#### PCCY990 04/05/2010 3:48 PM Pg 6

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

					ave to use a copy of this re					mspection
<u>A</u>	For the 200	8 calendar ye	ar, or tax year beginn	ning 6	/01/08 , and ending	5/31	/09			
B (	Check if applica	ble: Please	C Name of organization	PUBLIC	C CITIZENS FO	R CHILDR	EN		D Em	ployer identification number
$\prod_{i}$	Address change	e use IRS		AND YO	HTUC					•
Ħ.	Nama abaasa	label or print or	Doing Business As						2.3	3-2137461
Η'	Name change	type.		PO box if mail is no	of delivered to street address)		Room/su	uite		ephone number
$\Box$	Initial return	See			NKLIN PARKWAY		110011030			15-563-5848
$\bigcap$	Termination	Specific	•							
$\equiv$		Instruc-	City or town, state PHILADEI			9103-120	0	ŀ	G Gross r	receipts \$ 1,231,309
님	Amended return				FA I	9103-120	0			
$\square$	Application pen	ionig	e and address of princip		C T D D N M					this a group return for
		l	MES R. MAF					1		diates? Yes X No
			BENJAMIN E					ľ	ind	duded? Yes No
			ILADELPHIA		PA 19103	<del></del>			If *I	No,* attach a list. (see instructions)
<u>ı</u>	Tax-exempt		<del></del>	◀ (insert no.)	4947(a)(1) or	527				
<u>J</u>	Website:	<u>&gt; WWW.</u> E	PCCY ORG						H(c) Gro	oup exemption number
K	Type of organic	zation: X Cor	rporation Trust	Association	Other -		L Year of form	nation: 1	980	M State of legal domicile: PA
P	art i	Summai	r <b>y</b>							
	1 Brief	fly describe t	he organization's mis	ssion or most s	significant activities:		-			
	Ι т	HE MISS	TON OF PCCY	TS TO IM	PROVE THE QUALI'	TY AND FFE	TOTENCY	OFT	HF SE	PRVICE
8		· · · · · · · · · · · · · ·					· · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
ā		· · · · · · · · · · · · ·			N AND YOUTH IN		ORGANIZ			KS TO
Ē	C	ARRY OU	<del></del>		CATING GOVERNME				ONAL	
Governance	2 Che	ck this box	if the organize	zation discontii	nued its operations or disp	osed of more tha	n 25% of its	assets.		•
8		-	members of the gov							27
93	4 Num	ber of indepe	andent voting memb	ers of the gove	erning body (Part VI, line 1	o)			. 4	
Activities &	5 Tota	I number of e	employees (Part V, li	ine 2a)					. 5	24
Cti	6 Tota	I number of v		6						
•	7a Tota	l gross unrela	ated business reven	ue from Part V	/III, line 12, column (C)				7.	1
		_	siness taxable incom				· · · · · · · · · · · · · · · · · · ·		. 7t	0
								Prior Yea	7	Current Yoar
_	8 Con	tributions and	d grants (Part VIII, lin	ne 1h)				846	5,219	9 1,201,179
Rovenue	9 Proc	ram service	revenue (Part VIII, li	ine 2g)						
2	_								3,43	1 30,130
ĸ	i .	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								- 00,200
										0 1,231,309
_		tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  ants and similar amounts paid (Part IX, column (A), lines 1-3)							1,000	1,231,307
			•				··			· · · · · · · · · · · · · · · · · · ·
		•	or for members (Part			40)		070	9,674	1 116 026
nses				•	Part IX, column (A), lines 5-	. 10)		0/3	0,07	4 1,116,926
en:			Iraising fees (Part IX	• • •		01 405		11.7		
Exper			expenses (Part IX, o		* * * * * * * * * * * * * * * * * * * *	101,405		<u> </u>	10	425 617
ш		•	(Part IX, column (A),						1,496	
	18 Tota	l expenses.	Add lines 13-17 (mus	st equal Part IX	X, column (A), line 25)			1,420		<del></del>
	19 Rev	enue less exp	penses. Subtract line	e 18 from line 1	12				5,520	
Net Assets or Fund Balances								eginning of		End of Year
sset	20 Tota						<u> </u>	1,433		
et A	21 Tota								1,532	
			d balances. Subtrac	t line 21 from li	ine 20			1,389	3,14S	5 1,016,264
<u> P</u>	art II	Signatu	re Block							
	,				nined this return, including acco					
		and belief, it	is true, correct, and cor	mplete. Declarati	on of preparer (other than offic	er) is based on all i	information of v	which prep	arer has	any knowledge.
Sig	n i									
Hei	re	Signatu	re of officer					-	Da	ste
		Type or	print name and title							
			<u> </u>			Date		Check i	f	Preparer's identifying number
Pai	id	Preparer's signature				i i		solf.	1	(see instructions)
	parer's	angria (UI B	<u> </u>	ייז מכומו	ADD C ACCOCTA		/05/10	employe	1	<u> </u>
	e Only	Firm's name			ARD & ASSOCIA	152			EIN	<b>▶</b> 23-2706776
		if self-employ			CREEK DR	2			Phon	
		address, and		ASTERVII	<del></del>	<u> </u>			no.	
			turn with the prepare			<u></u>				Yes No
DAA	For Priv	acv Act and	Paperwork Reduct	tion Act Notic	e, see the separate Instri	ections.				Form <b>990</b> (2008)

