	4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organizatio	n's exem	pt purpo	se in Part	XIII.	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" or Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an aspett, fustae, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or othe	er similar a	assets			
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?	Teported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other informediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII    Part V											No_
Table   Tab	Ta ls the organization an agent, trustoe, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Distributions during the year □ Id □ Additions during the year □ Id	Pa		-	ete if the	organizatio	n answered '	'Yes" on I	Form 990	), Part IV, I	ine 9, or	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  To Net investment earnings, gains, and losses of Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    Complete the arrangement in Part XIII and complete the following table:			·								
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance   1   1   1   1   1   1   1   1   1	1a									<b>-</b> 7	
c Beginning balance	c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ("Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions Co										_ Yes	L No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance g Distributions during the year f Ending balance g Distributions during the year f Ending balance g Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) hold as: a Board designated or quasi-endowment	c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  2b Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 10.  2c Did the organization an explaint the account liability?  2c Did the organization and liability   2c Did the organization and liability and liability?  2c Did the organization and liability and liability?  2c Land Beginning of year balance  2c Porvide the estimated percentage of the current year end balance (line 1g, column (al) held as:  2c Part VI Land, Buildings, and Equipment.  2c Describtion of property  2c Land	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						<del></del>
Additions during the year    Distributions during the year   1e   1e   1f   1e   1f   1e   1f   1e   1f   1e   1f   1e   1f   1f	d Additions during the year  e Distributions during the year  f Ending belance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability?  yes No b (**Yes,** explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years ba										Amount	
te Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV.  Part V ■ Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year	e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  Ves No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment > 9/6 b Permanent endowment   9/6 The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations  Description of property (a) Good or other basis (investment) (b) Cost or other basis (other) basis (investment)  Description of property (a) Good or other basis (investment)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Ceasehold improvements 1 (a) Cost or other basis (investment) basis (investment) basis (investment)  Buildings (d) Book value depreciation (d) Book value depreciation  1 (a) Cost or other basis (investment) basis (investment)  554,693, 438,368, 116,325.	C	Beginning balance									
f Ending balance    Tit	f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tiability?  Part V Endowment Funds. Complete if the organization answered "Yes" or Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" or Form 990, Part IV, line 10.    Calcurrent year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	d										
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    No   No   No   No   No   No   No   N	е	Distributions during the year									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  \( \)	Bill Tyes, "explain the arrangement in Part XIII. Chock here if the explanation has been provided on Part XIII.	f									<b>T</b>	
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Can   Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four ye								y?	L	_ Yes	∐ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four ye								***			***************************************
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e) Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings 1, 608, 513. 1, 395, 468. 213, 045. c Leasehold improvements 234, 249. 3,382. 230, 867. d Equipment 6 Other	Ра	T V Endowment Funds. Complete	I	T .		1			1 1.		b1-
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) I wo yea	rs dack   (	(d) Inree	years back	(e) Four y	ears dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a										
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b										
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	C				<b></b>						
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d										
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	e	•									
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	_		i .	1							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f										
a Board designated or quasi-endowment ▶	a Board designated or quasi-endowment		•		o dina 1 a	nolumn (o)	hold on					·
b Permanent endowment	b Permanent endowment    c Temporarily restricted endowment    The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  basis (other)  1a Land  1a Land  319,516.  319,516.  319,516.  514,693.  438,368.  116,325.  6 Equipment  6 Other			•		, column (a)	neidas.					
Temporarily restricted endowment	The percentages on lines 2a, 2b, and 2c should equal 100%.  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" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) depreciation  1a Land (b) Buildings (c) Leasehold improvements (d) Book value  234, 249, 3,382, 230,867.  d Equipment (e) Cost or other basis (other) depreciation (f) Equipment	_			76							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.	The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  319,516.  Buildings  1,608,513.  1,395,468.  213,045.  c Leasehold improvements  234,249.  3,382.  230,867.  d Equipment  Other		•	<del></del> '-								
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" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.	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  (iii) rel	С	-									
by: (i) unrelated organizations (ii) related organizations (iii) related organizations	Yes   No   (i)   unrelated organizations   3a(i)	ο-	· · · · · · · · · · · · · · · · · · ·		ation that	t ara hald ar	vd adminietos	rad for the	o organiz	ation		
(i) unrelated organizations (ii) related organizations 3a(ii) 3a(iii) 3a(iii) 4 Describe in Part XIII the intended uses of the organization's endowment funds.	(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       319,516.       319,516.         b Buildings       1,608,513.       1,395,468.       213,045.         c Leasehold improvements       234,249.       3,382.       230,867.         d Equipment       554,693.       438,368.       116,325.	Sa	·	ssion of the organiza	ation mai	Caro Hold ai	ia aanninistoi	iod for the	Jorganiz	ation	[·	Ves No
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.	(ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       319,516.       319,516.         b Buildings       1,608,513.       1,395,468.       213,045.         c Leasehold improvements       234,249.       3,382.       230,867.         d Equipment       554,693.       438,368.       116,325.         e Other		-									100 110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  519, 516.  Buildings  1,608,513.  1,395,468.  213,045.  c Leasehold improvements  438,368.  116,325.  e Other		.,								1 1	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	Part VI   Land, Buildings, and Equipment.	h									1	
	Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation			· ·			***************************************					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         319,516.         319,516.         319,516.         213,045.           b Buildings         1,608,513.         1,395,468.         213,045.           c Leasehold improvements         234,249.         3,382.         230,867.           d Equipment         554,693.         438,368.         116,325.				× 11110111	41.401						
	Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value				0, Part IV	, line 11a. S	ee Form 990	), Part X, I	line 10.			
	basis (investment)         basis (other)         depreciation           1a Land         319,516.         319,516.           b Buildings         1,608,513.         1,395,468.         213,045.           c Leasehold improvements         234,249.         3,382.         230,867.           d Equipment         554,693.         438,368.         116,325.           e Other				1					ed	(d) Book	value
Total Property (1)	b Buildings		2000 ilphoi oi property	, , ,	- 1			, , ,			` '	
210 516	b Buildings 1,608,513. 1,395,468. 213,045. c Leasehold improvements 234,249. 3,382. 230,867. d Equipment 554,693. 438,368. 116,325. e Other	12	Land								319	,516.
4 600 540 4 005 460 010 045	c Leasehold improvements       234,249.       3,382.       230,867.         d Equipment       554,693.       438,368.       116,325.         e Other							1,3	395,4	68.	213	,045.
464 646 0 000 000	d Equipment 554,693. 438,368. 116,325.										230	,867.
1	e Other			i i		55	4,693.	4	138,3	68.	116	,325.
e Otner	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)				X. colum	nn (B), line 1	Oc.)			<b>•</b>	879	,753.

