

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
Melmark Inc
% THOMAS J CROFCHECK VP & CF
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2600 Wayland Road
City or town, state or province, country, and ZIP or foreign postal code
Berwyn, PA 19312

D Employer identification number
23-6399542
E Telephone number
(610) 353-1726
G Gross receipts \$ 97,792,534

F Name and address of principal officer
RITA M GARDNER MPH LABA BCBA
2600 Wayland Road
Berwyn, PA 19312

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.melmark.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1965

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Melmark provides specialized programs to enhance the lives of individuals with autism, intellectual AND developmental disabilities

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

3 Number of voting members of the governing body (Part VI, line 1a)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,536
6 Total number of volunteers (estimate if necessary)	438
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,339,493	4,210,530
9 Program service revenue (Part VIII, line 2g)	85,981,793	91,022,367
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,275	499,883
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,178,107	700,828
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,894,668	96,433,608
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	68,548,734	74,042,669
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 884,927		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,785,188	17,373,877
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	85,333,922	91,416,546
19 Revenue less expenses Subtract line 18 from line 12	4,560,746	5,017,062
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	76,731,401	92,482,637
21 Total liabilities (Part X, line 26)	27,695,736	28,795,150
22 Net assets or fund balances Subtract line 21 from line 20	49,035,665	63,687,487

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-06-23
RITA GARDNER MPH LABA BCBA PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: BDO USA LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P01871563
Firm's name: BDO USA LLP
Firm's EIN: [EIN]
Firm's address: 1801 MARKET STREET SUITE 1700
Phone no: (215) 564-1900
PHILADELPHIA, PA 19103

Part 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

Melmark is a multi-state human services provider with premier private special education schools, professional development, training, and research centers Melmark is committed to enhancing the lives of individuals with autism, intellectual and (CONTINUED ON SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 22,456,974 including grants of \$) (Revenue \$ 23,150,357)
See Additional Data

4b (Code) (Expenses \$ 15,449,829 including grants of \$) (Revenue \$ 16,703,275)
See Additional Data

4c (Code) (Expenses \$ 11,369,009 including grants of \$) (Revenue \$ 11,794,756)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 33,981,370 including grants of \$) (Revenue \$ 39,807,884)

4e Total program service expenses ▶ 83,257,182

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and various organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	1,536			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>					
			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>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</p>			15		No
<p>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</p>			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MA, NC, PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (THOMAS J CROFCHECK VP CF 2600 WAYLAND ROAD Berwyn, PA 19312 (610) 353-1726).

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RITA M GARDNER MPH LABA BCBA PRESIDENT/CEO	53 0 4 0	X		X				617,110	0	31,567
(2) LAWRENCE CANCRO BOARD CHAIR	2 0 1 0	X		X				0	0	0
(3) MAUREEN MCMAHON MD BOARD VICE CHAIR	2 0 1 0	X		X				0	0	0
(4) JOSEPH DUFFEY BOARD FINANCE CHAIR	1 0 1 0	X		X				0	0	0
(5) MARY MAURER BOARD SECRETARY	1 0 2 0	X		X				0	0	0
(6) JAMES ALEX BOARD MEMBER	1 0 1 0	X						0	0	0
(7) MARY GENE CLAVIN BOARD MEMBER	2 0 2 0	X						0	0	0
(8) GARRETT KIRK BOARD MEMBER	1 0 1 0	X						0	0	0
(9) JAMES STAHLE BOARD MEMBER	1 0 2 0	X						0	0	0
(10) H ROBERT MARCUS BOARD MEMBER	1 0 1 0	X						0	0	0
(11) CLIVE MENDELOW BOARD MEMBER	1 0 1 0	X						0	0	0
(12) JAMES MURRAY BOARD MEMBER	1 0 0 0	X						0	0	0
(13) LESLEY RUSSELL MBCHB MRCP BOARD MEMBER	1 0 0 0	X						0	0	0
(14) PETER J TROY VICE PRESIDENT	40 0 1 0			X				232,777	0	38,407
(15) JOSEPH M ZAKRZEWSKI VICE PRESIDENT & CFO	48 0 2 0			X				333,380	0	54,604
(16) FRANK BIRD MED LABA BCBA VICE PRESIDENT & CCO	48 0 2 0			X				307,384	0	52,078
(17) KAREN J MATTOX ASST BOARD SECRETARY	43 0 2 0			X				111,671	0	41,190