DAA

Part III Statement of Program Service Accomplishments (see instructions)	
1 Briefly describe the organization's mission: THE MISSION OF PCCY IS TO IMPROVE THE QUALITY AND EFFICIENCY OF THE SERVICE DELIVERY SYSTEMS FOR CHILDREN AND YOUTH IN PA. THE ORGANIZATION SEEKS TO CARRY OUT ITS MISSION BY EDUCATING GOVERNMENTAL LEADERS, PROFESSIONAL	Œ.
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.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	l Na
If "Yes," describe these changes on Schedule O.  4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	, 140
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code: )(Expenses \$ 512,353 including grants of \$ ) (Revenue \$ PUBLIC AWARENESS/OUTREACH-PCCY UNDERTAKES STUDIES, MONITOR AND REPORTS ON THE GENERAL CONDITION OF CHILDREN AND INCREASE THE PUBLIC AWARENESS BY PUBLISHING AND DISSEMIN-ATING REPORTS	
	••••
•••••••••••••••••••••••••••••••••••••••	
	••••
4b (Code: )(Expenses \$ 446,287 including grants of \$ ) (Revenue \$ CHILD HEALTH/CARE-PCCY CONNECTS THOUSANDS OF KIDS TO HEALTH INSURANCE, ASSISTS FAMILIES IN SECURING CARE, AND WORKS WITH THE STATE, CITY AND OTHER NON-PROFITS TO FACILITATEIMPROVED HEALTH CARE FOR KIDS	
	• • • • •
4c (Code: )(Expenses \$ 353,247 including grants of \$ ) (Revenue \$ CAMPAIGN/PUBLIC EDUCATION-PCCY CONTINUES TO COLLABORATE WITH OTHER NON-PROFIT GROUPS, SCHOOLS AND RELIGIOUS GROUPS TO DEVELOP PROGRAMS FOR YOUTH DEVELOPMENT THROUGHOUT THE REGION	)
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e Total program service expenses \$ 1,311,887 (Must equal Part IX, Line 25, column (B).)  Form 990	(2008)

#### Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II Х ····· Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV q Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Х Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X 23 Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X person from a prior year? If "Yes," complete Schedule L, Part I

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

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Checklist of Required Schedules (continued)

Nο

Х

X

X

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#### Yes 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 2<u>8a</u> Have a family member who had a direct or indirect business relationship with the organization? If "Yes." b complete Schedule L, Part IV 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Schedule R, Part V, line 2