Schedule D (Form 990) 2018

CONNECTICUT.	INC.
CONTRACT CITY	I INC.

ful Department of executive or colorest			11b. See Form 990, Pa	
(a) Description of security or category (including	g name of security)	(b) Book value	(c) Method of valu	uation: Cost or end-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				· · · · · · · · · · · · · · · · · · ·
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col	I. (B) line 12.)			
Part VIII Investments - Program				
Complete if the organization a	answered "Yes" o	on Form 990, Part IV, line	11c. See Form 990, Pa	rt X, line 13.
(a) Description of investmen		(b) Book value	(c) Method of valu	uation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col	I /R) line 13 )			
	1.057 11		444 Cas Esum 000 Da	ut V Boo 15
Complete if the organization a		on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.  (b) Book value
(1)			11d. See Form 990, Pa	
(1) (2)			11d. See Form 990, Pa	
(1) (2) (3)			11d. See Form 990, Pa	
(1) (2) (3) (4)			11d. See Form 990, Pa	
(1) (2) (3) (4) (5)			11d. See Form 990, Pa	
(1) (2) (3) (4) (5) (6)			11d. See Form 990, Pa	
(1) (2) (3) (4) (5) (6) (7)			11d. See Form 990, Pa	
(1) (2) (3) (4) (5) (6) (7) (8)			11d. See Form 990, Pa	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Pa	(a) !	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.	(a) I	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization a	art X. col. (B) line	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (b)	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (b) Part X (b) Part X Complete if the organization at (b) Part X Complete if the organization at (c) Description (c) Part X Complete if the organization at (d) Description (d) Description (d) Pederal income taxes	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (1) (1) Federal income taxes (2)	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (1) Federal income taxes (2) (3)	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (c) (1) Federal income taxes (2) (3) (4)	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (c) (1) Federal income taxes (2) (3) (4) (5)	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (c) (1) Federal income taxes (2) (3) (4) (5) (6)	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (column (b) Federal income taxes (column (colu	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (c) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	art X. col. (B) line	Description	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (a) Description (b) Description (c) (c) Description (c) (d) Description (c) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	art X. col. (B) line answered "Yes" of liability	on Form 990, Part IV, line	11e or 11f. See Form S	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990. Part X Other Liabilities.  Complete if the organization at (a) Description (column (b) Federal income taxes (column (colu	lart X. col. (B) line answered "Yes" of liability	Description  15.)  on Form 990, Part IV, line	11e or 11f. See Form S (b) Book value	(b) Book value