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HELENA MAGUIRE MS LABA BCBA EXECUTIVE DIRECTOR, NE	48 0 2 0			X				257,664	0	48,128
(19) KAREN PARENTI MS PSYD EXECUTIVE DIRECTOR, PA	48 0 2 0			X				209,199	0	53,954
(20) WILLIAM AHEARN VICE PRESIDENT OF BUSINESS OPS	43 0 2 0			X				161,773	0	26,530
(21) MICHAEL TALARICO DIRECTOR OF ADVANCEMENT, PA	40 0 0 0					X		180,002	0	13,434
(22) ELLEN KALLMAN DIRECTOR OF ADVANCEMENT, NE	40 0 0 0					X		174,136	0	0
(23) DANIELLE BLOCK MBA BSN RN Senior Director of Healthcare	50 0 0 0					X		162,377	0	0
(24) JAMES LUISELLI DIR OF CLINICAL DEV & RES	40 0 0 0					X		142,826	0	619
(25) SILVA ORCHANIAN SR DIR OF DAY SERVICES, NE	44 0 0 0					X		130,079	0	20,369
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,020,378	0	380,880

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 30			
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
JR'S LANDSCAPING SONS LLC, 3 SORELLE PLACE BURLINGTON, MA 01803	LANDSCAPING	221,960
REED SMITH, 1717 ARCH STREET SUITE 3100 PHILADELPHIA, PA 19103	LEGAL	215,841
COMINI SONS INC, 125 RIVER STREET MIDDLETON, MA 01949	JANITORIAL	185,526
ADVANCED ELECTRICAL SERVICES, 1612 WENDY WAY GARNET VALLEY, PA 19060	ELECTRICAL	175,688
DJ CROSS INC, 2 OLD PENNELL RD MEDIA, PA 19063	HVAC MAINTENANCE	153,533

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	130,040		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,080,490		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		4,210,530		

Program Service Revenue			Business Code				
	2a RESIDENTIAL FEES		623000	59,958,295	59,958,295		
b EDUCATION FEES		623000	22,917,790	22,917,790			
c DAY PROGRAM FEES		623000	7,480,591	7,480,591			
d OUTREACH FEES		623000	665,691	665,691			
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			91,022,367				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			386,095			386,095
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	1,177,163	23,451				
	c Gain or (loss)	1,044,899	41,927				
	d Net gain or (loss)	132,264	-18,476	113,788			113,788
	8a Gross income from fundraising events (not including \$ 130,040 of contributions reported on line 1c) See Part IV, line 18	a	539,023				
	b Less direct expenses	b	272,100				
	c Net income or (loss) from fundraising events			266,923			266,923
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS PROGRAM REVENUE	623000	433,905	433,905				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			433,905				
12 Total revenue. See Instructions			96,433,608	91,456,272		766,806	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	2,255,436	772,565	1,302,850	180,021
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	57,186,947	54,332,574	2,442,427	411,946
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,055,490	935,545	108,434	11,511
9 Other employee benefits.	9,246,302	8,394,423	798,132	53,747
10 Payroll taxes.	4,298,494	4,130,930	123,622	43,942
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	164,885	29,608	135,277	
c Accounting.	124,237		124,237	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	37,252		37,252	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	609,013	579,127	29,886	
12 Advertising and promotion.	98,299		98,299	
13 Office expenses.	2,139,902	1,145,865	951,815	42,222
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	4,565,411	4,529,206	34,385	1,820
17 Travel.	694,185	591,111	98,413	4,661
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	461,049	528,102	-67,053	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	3,243,201	3,143,798	99,403	
23 Insurance.	405,286	357,053	48,013	220
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	2,213,082	2,136,936	69,439	6,707
b PROGRAM SUPPLIES	944,856	944,856		
c MEDICAL	242,796	242,796		
d PROVISION FOR DOUBTFUL ACCTS	454,463		454,463	
e All other expenses	975,960	462,687	385,143	128,130
25 Total functional expenses. Add lines 1 through 24e.	91,416,546	83,257,182	7,274,437	884,927
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	18,195	1	25,783
	2 Savings and temporary cash investments	14,020,059	2	12,780,369
	3 Pledges and grants receivable, net	0	3	11,856,879
	4 Accounts receivable, net	12,728,954	4	2,021,102
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,351,325	9	1,312,227
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 79,924,674		
	b Less accumulated depreciation	10b 37,163,722	41,346,986	10c 42,760,952
	11 Investments—publicly traded securities	0	11	5,732,563
	12 Investments—other securities See Part IV, line 11	0	12	13,666,049
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	7,265,882	15	2,326,713
16 Total assets. Add lines 1 through 15 (must equal line 34)	76,731,401	16	92,482,637	
Liabilities	17 Accounts payable and accrued expenses	10,003,441	17	11,384,105
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	13,718,561	20	13,079,888
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	2,496,834	23	2,301,190
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,476,900	25	2,029,967
	26 Total liabilities. Add lines 17 through 25	27,695,736	26	28,795,150
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	41,780,095	27	53,354,419
	28 Temporarily restricted net assets	7,255,570	28	10,333,068
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	49,035,665	33	63,687,487	
34 Total liabilities and net assets/fund balances	76,731,401	34	92,482,637	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	96,433,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,416,546
3	Revenue less expenses Subtract line 2 from line 1	3	5,017,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,035,665
5	Net unrealized gains (losses) on investments	5	382,769
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	9,795,989
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-543,998
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	63,687,487