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

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Form 990 (2008)

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1-	Enter the number reported in Poy 2 of Corn 4006 Annual Comment of Transition			500000000	Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		_			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	2			
		1b	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
2a	gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		· · · · · · · · · · · · · · · · · · ·	.   1c	X	
24		ا ہا	24			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			.   2b	X	30000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
2-	instructions)	_				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y				- V
	this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a	$\vdash$	X
b				3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authover, a financial account in a foreign country (such as a bank account, securities account, or other financial	-				
				4a	ĺ	х
b	Marie and the second of the feet of the second of the seco			· • • • • • • • • • • • • • • • • • • •		
v	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban			·		
	and Financial Accounts.	ı,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		· • • • • • • • • • • • • • • • • • • •	5b	1	X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	' · · · · ·		-   35		<u> </u>
С				5c	l	
6a	Regarding Prohibited Tax Shelter Transaction?  Did the organization solicit any contributions that were not tax deductible?					Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of		• • • • • • • • • • • • • • • • • • • •	.		<del>  ``</del>
	allo were not toy deductible?	<b>.</b>		6b		
7	Organizations that may receive deductible contributions under section 170(c).		• • • • • • • • • • • • • • • • • • • •			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more tha	n				
a	¢752	••		7a	00000000000	Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			·	<u> </u>	l
·	as a stand to Stan Ferra 00000			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		'		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person			_		
٠	haras Chanadana (O			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	• • • • • •		7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	• • • •	· · · · · · · · · · · · · · · · · · ·	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and secti	on				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponso					
	organization, have excess business holdings at any time during the year?			. 8	<u> </u>	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	<i>.</i>		9a	<u> </u>	X
b				9ь		X
10	Section 501(c)(7) organizations. Enter:		•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		<b>—</b>		l
11	Section 501(c)(12) organizations. Enter:		1			1
а	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b			f	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		1 · · · · · · · · · · · · · · · · · · ·	12a		-
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l	1000000		1

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			RMM)	
	circumstances, processes, or changes in Schedule O. See instructions.		18		
1a	- I I	27			
b	Enter the number of voting members that are independent 1b 2	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		門湯		
	any other officer, director, trustee, or key employee?		2	المهودونا	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	••••••			<del></del>
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa	s filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholdom?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	•••••	⊢—		<del>                                     </del>
	of the governing body?		   7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	• • • • • • • • • • • • • • • • • • • •	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	• • • • • • • • • • • • • • • • • • • •	177000	73700	1000
				<b>沙</b> 克	
_	the year by the following:			X	izere in
a	The governing body?		8a_	X	<del>                                     </del>
b	Each committee with authority to act on behalf of the governing body?	• • • • • • • • • • • • • • • • • • • •	8b	Λ	<del>-</del>
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b			۱.,		
	affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		<del> </del>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	}	١	.,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	X	<del> </del>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at				۱
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		X
Sec	tion B. Policies				
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	Ь—
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		l		
	rise to conflicts?		12b	<u>X</u>	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		X
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by			腦別	緊闊
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	:	X		
а	The organization's CEO, Executive Director, or top management official?		15a	X	<u> </u>
b	Other officers or key employees of the organization?		15b	Х	
	Describe the process in Schedule O. (see instructions)		A		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		高層	(877) (877)	5.4
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		14.55		
	the organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed PA				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.				
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	nterest			
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the			
	organization: ► SHELLY YANOFF 7 BENJAMIN FRANKL				
P	HILADELPHIA PA 19	103 215	-56	3-5	848
				_	خصد

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title		individual trustee Or director	tion (d	(C check	C) all ti	nat ap	ply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations
SEE ATTACHED BOARD OF DIR	LIST 2	х						0	0	0
SHELLY YANOF EXECUTIVE DI				Х				116,144	0	0
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				-	-	$\vdash$				
				_	$\vdash$	$\dagger$	$\vdash$			