832053 10-29-18

Schedule D (Form 990) 2018

	TXI Reconciliation of Revenue per Audited Financial Sta										
	Complete if the organization answered "Yes" on Form 990, Part IV, III			E 010 C10							
1	Total revenue, gains, and other support per audited financial statements		1	5,017,618.							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1									
а	Net unrealized gains (losses) on investments	1 1									
b	Donated services and use of facilities										
C	Recoveries of prior year grants	1 1									
d	• • • • • • • • • • • • • • • • • • • •		4,1864	^							
е	Add lines 2a through 2d			0.							
3	Subtract line 2e from line 1		3	5,017,618.							
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a									
b	Other (Describe in Part XIII.)	4b		•							
c	***************************************			0.							
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>}</u>	5	5,017,618.							
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Heturn	•							
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a,									
1	Total expenses and losses per audited financial statements		1	5,151,968.							
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	, ,									
а	Donated services and use of facilities	2a									
b	Prior year adjustments	2b									
c	Other losses	2c									
d	Other (Describe in Part XIII.)	2d									
е	Add lines 2a through 2d			0.							
3	Subtract line 2e from line 1		3	5,151,968.							
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:										
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a									
b	Other (Describe in Part XIII.)	l I									
	Add lines 4a and 4b		4c	0.							
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5,151,968.							
	rt XIII Supplemental Information.										
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;	Part V, line 4; Part X	, line 2; Part XI,							
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a										
PA.	RT X, LINE 2:	nand w rind o.									
<u>CG</u>	C RECOGNIZES THE EFFECT OF INCOME TAX P	OSITIONS ONLY	IF THOSE I	POSITIONS							
	C RECOGNIZES THE EFFECT OF INCOME TAX PERFORMENT OF LIKELY THAN NOT TO BE SUSTAINED.										
AR	E MORE LIKELY THAN NOT TO BE SUSTAINED.	MANAGEMENT HA	AS DETERMIN	IED THAT							
AR		MANAGEMENT HA	AS DETERMIN	IED THAT							
AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED.	MANAGEMENT HA	AS DETERMIN	NED THAT							
AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED.	MANAGEMENT HA	AS DETERMIN	NED THAT							
AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED. C HAD NO UNCERTAIN TAX POSITIONS THAT W COGNITION OR DISCLOSURE. CGC IS NO LONG	MANAGEMENT HAT OULD REQUIRE DEFENSE TO	AS DETERMIN	NED THAT STATEMENT ONS BY THE							
AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED.	MANAGEMENT HAT OULD REQUIRE DEFENSE TO	AS DETERMIN	NED THAT STATEMENT ONS BY THE							
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AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED. C HAD NO UNCERTAIN TAX POSITIONS THAT W COGNITION OR DISCLOSURE. CGC IS NO LONG	MANAGEMENT HAT OULD REQUIRE DEFENSE TO	AS DETERMIN	NED THAT STATEMENT ONS BY THE							
AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED. C HAD NO UNCERTAIN TAX POSITIONS THAT W COGNITION OR DISCLOSURE. CGC IS NO LONG	MANAGEMENT HAT OULD REQUIRE DEFENSE TO	AS DETERMIN	NED THAT STATEMENT ONS BY THE							
AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED. C HAD NO UNCERTAIN TAX POSITIONS THAT W COGNITION OR DISCLOSURE. CGC IS NO LONG	MANAGEMENT HAT OULD REQUIRE DEFENSE TO	AS DETERMIN	NED THAT STATEMENT ONS BY THE							
AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED. C HAD NO UNCERTAIN TAX POSITIONS THAT W COGNITION OR DISCLOSURE. CGC IS NO LONG	MANAGEMENT HAT OULD REQUIRE DEFENSE TO	AS DETERMIN	NED THAT STATEMENT ONS BY THE							
AR CG	E MORE LIKELY THAN NOT TO BE SUSTAINED. C HAD NO UNCERTAIN TAX POSITIONS THAT W COGNITION OR DISCLOSURE. CGC IS NO LONG	MANAGEMENT HAT OULD REQUIRE DEFENSE TO	AS DETERMIN	NED THAT STATEMENT ONS BY THE							