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-6399542

Name: Melmark Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

Adult Residential Services (Berwyn, PA) Melmark's Adult Services offers a full range of attractive, community based and on-campus residential options. Our comprehensive resources meet the unique residential and clinical needs of those entrusted to our care, including medically fragile adults who may require 24-hour nursing care, individuals who need significant-to-moderate support for their daily living needs, and adults who can live relatively independently in the community with staff assistance (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4b:

Children's Residential Services (Andover, MA) For students who require a 24-hour therapeutic and structured learning environment, Melmark New England's Children's Residential program offers the highest standard of residential care and supervised supportive services oriented to meet each student's individual needs. The average census during the fiscal year was 52 children. Under the close supervision of well-trained staff with bachelor's degrees or higher, the children work on self-care, leisure time, vocational, daily living and community IEP goals in a homelike atmosphere. (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4c:

Melmark School (Andover, MA) Melmark New Englands School is fully approved by the Massachusetts Department of Elementary & Secondary Education The School strives to ensure that its students have the services that are science-based and effective and provides clinically proficient services in an environment of warmth, care and respect All services are based on a model of Applied Behavior Analysis (ABA) and other evidence-based interventions Clinical and educational programs rely on data to inform and guide the design of service delivery (CONTINUED ON SCHEDULE O)

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Melmark Inc

Employer identification number

23-6399542

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,690,759	2,218,831	4,074,756	2,339,493	4,210,530	14,534,369
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	67,660,973	77,415,919	79,902,247	87,159,900	91,456,272	403,595,311
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	69,351,732	79,634,750	83,977,003	89,499,393	95,666,802	418,129,680
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	16,353,546	25,286,285	27,497,708	30,489,164	34,698,501	134,325,204
c	Add lines 7a and 7b	16,353,546	25,286,285	27,497,708	30,489,164	34,698,501	134,325,204
8	Public support. (Subtract line 7c from line 6.)						283,804,476

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	69,351,732	79,634,750	83,977,003	89,499,393	95,666,802	418,129,680
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,937	3,651	7,412	8,782	386,095	409,877
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	3,937	3,651	7,412	8,782	386,095	409,877
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,188,433	197,279	823,736	0	0	2,209,448
13	Total support. (Add lines 9, 10c, 11, and 12.)	70,544,102	79,835,680	84,808,151	89,508,175	96,052,897	420,749,005
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	67.452 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	69.130 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.097 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.006 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	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.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
	4c		
5a	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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 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)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
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 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 23-6399542

Name: Melmark Inc

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► 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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Melmark Inc