(A)	A. Officers, Directors, Trus (B)			- (	C)	yees hat ap		(D)	(E)	(F)	
Name and title	Average hours per week	or director	_	Officer	Key employee	employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amoun othe compens from t organiza and rek organiza	nt of er sation the ation ated
											-
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• • • • • • • • • • • • • • • • • • • •											
1b Total		<u></u>			<u></u>		<b>&gt;</b>	116,144	<u> </u>		
2 Total number of indivorganization ► 1	viduals (including those in 1	a) w	ho re	ceiv	ed m	ore t	lhan	\$100,000 in reportable com	pensation from the		
employee on line 1a 4 For any individual lis the organization and individual 5 Did any person listed services rendered to	list any former officer, directly lif "Yes," complete Schedulated on line 1a, is the sum of related organizations greated on line 1a receive or accruate organization? If "Yes,"	ile J f repaier th	for sortable an \$	uch i le co 150, 	ndivionpe 0007	idual ensat ? If "Y	tion a es,"	and other compensation from complete Schedule J for su	m uch		Yes No X X X X
Section B. Independent  1 Complete this table t	Contractors for your five highest comper	nsate	ed inc	depe	nder	nt co	ntrac	ctors that received more that	n \$100,000 of		
compensation from t					_		Τ		(B) tion of services		(C) mpensation
	Name and business address							Descrip	nion of services		mpensation
	·						_				
2 Total number of inde	ependent contractors (include	ding 1	those	e in 1	l) wh	o re	ceive	ed more than \$100,000 in			
compensation from	·									0	

Pa	rt V	III Stater	nent of Rev	enue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants mounts	1a b c	Federated can Membership d Fundraising ev	ues	1a 1b						012, 010, 0, 014
ons, gift: similar a	d e	Related organic Government grants	zations (contributions)	1d 1e						
Contributions, gifts, grants and other similar amounts	r g		not included above	<b>1f</b> a-1f: \$		01,179				
_	h 2a	Total. Add line				Busn. Code	1,201,179			
Program Service Revenue	b c d			• • • • • • •						
Program (		All other progra	am service reve	enue		<u> </u>				
	3		mounts) evestment of ta	x-exem	pt bond pro	oceeds >	30,130			30,130
	5 6a	Royalties Gross Rents	(i) Real			rersonal				
	c d 7a	Less: rental exps. Rental inc. or (loss) Net rental inco Gross amount from	me or (loss) (i) Securiti			Other				
	_	sales of assets other than inventory Less: cost or other basis & sales exps.								
00	d	Gain or (loss) Net gain or (los Gross income fro (not including \$								
Other Revenu		See Part IV, line Less: direct ex	penses	a						
0	9a	Net income or Gross income fro See Part IV, line Less: direct ex	om gaming activit 19	ies.		· · · · · · · · · · · · · · · · · · ·				
	10a	Net income or Gross sales of returns and all	inventory, less owances	; , a	1	····· <b>&gt;</b>				
			(loss) from sal	ue	ventory	Busn. Code				
	b c d	. , ,								
	e	Total. Add line Total Revenu	es 11a-11d	, 2g, 3,	4, 5, 6d, 7d	d, 8c,	1,231,309	0	0	30,130