#### **SCHEDULE G**

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Inspection

Department of the Treasury

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

CHILD GUIDANCE CENTER OF SOUTHERN

Name of the organization CHILD G	Employer identification number 06-0712058						
CONNECT							
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" on	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitate f Solicitate g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-go govern ising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(i) Name and address of individual			(iv) Gross receipts from activity	l	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					<u> </u>		
				:	ļ		
		<u> </u>					
		<u> </u>	<u> </u>				
Total			<b></b>				
3 List all states in which the organization	on is registered or licensed to solicit o	contrib	utions	or has been notified	i it is	exempt from re	gistration
or licensing.							

Schedule G (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018 CONNECTICUT, INC. 06-0712058 Page 2

75.55	n	of fundraising event contributions and gro			vents with gross receipt	
			(a) Event #1 GALA	LA		(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ang						
Revenue	1	Gross receipts	562,366.			562,366.
	2	Less: Contributions	524,566.			524,566.
	3	Gross income (line 1 minus line 2)	37,800.			37,800.
	4	Cash prizes				
<b>.</b>	5	Noncash prizes	16,734.			16,734.
Direct Expenses	6	Rent/facility costs	11,120.			11,120.
ect Ex	7	Food and beverages	54,963.			54,963.
۵	8	Entertainment	30,387.			30,387.
	9	Other direct expenses	A 4 T A			8,658.
	10				<b>&gt;</b>	121,862.
	11				·	-84,062.
Pa	rt	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		I		I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
-B	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		<b>&gt;</b>	
	ls	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
ı	-11	'No," explain:				
10a		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No
ı	' If ' 	'Yes," explain:				
1320	02 1	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 CONNECTICUT, INC.	06-0712058 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
	1 1
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rece	oras:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	mount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	—
	It iii tiie
organization's own exempt activities during the tax year  \$    Part   W   Symplemental information   S	Ale and Dayt III lines 0. Oh. 10h
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v); and Part III, lines 9, 90, 100,

	CHILD GUIDANCE CENTER OF SOUTHERN	06-0712058 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Infor	CONNECTICUT, INC. mation (continued)	00 0712030 Fage4
VAPPU	Continued)	
		A SAME AND

#### **SCHEDULE J** (Form 990)

#### Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. CHILD GUIDANCE CENTER OF SOUTHERN

CONNECTICUT, INC.

Employer identification number 06-0712058

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

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

Schedule J (Form 990) 2018

CONNECTICUT, INC.