Employer identification number
23-6399542

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,461,973	8,833,009	7,121,504	6,819,553	
b Contributions	257,206	19,318	719,261	317,925	
c Net investment earnings, gains, and losses	611,099	609,646	992,244	-15,974	
d Grants or scholarships					
e Other expenditures for facilities and programs	600,000				
f Administrative expenses					
g End of year balance	9,730,278	9,461,973	8,833,009	7,121,504	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 91 720 %
 - b** Permanent endowment ▶ 8 280 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,560,618		5,560,618
b Buildings		46,529,876	25,529,660	21,000,216
c Leasehold improvements		14,805,636	4,735,589	10,070,047
d Equipment		8,803,659	6,898,473	1,905,186
e Other		4,224,885		4,224,885
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				42,760,952

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) FIXED INCOME & MUTUAL FUNDS	13,666,049	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	13,666,049	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
THIRD PARTY SETTLEMENTS	1,074,000
OTHER LIABILITIES	955,967
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,029,967

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-6399542

Name: Melmark Inc

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	The endowment consists of two funds. Its endowment includes a donor-restricted permanent endowment fund and a fund designated by the board of directors to function as an endowment. Endowment net assets, including the fund designated by the organization to function as an endowment, are classified and reported based on the existence or absence of donor-imposed restrictions. Also included in the investments are funds in a separate account earmarked for the construction of a new school building on the Berwyn campus.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MELMARK, INC IS A NON-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FORM FEDERAL AND STATE INCOME TAXES ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES AS OF JUNE 30, 2019 AND 2018, MELMARK DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN WHICH WILL REQUIRE ADJUSTMENT IN ITS CONSOLIDATED FINANCIAL STATEMENTS MANAGEMENT ASSESSES ITS TAX EXEMPT STATUS ANNUALLY AND BELIEVES IT IS NOT LIKELY THAT MELMARK'S TAX EXEMPT POSITION WOULD BE CHALLENGED AND SUBJECT TO TAX CONSEQUENCES WITHIN THE NEXT YEAR HOWEVER, MELMARK'S TAX YEARS FROM 2016 THROUGH 2019 REMAIN SUBJECT TO EXAMINATION BY TAX JURISDICTION UNDER BOTH FEDERAL AND STATE STATUTES OF LIMITATIONS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		GOLF CLASSIC (event type)	FORE MNE (event type)	9 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	377,630	153,014	138,419	669,063
	2 Less Contributions	125,250	2,840	1,950	130,040
	3 Gross income (line 1 minus line 2)	252,380	150,174	136,469	539,023
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	88,254	10,476	28,673	127,403
	7 Food and beverages	37,688	14,703	3,000	55,391
	8 Entertainment				
	9 Other direct expenses	31,309	21,888	36,109	89,306
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				272,100
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				266,923

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization 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? Yes No
- 13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Melmark Inc

Employer identification number
23-6399542

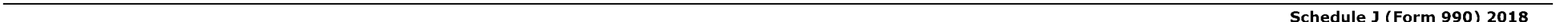
Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	During 2019, Melmark invested \$1,800,000 to fully fund a split dollar life insurance policy covering an officer, who collaterally assigned rights in the policy to Melmark.



Additional Data

Software ID:
Software Version:
EIN: 23-6399542
Name: Melmark Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RITA M GARDNER MPH LABA BC PRESIDENT/CEO	(i)	607,336	0	9,774	28,833	2,734	648,677	0
	(ii)	0	0	0	0	0	0	0
PETER J TROY VICE PRESIDENT	(i)	215,276	0	17,501	23,560	14,847	271,184	0
	(ii)	0	0	0	0	0	0	0
JOSEPH M ZAKRZEWSKI VICE PRESIDENT & CFO	(i)	321,272	0	12,108	28,833	25,771	387,984	0
	(ii)	0	0	0	0	0	0	0
FRANK BIRD MED LABA BCBA VICE PRESIDENT & CCO	(i)	296,358	0	11,026	28,833	23,245	359,462	0
	(ii)	0	0	0	0	0	0	0
KAREN J MATTOX ASST BOARD SECRETARY	(i)	109,152	0	2,519	10,638	30,552	152,861	0
	(ii)	0	0	0	0	0	0	0
HELENA MAGUIRE MS LABA BCBA EXECUTIVE DIRECTOR, NE	(i)	250,013	0	7,651	27,123	21,005	305,792	0
	(ii)	0	0	0	0	0	0	0
KAREN PARENTI MS PSYD EXECUTIVE DIRECTOR, PA	(i)	204,024	0	5,175	21,554	32,400	263,153	0
	(ii)	0	0	0	0	0	0	0
WILLIAM AHEARN VICE PRESIDENT OF BUSINESS OPS	(i)	161,527	0	246	17,888	8,642	188,303	0
	(ii)	0	0	0	0	0	0	0
MICHAEL TALARICO DIRECTOR OF ADVANCEMENT, PA	(i)	179,574	0	428	11,973	1,461	193,436	0
	(ii)	0	0	0	0	0	0	0
ELLEN KALLMAN DIRECTOR OF ADVANCEMENT, NE	(i)	141,012	0	33,124	0	0	174,136	0
	(ii)	0	0	0	0	0	0	0
DANIELLE BLOCK MBA BSN RN Senior Director of Healthcare	(i)	142,904	0	19,473	0	0	162,377	0
	(ii)	0	0	0	0	0	0	0
SILVA ORCHANIAN SR DIR OF DAY SERVICES, NE	(i)	129,911	0	168	10,845	9,524	150,448	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Melmark Inc