#### Part IX Statement of Functional Expenses

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

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

	All other organizations must		are not required to comp	lete columns (B), (C), and	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	116 144	00 050	24 225	0.050
_	trustees, and key employees	116,144	82,856	24,235	9,053
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	827,439	719,190	53,211	55,038
8	Other salaries and wages Pension plan contributions (include section 401(k)	027,433	715,150	33,211	
•	and section 403(b) employer contributions)	21,780	18,512	1,786	1.482
9	Other employee benefits	81,421	69,208		
10	Payroll taxes	70,142	59,621	5,749	
11	Fees for services (non-employees):	,		-,	
a	Management				
b	Legal				
c	Accounting	5,500	3,684	1,816	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other			· · — · · · · · · · · · · · · · · · · ·	
12	Advertising and promotion	5,000	5,000		
13	Office expenses	8,649	6,919	1,730	
14	Information technology				
15	Royalties	75,457	60,365	15,092	
16	Occupancy	3,950	3,950		
17	Travel	3,930	3,950		<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	<b>[</b> '			
19	Conferences, conventions, and meetings	12,382	5,821	6,561	<del></del>
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,294	3,150		
23	Insurance	9,935	7,948	1,987	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	PRINTING AND COPIER	89,919		7,160	
b	OUTSIDE SERVICES	64,682	56,776		737
C	SPECIAL PROJECTS	45,540			6 140
d	MISCELLANOUS	31,105 29,668			6,149 3,000
e	POSTAGE	47,533			9,307
f	All other expenses	1,552,540			
<u>25</u> 26		1,332,340	1,311,007	133,240	101,400
	runuralainy aonoiduon	<u> </u>	<u> </u>	<del> </del>	<del> </del>

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash—non-interest bearing 147,932 Savings and temporary cash investments 2 1,241,631 375.000 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost basis 10a **b** Less: accumulated depreciation. Complete Part VI of Schedule D 10b 112.869 <u>14,211</u> 174,989 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 ................ 2.846 Other assets. See Part IV, line 11 15 15 1,433,677 Total assets. Add lines 1 through 15 (must equal line 34) ..... 16 16 44.532 17 17 Accounts payable and accrued expenses 18 18 Grants payable ...... 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable ..... 24 25 Other liabilities. Complete Part X of Schedule D 25 37,213 44,532 26 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here ▶ X and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 866,305 517,657 Unrestricted net assets 522,840 498,607 28 Temporarily restricted net assets 28 29 Permanently restricted net assets ..... 29 Organizations that do not follow SFAS 117, check here ▶ ☐ 5 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 389,145 016,264 Net / 33 33 Total net assets or fund balances 433.677 Total liabilities and net assets/fund balances . Part XI **Financial Statements and Reporting** No Yes X Accrual Other Cash Accounting method used to prepare the Form 990: Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 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? 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? Form 990 (2008)

#### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047 2008

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC CITIZENS FOR CHILDREN

AND YOUTH 23-2137461

P	irt I	Reaso	on for Pu	ublic Charity	Status (All organizatio	ns must co	omplete	this p	art.) (s	ee ins	truction	ons)			
he ·	o <u>rga</u> ı	nization is not a	a private for	undation because	it is: (Please check only one	organization.	)								
1		A church, con	vention of	churches, or asso	ciation of churches described	l in section 1	70(b)(1)(	A)(i).							
2		A school desc	cribed in se	ction 170(b)(1)(A	(II). (Attach Schedule E.)										
3		A hospital or a	a cooperati	ve hospital service	e organization described in se	ection 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H.)					
4	П										e hospil	tal's name			
	_										•		•		
5		•						ernmenta	ıl unit de	scribed	in				
-	_		church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii), (Altiach Schedule E.)  school described in section 170(b)(1)(A)(ii), (Altiach Schedule E.)  medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, y, and state:  organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital's name, y, and state:  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.)  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  organization that normally receives a substantial part of its support from a governmental unit or from the general public secribed in section 170(b)(1)(A)(iv). (Complete Part II.)  organization that normally receives: (1) more than 33 1/3 % of its support from a governmental unit or from the general public secribs 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 copied by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions)  organization organized and operated exclusively to test from the section 509(a)(4), (see instructions)  organization organized and operated exclusively to test from the section 509(a)(1) or section 509(a)(2). See section 109(a)(3). Check the box that describes the type of supporting organization and complete limes 1 the through 11th.  propers of one or more publicly supported organizations described in section 509(a)(2). See section 109(a)(1) or section 509(a)(2).  Type II b Type II c Type I												
6	П					eaction 170/	h)(1)(A)(s	۸.							
7	卜			-		•		•	the sec	aeral out	blic				
•	W	=		=		ioni a govern	nentai ui	0	i ille gei	iciai pu	JIIC				
	П		cation is not a private foundation because it is: (Please check only one organization.)  c.church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  school described in section 170(b)(1)(A)(i). (Attach Schedule E.)  thospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, ity, and state:  in 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 Parl II.)  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in 170(b)(1)(A)(iv).  federal, state, or local government or governmental unit described in 170(b)(1)(A)(iv).  federal, state, or local governmental unit described in 170(b)(1)(A)(iv).  federal, state, or local gov												
8	Н	•	is in tot a private foundation because it is: (Please check only one organization.)  Is church, convention of churches, or association of churches described in section 170(b)(1)(A)(I).  Is chool described in section 170(b)(1)(A)(I)(A)(Attach Schedule E.)  Is chool described in section 170(b)(1)(A)(III). (Attach Schedule H.)  Is medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). (Enter the hospital's name, ii); and state:  In 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.)  Is dedoral, state, or local government or governmental unit described in section 170(b)(1)(A)(IV).  In organization that normally receives a substantial part of its support from a governmental unit or from the general public lescribed in section 170(b)(1)(A)(IV). (Complete Part III.)  Is community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  Is community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  Is on organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross exception 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 509(a)(3). (See instructions) an organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) an organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the unposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(2).  It is proported to be in the following information about the organization accepted any gift or contribut												
9	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). A school described in section 170(b)(1)(A)(II). A redical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, zity, and state: 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.) A dederal, state, or local government or governmental unit described in section 170(b)(1)(A)(IV). 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)(IV). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3 % of its support from a 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 socipied by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (See instructions) An organization organized and operated exclusively to fits 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)(2). See section 509(a)(2). Figure 1 b													
		•	peipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its opport from gross investment income and unrelated business taxable income (less section 511 tax) from businesses quired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the reposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 9(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  Type I b Type II c Type III—Functionally Integrated d Type III—Other checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
			-					ii (ax) ii	om ousii	iesses					
		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I),   A chool described in section 170(b)(1)(A)(I), (Natch Schedule E.)   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III), (Attach Schedule E.)   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III), Enter the hospital's name, city, and state:   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.)   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(IV), (Complete Part II.)   A community trust described in section 170(b)(1)(A)(V), (Complete Part II.)   A community trust described in section 170(b)(1)(A)(V), (Complete Part II.)   A community trust described in section 170(b)(1)(A)(V), (Complete Part II.)   A community trust described in section 170(b)(1)(A)(V), (Complete Part II.)   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 599(a)(2), (Complete Part III.)   An organization organizated and operated exclusively to 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), ose entire through 11th, a purpose of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box that describes the type of supporting organization and complete lines 11e through 11th, a purpose of than foundation managers and other than one or more publicly sup													
0	Н	_	-	•											
11	$\sqcup$														
											ion				
	A chord cascined in section 170(b)(17)(A)(i). (Ascibach Steedles   A school described in section 170(b)(13)(A)(iii). (Attach Schedule H.)  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:  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)(iii). (Complete Part III.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  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 III.)  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 cortain exceptions, and (2) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to cortain exceptions, and (2) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to cortain exceptions, and (2) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to cortain exceptions, and (2) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to cortain exceptions, and (2) no more than 33 1/3 % of its support from contributions, and (2) no more than 33 1/3 % of its support for gross investment income and unrelated business taxelion 509(a)(2). (Complete Part III.)  An organization organization adoperated exclusively to test for public income function 509(a)(4), (see instructions)  An organization organized and operated														
e	Ш										4'				
		-			ind other than one or more pu	iblicly suppor	ied organ	izations	describe	a in sec	uon				
						<b>-</b>									
f		-			mination from the IRS that it i	s a Type I, Ty	pe II, or 1	ype III s	upportin	9					
										<b></b> .					$\sqcup$
g		Since August	17, 2006, h	nas the organization	on accepted any gift or contri	bution from a	ny of the								
													ſ		
		(I) A person	who direct	lly or indirectly cor	ntrols, either alone or togethe	r with persons	describe	ed in (ii)					<del></del>	Yes	No_
		and (iii) b	pelow, the g	overning body of	the supported organization?			. <b></b>							<del> </del>
															<u> </u>
		(III) A 35% ca	ontrolled en	ntity of a person de	escribed in (i) or (ii) above?							11	g(iii)		<u> </u>
h		Provide the fo	ollowing inf	ormation about the	e organizations the organizat	ion supports.									
(i)	Name	e of supported	<u> </u>	(II) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi) 1:	s the	(vii)	Amo	unt of	
**			]	•	l '			· · · ·		*			suppo	ort	
			1			governing	document?		-						
					(300 man benons) /	Yes	No			1					
	-					_									
					l			1				i			
							•								
						_	<del>                                     </del>								
			:												
_															
-		(I) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization?  (Ii) A family member of a person described in (i) above?  Provide the following information about the organizations the organization supports.  (III) EIN  (III) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (IV) Is the organization in col. (i) sisted in your governing document?  Yes No Yes No Yes No  (VI) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organiza													
· ·	A nedical research organization operated in conjunction with a hospital described in section 170(b)(1)A(A(III), (Altach Schedule H.)  A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(III), (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)A(IV).  A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)A(IV).  A community tost described in section 170(b)(1)A(IV). (Complete Part III.)  A community tost described in section 170(b)(1)A(IV). (Complete Part III.)  A community tost described in section 170(b)(1)A(IV). (Complete Part III.)  A community tost described in section 170(b)(1)A(IV). (Complete Part III.)  A community tost described in section 170(b)(1)A(IV). (Complete Part III.)  A norganization activities related to its eventy functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its eventy functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its eventy functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its eventy function subject to certain exceptions, and (2) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its eventy function subject to certain exception 50(a)(1) or section 50(a)(2), or sec														