06-0712058

Page 2

Schedule J (Form 990) 2018 CONNECTICUT, INC. 06-0712058

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-Mi	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)*(U)	reported as deferred on prior Form 990	
(1) ELIOT BRENNER, PHD	(i)	205,703.	0.	0.	0.	39,312.	245,015.	0.	
PRESIDENT	(0)	0.	0.	0.	0.	0.	0.	0.	
(2) JESSICA WELT-BETENSKY	(i)	110,715.	0.	0.	0.	42,312.	153,027.	0.	
CLINICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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Schedule J (Form 990) 2018

832112 10-26-18

# CHILD GUIDANCE CENTER OF SOUTHERN CONNECTICUT, INC. 06-0712058 Page 3 Schedule J (Form 990) 2018 CONNECTICUT, INC. 06-0712058 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2018

(Form 99	90 or 990-EZ)			ation answered "Yes" o of any articles of dissolu	• •		90-EZ, lina 36.	201	8
Department Internal Rev	of the Treasury venue Service	➤ Attac	ch to Form 990 or	•				Open to P Inspecti	ublic on
Name of	the organization	CHILD GU	IDANCE CEN	TER OF SOUTH	ERN			Employer identification nu 06-0712058	
Part I	Liquidation, space is need		ition. Complete thi	s part if the organization a	nswered "Yes" on Form s	990, Part IV, line 31, o	r Form 990-EZ, line 36. Pai	rt I can be duplicated if addit	ional
1	(a) Description distributed on expens	r transaction	(b) Date of distribution	(o) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address o	of recipient (g) IRC section (	) (if r type
**************************************									
		at and other							
<b>***</b>		4			Janones				
							ALAMAN MARKATAN MARKA		

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

b Become an employee of, or independent contractor for, a successor or transferee organization? c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? e if the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization?

Schedule N (Form 990 or 990-EZ) 2018

2b

2c

Yes

CMB No. 1545-0047

LHA

832151 10-31-18

SCHEDULE N

Scheo	Jule N (Form 990 or 990-EZ) 2018 COI	NNECTICUT,	INC.			06-0712	058		Р	age 2
Part	l Liquidation, Termination, or Disso	lution (continued)							·	
	Note: If the organization distributed all of	its assets during the	tax year, the	1 Form 990,	Part X, column (B), line 16	3 (Total assets), and I	ine 26 (Total fiabilities), should equal -0		Yes	No
	Did the organization distribute its assets i								igspace	<b>↓</b>
4a	Is the organization required to notify the a	attorney general or ot	her appropria	te state offi	cial of its intent to dissolve	, liquidate, or termina	ate?	4a		<u> </u>
b	If "Yes," did the organization provide suc	h notice?						4b	<u> </u>	
5	Did the organization discharge or pay all	of its liabilities in acco	ordance with	state laws?		********************		5	igsquare	—
6a	Did the organization have any tax-exempt	bonds outstanding o	during the yea	ır?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6a		<u> </u>
ь	if "Yes" to line 6a, did the organization di	scharge or defease al	of its tax-exe	ampt bond !	iabilities during the tax yr i	in accordance with th	ne Internal Revenue Code and state laws	? 6b		<u> </u>
o. If 'Yes' on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No' on line 6b, explain in Part III.										
Part	II Sale, Exchange, Disposition, or Oth	er Transfer of More	Than 25% of	f the Organ	ization's Assets, Comple	ate this part if the org	anization answered "Yes" on Form 990,	Part IV, lin	e 32, c	ж
	Form 990-EZ, line 36. Part # can be d	· i			1 2 2 1 - 12 - 12 - 1	(e) EIN of recipient	(f) Name and address of recipient	fed in	C section	
1	(a) Description of asset(s)	(b) Date of	(c) Fair mar asset(s) dis	tributed or	(d) Method of determining FMV for	(e) EIM OI LECIDIBUIT	(1) Mayle and address of recibient	tech	cient(e) (d	t
	distributed or transaction expenses paid	distribution	amount of t	transaction	asset(s) distributed or		1		mpt) or ty fentity	/Pe
	exhenses bain		expe	nses	transaction expenses			<u> </u>		
							JEWISH FAMILY SERVICE OF STAMF			
						İ	733 SUMMER ST, SUITE 602			
SALE	OF BUILDING	02/01/19		927,000.	APPRASIAL	06-1130830	STAMFORD, CT 06901	501(C){	3)	
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								3 (%)	Yes	No
	Did or will any officer, director, trustee, or		-					13:50	1	7
	Become a director or trustee of a success								╀—	X
b	Become an employee of, or independent	contractor for, a suc-	cessor or trar	isferee orga	nization?		***************************************		+-	X
	Become a direct or indirect owner of a su								+-	X
	Receive, or become entitled to, compens							2d	Щ_	X
е	If the organization answered "Yes" to any	y of the questions on	lines 2a throu	ıgh 2d, prov	vide the name of the perso	n involved and expla	in in Part III. 🕨			

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-E2.