Employer identification number
23-6399542

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57583RFX8	06-28-2006	5,500,000	SEE PART VI		X		X		X
B DELAWARE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-1973437		05-01-2015	11,000,000	SEE PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		2,525,000		895,112				
2 Amount of bonds legally defeased		0		0				
3 Total proceeds of issue		5,500,000		11,000,000				
4 Gross proceeds in reserve funds		0		0				
5 Capitalized interest from proceeds		0		0				
6 Proceeds in refunding escrows		0		0				
7 Issuance costs from proceeds		110,000		213,693				
8 Credit enhancement from proceeds		0		0				
9 Working capital expenditures from proceeds		5,390,000		8,726,307				
10 Capital expenditures from proceeds		0		0				
11 Other spent proceeds		0		2,060,000				
12 Other unspent proceeds		0		0				
13 Year of substantial completion	2006		2017					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	TORONTO-DOMINION		TORONTO-DOMINION					
c Term of hedge		20 %		8 %				
d Was the hedge superintegrated?	X		X					
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE A(F)	DESCRIPTION OF PURPOSE Purchase and renovate current school building

Return Reference	Explanation
SCHEDULE K, PART I, LINE B (F)	DESCRIPTION OF PURPOSE Campus infrastructure project and refinancing of 2006 issue

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Melmark Inc

Employer identification number
23-6399542

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Rita M Gardner MPH LABA BCBA	PRESIDENT/CEO	BUY LIFE INS POLICY		X	1,800,000		No	Yes		Yes		
Total												

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II	The joint investment in a cash value life insurance policy to supplement retirement income and return investment and interest to Melmark. The joint policy provides the CEO with supplemental retirement benefits through an alternative funding arrangement the IRS calls "collateral assignment split dollar" (CASD). Although the IRS requires reporting in the loan section of Schedule L, CASD is not an actual loan and no funds have been transferred to the CEO. Melmark will recover all of its outlays, plus interest, upon the CEO's death.

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Melmark Inc

Employer identification number

23-6399542

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	developmental disabilities and their families by providing exceptional evidenced-based and applied behavioral analytic services A full range of community and campus based residential, educational, pre-vocational, and vocational services are provided, in addition to twenty-four hour nursing care, physical therapy, speech therapy, occupational therapy, behavioral support and psychological services Individuals served range from preschool to geriatric with many levels of intellectual, behavioral and physical challenges