Schedule A (Form 990 or 990-EZ) 2008 PUBLIC CITIZENS FOR CHILDREN 23-2137461

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·		<del></del>	
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,329,941	1,027,656	1,242,590	846,219	1,201,179	5,647,585
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 1-3	1,329,941	1,027,656	1,242,590	846,219	1,201,179	5,647,585
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)						1,686,225
6	Public support. Subtract line 5 from line 4						3,961,360
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	1,329,941	1,027,656	1,242,590	846,219	1,201,179	5,647,585
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,767	37,204	62,610	78,431	30,130	246,142
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3000-7-7-0011001000000000000000000000000					
11	Total support. Add lines 7 through 10					40	5,893,727
12	Gross receipts from related activities, etc. (					12	<del></del>
13	First five years. If the Form 990 is for the						. $\Box$
	organization, check this box and stop here			<u> </u>			<u> </u>
<u>Sec</u>	tion C. Computation of Public Su	·		<u>-</u>			
14	Public support percentage for 2008 (line 6,			)			67.2132 %
15	Public support percentage from 2007 Sche	dule A, Part IV-A, lin	e 26f			15	61.6581_%
16a	33 1/3 % support test—2008. If the organi			and line 14 is 33 1.	/3 % or more, chec	k this box	. o
	and stop here. The organization qualifies a						▶ 🛚
b	33 1/3 % support test-2007. If the organ	ization did not check	a box on line 13 or	16a, and line 15 is	33 1/3 % or more,	check this	. $\square$
	box and stop here. The organization qualit	ies as a publicly sup	ported organization				▶ ∐
17a	10%-facts-and-circumstances test—200	8. If the organization	did not check a box	x on line 13, 16a, o	r 16b, and line 14 i	s 10% or	
	more, and if the organization meets the "fa					how the	
	organization meets the "facts-and-circumst	ances" test. The org	anization qualifies a	is a publicly suppor	rted organization _		▶ ∐
b	10%-facts-and-circumstances test—200					e 15 is 10% or	
	more, and if the organization meets the "fa-						_
	organization meets the "facts-and-circumsi						▶ ∐
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see ins	structions	▶ ⊔