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

CHILD GUIDANCE CENTER OF SOUTHERN

2018
Open to Public Inspection

Employer identification number

06-0712058 CONNECTICUT, INC. FORM 990, PART I, LINE 1: IN FY2019, CGC SERVED OVER 2000 CHILDREN BIRTH TO 18 YEARS OLD AND THEIR FAMILIES. CHILDREN REFERRED TO CGC STRUGGLE WITH A RANGE OF PSYCHIATRIC CONCERNS THAT INCLUDE DEPRESSION, ANXIETY, DEVELOPMENTAL DELAYS, TRAUMA, AGGRESSION TOWARD OTHERS, AND SUICIDAL AND SELF-INJURIOUS BEHAVIOR. WITH FOUR OFFICE LOCATIONS SERVING STAMFORD, GREENWICH, DARIEN, AND NEW CANAAN, CGC PROVIDES COMPREHENSIVE SERVICES IN-OFFICE, IN-HOME, IN THE COMMUNITY, AS WELL AS 365 DAYS PER YEAR MOBILE CRISIS INTERVENTION SERVICES. SERVICES ARE AVAILABLE TO CHILDREN AND ADOLESCENTS, REGARDLESS OF THE FAMILY'S ABILITY TO PAY. IN FY2019, 67% OF CHILDREN SERVED HAD HUSKY INSURANCE, 30% HAD PRIVATE INSURANCE, AND APPROXIMATELY 3% WERE UNINSURED. CGC SUBSIDIZES 99% OF ITS CLIENTS AND HAS A SLIDING FEE SCALE TO ENSURE THAT EVEN FAMILIES WITH HIGH DEDUCTIBLE PRIVATE INSURANCE PLANS ARE ABLE TO ACCESS NEEDED MENTAL HEALTH SERVICES FOR THEIR CHILDREN. THE AGENCY'S SERVICES TO CHILDREN DECREASE THE LIKELIHOOD OF NEGATIVE OUTCOMES LATER IN LIFE, SUCH AS ADULT MENTAL ILLNESS, UNEMPLOYMENT, POVERTY, AND DIFFICULTY SUSTAINING STABLE RELATIONSHIPS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ACCESS TO CHILDREN'S MENTAL HEALTHCARE EASIER FOR FAMILIES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number 06-0712058

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN ADDITION TO THE THREE LARGEST PROGRAMS LISTED IN 4A-C, CGC ALSO
OFFERS PROGRAMS WHICH INCLUDE: SYSTEM OF CARE, YES MENTORING AND A
CHILD ADVOCACY CENTER.

EXPENSES \$ 589,395. INCLUDING GRANTS OF \$ 0. REVENUE \$ 54,915.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS. PRIOR TO FILING, IT IS REVIEWED AND APPROVED BY THE PRESIDENT/CEO, CHIEF FINANCIAL OFFICER AND CONTROLLER. A REDACTED COPY IS THEN PROVIDED ELECTRONICALLY TO THE BOARD FOR QUESTIONS AND COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS, OFFICERS, THE CHIEF FINANCIAL OFFICER, AND THE PRESIDENT/CEO ARE

COVERED BY THE CENTER'S POLICY AND ARE REQUIRED ANNUALLY TO SIGN A

STATEMENT INDICATING THAT THEY ARE FAMILIAR WITH THE CENTER'S POLICY AND

THAT THEY EITHER HAVE NO CONFLICTS OR LIST WHATEVER CONFLICTS THEY MAY

HAVE. ANY PERSON COVERED BY THE POLICY WITH A CONFLICT OF INTEREST WITH

RESPECT TO A TRANSACTION IS REQUIRED TO DISCLOSE THE NATURE OF SUCH

INTEREST AND ALL MATERIAL FACTS RELATING THERETO PRIOR TO THE BOARD'S

CONSIDERATION. CONSIDERATION AND ACTION ON THE TRANSACTION IS BY A

MAJORITY OF THE BOARD OF DIRECTORS WHO DO NOT HAVE A CONFLICTING INTEREST

WITH RESPECT TO THE TRANSACTION.