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2 NEW PROGRAM SERVICES	<p>Melmark School (Charlotte, NC) Melmark Carolinas School is fully approved by the North Carolina Department of Public Instruction as an Exceptional Childrens Program The School serves students ages 5 to 22, who require more advanced special education and in a clinically sophisticated environment than is available in a public school setting Since opening in June 2018, the Schools enrollment grew to 3 children at the close of Fiscal 2019 The staff focuses on each students personal growth and development, shaping a learning environment that fits each childs specific needs enabling progress on his or her Individualized Education Plan (IEP) The School strives to ensure that its students have the services that are science-based and effective and provides clinically proficient services in an environment of warmth, care and respect All services are based on a model of Applied Behavior Analysis (ABA) and other evidence-based interventions Clinical and educational programs rely on data to inform and guide the design of service delivery Speech-Language, occupational, and physical therapists work side-by-side with classroom teachers, facilitating the extension of these important services (Revenue \$95,720, Expenses \$231,473)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	Whether living in a campus residence or a community-based setting, all of the adults served by Melmark have regular access to health, social and recreational services designed to promote confidence, independence and community integration. The average census during the fiscal year was 129 residents.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	Students are provided with structured daily schedules that help to provide consistency as well as to present expectations in a clear manner. They enjoy outdoor play activities and community recreational and leisure opportunities. Outings are a regular occurrence and include activities such as gym activities, shopping, swimming, picnics and hiking. In addition, students are introduced to more complex skills such as meal preparation and setting out weather appropriate clothing for school and group leisure activities. All students are provided a 24 hour Educational/ Residential Individualized Education Program (IEP), as part of their specific IEP objectives, a variety of in house and community safety lessons are introduced to the children. Family reunification is an essential goal for all residential students. Parent support and training is a component of all programming in an effort to learn and replicate the same routines within their family home.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	<p>In addition, the School also provides an Early Childhood Program services to children age 3 until they move up to its "school age program " Melmark New England teachers adhere to best practices in applied behavior analysis, education and child development Its theme-based curriculum allows the goals and objectives for each student to be carefully embedded The result is a rich, meaningful learning experience for each child based on his or her level of readiness Speech-language, occupational, and physical therapists work side-by-side with classroom teachers, facilitating the extension of these important services For the highest level of quality and consistency, teachers and ancillary clinical staff receive close supervision and support from middle- and senior-level clinical staff The average enrollment in the school was 143 children</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	<p>Melmark School (Berwyn, PA) The school is an approved private school licensed by the PA Department of Education that serves children and adolescents ages 5 to 21. The education program focuses on the needs of students with learning difficulties and challenging behaviors secondary to a broad range of intellectual disabilities, including autism, brain injuries and other genetic and neurological disorders. During the past year, enrollment at the school averaged 91 children. The school program is defined by its collaborative clinical service delivery model, incorporating the principles of Applied Behavior Analysis (ABA) into an individualized learning model. The School's educational and clinical program includes the empirically supported features of applied behavioral analysis. Speech-language, occupational, and physical therapists work side-by-side with classroom teachers, facilitating the extension of these important services. For the highest level of quality and consistency, teachers and ancillary clinical staff receive close supervision and support from middle- and senior-level clinical staff. The School's educational program is integrated to work in collaboration with community resources, and include both pre-vocational and vocational training. Expenses \$ 8,558,214. Including Grants of \$ 0. Revenue \$ 11,027,314.</p> <p>Residential Treatment Facility (Berwyn, PA) Melmark's Residential Treatment Facility (RTF) is a neurobehavioral program that specializes in the assessment and treatment of severe and treatment resistant challenging behavior. The RTF serves children and adolescents ages 5 to 21 with behaviors that present risk of harm to self and others, and limits access to community participation. The average census over the past fiscal year was 25 children. The goal of the RTF is to help each child attain the highest level of personal growth, achievement and independence by decreasing challenging behaviors and facilitating the reunification of the individual with their family in the least restrictive environment. The RTF service model is evidence-based and outcome-driven. The program's intervention philosophy is rooted in Applied Behavior Analysis (ABA) which employs best practices in assessment, case conceptualization and treatment planning, including functional behavior assessment, empirically supported clinical and educational intervention, continuous data collection and frequent progress monitoring. These behavior analytic services are provided in unison with comprehensive psychiatric and rehabilitative care to design the best treatment package for each individual. Active family involvement is a required component of care. Parents, family members and other caregivers identified as integral to the family reunification process are expected to visit and to participate in regular training sessions to enable them to effectively implement their child's behavioral support plan while at Melmark and, ultimately, at home and in the community. Expenses \$</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	<p>6,702,025 Including Grants of \$ 0 Revenue \$ 8,708,826 Children's Residential Services (Berwyn, PA) Melmark's residential program for children and young adults whose Individualized Education Plan (IEP) objectives require a 24 hour therapeutic and structured learning environment All programming is focused based on Applied Behavioral Analysis (ABA), and adhere to the highest standard of residential care and supervised supportive services designed to meet each student's individual needs During the past year enrollment totaled 26 children Residential students actively take part in community based social and recreational activities Treatment activities follow a 24-hour learning model with a strong behavioral focus All treatment components are put in place to ensure significant, measurable outcomes for all individuals served Family reunification is an essential goal for all residential students Parent support and training is a component of all programming in an effort to learn and replicate the same routines within their family home Expenses \$ 6,626,478 Including Grants of \$ 0 Revenue \$ 7,786,207 Adult Day Program (Berwyn, PA) Melmarks Adult Day Services provides day programming for over 100 individuals with moderate-to-profound intellectual and physical disabilities Workshops emphasize pre-vocational, wellness, daily living, social, and communication skills Community inclusion is a key goal of the program Enrichment activities include volunteer support for local churches and charities, environmentally-friendly recycling projects, field trips to local shopping, recreational and cultural centers, a variety of work assignments, and participation in Special Olympics For adults with lower cognitive levels or who are non-ambulatory, the program offers sensory stimulation, hand-over-hand training to teach functional life skills and provide personal assistance Expenses \$ 3,322,771 Including Grants of \$ 0 Revenue \$ 3,440,075 Adult Residential Services (Andover, MA) Melmark New England provides comprehensive resources to meet the unique residential and clinical needs of individuals who require significant-to-moderate support for their daily living needs and to manage challenging behaviors The 20 adults served by Melmark New England enjoy ongoing and consistent access to innovative vocational, social and recreational services in order to achieve their highest potential These services and programs are designed to promote their sense of wellbeing, personal independence and community integration Expenses \$ 3,548,571 Including Grants of \$ 0 Revenue \$ 3,609,630 Adult Day Community Program (Berwyn, PA) Melmarks Adult Day Community Program serves 40 adults and follows a Supported Employment Model (staff oversight and support) and addresses vocational skills training (job sampling and shadowing), service learning, life skills training (safety, travel, personal finances, self-care), self-determination and decision making The ove</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	<p>Overall goal of the Adult Day Community Program is to assist each individual in identifying a job opportunity that allows them to grow and enjoy their work. After assessing skills and interest, adults are provided with a variety of work and instructional experiences ranging from on campus training programs, to community-based job sampling, to independent paid employment opportunities in the community. Melmark works with a number of community-based employers and organizations, and looks forward to expanding its present ties with businesses in the community. Expenses \$ 1,652,794 Including Grants of \$ 0 Revenue \$ 1,558,845</p> <p>The Meadows Program (Berwyn, PA) Melmarks Meadows Program serves over 60 adults with mild- to-moderate intellectual disabilities. The program combines vocational activities and creative arts, providing meaningful work for these individuals. Participants in the Meadows Program are members of the Country Garden Guild and share in the overall profits from sale of their products. The Meadows creative workshops include a Horticultural and Flower Workshop, a Fiber and Art Workshop, a Wood, Ceramic, and Stencil Workshop and Hospitality Services Training. Expenses \$ 1,349,014 Including Grants of \$ 0 Revenue \$ 1,345,949</p> <p>Adult Day Program (Andover, MA) Melmark New England's Community Based Day Services (CBDS) Program is specifically designed to address the unique needs of adults severely affected by autism and others with challenging behaviors. The program has continued to expand over the past three years and served 22 individuals at the close of Fiscal 2018. The program's goal is to provide exceptional quality of care utilizing highly trained staff and Applied Behavior Analysis as the clinical model. Adults continue to learn and demonstrate a variety of skills to meet the demands of an ever-changing work force. Their skills include, but are not limited to performing maintenance activities to manage office settings and related areas, office support in medical and dental practices and supporting warehouse distribution centers. Adult program staff is always looking for partnerships as well as volunteer and/or paid job opportunities and provides onsite job training to support and teach each individual with the critical skills necessary to become a successful and valued employee. Expenses \$ 1,209,110 Including Grants of \$ 0 Revenue \$ 1,135,722</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Outreach Services (Andover, MA) Melmark New England's	OUTREACH SERVICES (ANDOVER, MA) MELMARK NEW ENGLAND'S CONSULTATION TEAM IS COMPRISED OF SENIOR CLINICIANS WITH EXTENSIVE EXPERIENCE AND EXPERTISE IN THE DESIGN OF SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS AND SERIOUS BEHAVIORAL ISSUES THESE SERVICES ARE PRIMARILY PROVIDED THROUGHOUT MASSACHUSETTS AND NEW ENGLAND BUT CAN BE PROVIDED VIRTUALLY ANYWHERE MELMARK NEW ENGLAND'S BOARD CERTIFIED BEHAVIOR ANALYSTS WORK WITH PUBLIC SCHOOL DISTRICT ADMINISTRATORS AND STAFF TO TRAIN AND STRENGTHEN IN-DISTRICT RESOURCES TO REDUCE THE NEED FOR OUT OF DISTRICT PLACEMENTS EXPENSES \$ 780,980 INCLUDING GRANTS OF \$ 0 REVENUE \$ 665,691 ALL OTHER MISCELLANEOUS PROGRAM REVENUE EXPENSES \$ 231,413 INCLUDING GRANTS OF \$ 0 REVENUE \$ 529,629