NO TRANSACTION INVOLVING A CONFLICTING INTEREST SHALL BE APPROVED EXCEPT AS

PERMITTED BY SECTION 33-1129 OR 33-1130 OF THE CONNECTICUT GENERAL STATUTES

AND AS FOLLOWS:

Employer identification number 06-0712058

- (A) APPROVAL SHALL BE BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THOSE

  MEMBERS OF THE BOARD OF DIRECTORS WHO ARE PRESENT AT A DULY CONSTITUTED

  MEETING OF THE BOARD AND WHO DO NOT HAVE A CONFLICTING INTEREST WITH

  RESPECT TO THE TRANSACTION;
- (B) NO PERSON (INCLUDING A DIRECTOR) WITH A CONFLICTING INTEREST WITH

  RESPECT TO A TRANSACTION SHALL VOTE ON THE TRANSACTION OR REMAIN PRESENT

  DURING DEBATE OR VOTING ON THE TRANSACTION, BUT MAY OTHERWISE BE PRESENT TO

  ANSWER QUESTIONS;
- (C) THE BOARD SHALL DETERMINE, WITH APPROPRIATE DUE DILIGENCE, WHETHER THE

  CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS

  TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE
  TO A CONFLICT OF INTEREST;
- (D) IN CONSIDERING WHETHER TO APPROVE THE TRANSACTION INVOLVING A CONFLICT

  OF INTEREST, THE BOARD SHALL DETERMINE WHETHER THE TRANSACTION OR

  ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND

  WHETHER IT IS FAIR AND REASONABLE;
- (E) THE BOARD SHALL NOT APPROVE ANY "EXCESS BENEFIT TRANSACTION" FOR WHICH

  ANY EXCISE TAX MAY BE IMPOSED UNDER SECTION 4958 OF THE INTERNAL REVENUE

  CODE AND THE RULES AND REGULATIONS THEREUNDER; AND
- (F) THE SECRETARY SHALL DOCUMENT THE BASIS FOR THE BOARD OF DIRECTORS'

  DETERMINATION, INCLUDING A RECORD OF THE DISCUSSION PRECEDING THE VOTE AND

  ANY DOCUMENTARY OR OTHER DATA REVIEWED BY THE DIRECTORS, IN THE MINUTES OF

  THE MEETING OR OTHERWISE, BUT IN ALL EVENTS PRIOR TO THE NEXT MEETING OF

  THE BOARD OR COMMITTEE, AND SUCH MINUTES OR OTHER RECORD SHALL BE APPROVED

  AS ACCURATE AND COMPLETE AT SUCH NEXT MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO'S COMPENSATION IS SET BY THE CHAIRMAN OF THE BOARD AND THE

2018.05010 CHILD GUIDANCE CENTER OF 14400481

EXECUTIVE COMMITTEE OF THE BOARD. THIS IS DONE EVERY YEAR AFTER THE CLOSE

OF THE FISCAL YEAR IN ORDER TO REFLECT THE CEO'S PERFORMANCE AS MEASURED

AGAINST HIS GOALS FOR THE FISCAL YEAR. THE BOARD USES COMPARABLE MARKET

DATA AND JOB PERFORMANCE INFORMATION BASED ON 990S AND OTHER AVAILABLE

INFORMATION. THE PROCESS AND APPROVAL IS DOCUMENTED IN THE CEO'S PERSONNEL

FILE. THE SALARY FOR OTHER EMPLOYEES IS DETERMINED BY THE CEO, BASED ON THE

INDIVIDUAL'S PERFORMANCE FOR THE FISCAL YEAR AND APPLICABLE MARKET DATA.