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	Rita M Gardner, President/CEO and Frank Bird, Chief Clinical Officer have a family relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	Melmark Services is the sole member of Melmark, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	Melmark Services, as the sole member of Melmark Inc , has the power to elect or remove any officer or member of the Board of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	Melmark Services, as the sole member of Melmark Inc , has the right to approve or ratify governance decisions

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	The Form 990 is prepared by our independent auditors and reviewed by the President/CEO, VP/CFO and other staff involved in its completion for accuracy and full disclosure. The draft of the 990 is e-mailed to all Board members for review and comment prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	Conflicts are disclosed and reported annually along with the policy statement. Where there is a conflict, the member would recuse themselves from any related board action. In addition, senior management regularly review the relationship to ensure that there is no inurement, and impermissible transaction or an excess benefit transaction.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	<p>Melmark understands its responsibility to ensure that its executive compensation program is appropriate in view of its mission and tax exempt status. To this end, the board executive compensation committee, comprised of entirely disinterested, non-executive members who derive no economic benefit from the organization, retained an independent, authoritative, external consultant to obtain data on competitive and reasonable executive pay practices for all corporate officers. This compensation study considers numerous factors including the compensation paid by similar organizations, both exempt and taxable, for equivalent positions in the same geographical area, the organization's need for particular skills and credentials for the position, the uniqueness of the person's background, education, training, experience, and responsibilities, the size and complexity of the organization's budget and assets, the number of employees, the person's prior compensation arrangements, the person's job performance and tenure with the organization, and the number of hours the person spends performing his or her job. The consultant apprises the board on applicable IRS regulations and the board documents all discussion, decision making and the final vote regarding executive compensation. For other key employees, a compensation study is completed by senior human resources staff on a regular basis, assessing the same factors (comparability, credentials, experience, etc.) with the President/CEO (in consultation with executive staff) making the final decision regarding Melmark's authorized salary range for the position. As with the executive compensation plan, all supporting data, discussion and the final disposition is documented.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	The organization makes its governing documents, conflict of interest policy and financial statements available upon request for the same period of disclosures as set forth in section 6104(D)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	Change in Fair Value of Interest Rate Swaps \$(246,495) Change in Cash Surrender Value of Split Dollar Life Agreement \$(297,503) Total \$(543,998)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Melmark Inc

Employer identification number

23-6399542

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MELMARK INVESTMENTS LLC 2600 WAYLAND ROAD BERWYN, PA 19312 23-6399542	SEE PART VII	DE	481,108	19,473,131	MELMARK INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MELMARK NEW ENGLAND INC 461 RIVER ROAD ANDOVER, MA 01810 04-3563345	SEE PART VII	MA	501(C)(3)	12, TYPE I	MELMARK SVCS		No
(2) MELMARK SERVICES 2600 WAYLAND ROAD BERWYN, PA 19312 27-1707194	SOLE MEMBER	PA	501(C)(3)	12, TYPE II	NA		No

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	Yes
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART I, LINE (1)(B)	PRIMARY ACTIVITY SUPPORTING ORGANIZATION OF MELMARK, INC

Return Reference	Explanation
SCHEDULE R, PART II, LINE (1)(B)	PRIMARY ACTIVITY SUPPORTING ORGANIZATION OF MELMARK, INC