THIS IS DOCUMENTED IN EACH EMPLOYEE'S PERSONNEL FILE. THE MOST RECENT

COMPENSATION APPROVAL PROCESS WAS UNDERTAKEN IN 2018.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST, THE ORGANIZATION WILL PROVIDE THE GENERAL PUBLIC WITH A COPY
OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, FORM

1023 AND FINANCIAL STATEMENTS. THE FORM 990 IS ALSO AVAILABLE ON THE
GUIDESTAR WEBSITE, AND OTHER SIMILAR WEBSITES.

FORM 990, PART XII, LINE 2C:

CHILD GUIDANCE CENTER OF SOUTHERN CONNECTICUT, INC. HAS A COMMITTEE

THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS

FINANCIAL STATEMENTS AND SELECTION OF ITS INDEPENDENT AUDITOR. THE

POLICY FOR SELECTION AND OVERSIGHT OF THE INDEPENDENT AUDITORS HAS NOT

CHANGED SINCE LAST YEAR.

Name as shown on return

# Asset Acquisition Statement Under Section 1060

▶ Attach to your income tax return.

OMB No. 1545-1021

Attachment Sequence No. 169 Department of the Treasury Internal Revenue Service Information about Form 8594 and its separate instructions is at www.irs.gov/form8594 Identifying number as shown on return

	UIDANCE CENTER OF SOUTHERN		06-0712058
	that identifies you:		
Purchase	er X Seller eneral Information	<del></del>	
L	party to the transaction		Other party's identifying number
1 Hamo of other	party to the transaction		
	AMILY SERVICE OF STAMFORD		06-1130830
	ber, street, and room or suite no.) (ER ST., SUITE 602		
City or town, s	state, and ZIP code		
	, CT 06901		3 Total sales price (consideration)
2 Date of sale 02/01/1	9		927,000.
	iginal Statement of Assets Transferred		
4 Assets	Aggregate fair market value (actual amount for Class I)	Allo	ocation of sales price
Class I	\$	\$	
Class II	\$	\$	
Class III	\$	\$	
Class IV	\$	\$	
Class V	\$ 927,000.	\$ 927,00	00.
Class VI and VII	\$	\$	
Total	\$ 927,000.	\$ 927,00	00.
	aser and seller provide for an allocation of the sales price in the sales contra n parties?		
If "Yes," are the	e aggregate fair market values (FMV) listed for each of asset Classes I, II, III	I, IV, V, VI, and VII the amounts	agreed
upon in your s	sales contract or in a separate written document?	***************************************	Yes No
6 In the purchas	se of the group of assets (or stock), did the purchaser also purchase a licens	se or a covenant	
-	e, or enter into a lease agreement, employment contract, management contr		Yes X No
-	with the seller (or managers, directors, owners, or employees of the seller)?		
	a a statement that specifies (a) the type of agreement and (b) the maximum ler the agreement. See instructions.	amount of consideration (not in	cluding interest) paid or

Form 8594 (Rev.	12-2012)			age 2
			nent or previously filed supplemental statement	
	cause of an increase or decrease in considerat tax return form number with which the original Form		ents were filed.	
8 Assets	Allocation of sales price as previously reported	Increase or (decrease)	Redetermined allocation of sales price	
Class I	\$	\$	\$	
Class II	\$	\$	\$	
Class III	\$	\$	\$	
Class IV	\$ .	\$	\$	
Class V	\$	\$	\$	
Class VI and VII	\$	\$	\$	
Total	\$		\$	
9 Reason(s) fo	r Increase or decrease. Attach additional sheets if mo	re space is needed.		
				,

Form **8594** (Rev. 12-2012)

#### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

#### Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

#### Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or CHILD GUIDANCE CENTER OF SOUTHERN print 06-0712058 CONNECTICUT, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 103 WEST BROAD STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 06902 STAMFORD, CT 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return Application Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 08 02 Form 1041-A Form 990-BL 03 Form 4720 (other than individual) 09 Form 4720 (individual) 04 Form 5227 10 Form 990-PF Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 Form 990-T (trust other than above) NED PEARCE • The books are in the care of ▶ 103 WEST BROAD STREET - STAMFORD, CT 06902 Telephone No. ► 203-324-6127 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning \_JUL 1, 2018 and ending JUN 30, 2019 Initial return \_\_\_\_ Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)