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

<del></del>	(Complete only if you che	ecked the box	on line 9 of Pa	rt I.)			
	tion A. Public Support	<del></del>	<del></del>				
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	T	1	1	1		
Cal	endar year (or fiscal year beginning in}▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6				_	-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		_				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)					<u> </u>	
14	First five years. If the Form 990 is for the						
	organization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			P L
	tion C. Computation of Public Su					Las I	
15	Public support percentage for 2008 (line 8,						<u>%</u>
16	Public support percentage from 2007 Sche						%
	tion D. Computation of Investmen	_		-1 40)			
17	Investment income percentage for 2008 (lie					4 I	<u>%</u> %
18	Investment income percentage from 2007 33 1/3 % support tests—2008. If the orga		v-A, line 2/II	14 and line 15 is ~	ore than 33 1/3 %	<del></del>	
1 <b>9</b> a	17 is not more than 33 1/3 %, check this be						▶ □
h	33 1/3 % support tests—2007. If the orga		-				
U	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation if the erganization did						

Schedule A (Fo	rm 990 or 990-EZ) 2008	PUBLIC	CITIZENS	FOR	CHILDRE	EN	23-2137461	Page 4
Part IV	Supplemental Info	rmation. Cor	nplete this pa	rt to pr	ovide the e	xplanation requir	ed by Part II, line 10	):
	Part II, line 17a or	170; or Part I	II, line 12. Pro	vide a	ny otner ad	ditional informati	on. (see instructions	s)
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Schedule B or 990-PF)

**Schedule of Contributors** 

OMB No. 1545-0047

2008

(Form 990, 990-EZ, Department of the Treasury Internal Revenue Service

► Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization **Employer identification number** PUBLIC CITIZENS FOR CHILDREN AND YOUTH 23-2137461

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	vered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note</b> . Only a section 501(c)(7), (8), or (10) or both the General Rule and a Special Rule. See instructions.)							
General Rule								
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.							
Special Rules								
under sections 509(a)(1	organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations I)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line III.							
during the year, aggreg	(8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, ate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, ucational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
during the year, some of not aggregate to more to the year for an exclusive applies to this organization	(8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did than \$1,000. (If this box is checked, enter here the total contributions that were received during ely religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more							
990-EZ, or 990-PF), but they me	e not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, ust answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their sir Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page 1 of 2 of Part I

Name of organization

Employer Identification number

PUBLIC CITIZENS FOR CHILDREN 23-2137461 Contributors (see instructions)

(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution			
1	PEW TRUST 2005 MARKET STREET SUITE 1700 PHILADELPHIA PA 19103	<b>\$</b> 95,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution			
2	WILLIAM PENN FOUNDATION TWO LOGAN SQUARE 100 NORTH 18TH STREET PHILADELPHIA PA 19103	<b>s</b> 396, 975	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
3	UNITED WAY OF SE PA 7 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA PA 19103	s 81,016	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
4	PHILADELPHIA YOUTH NETWORK J.F.K. CENTER 734 SCHUYLKILL AVENUE PHILADELPHIA PA 19146	<b>s</b> 75,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution			
5	CENTER ON BUDGET AND POLICY PRIORITI 820 FIRST STREET, NE, SUITE 510 WASHINGTON DC 20002	UITE 510 s 40,121				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
6	STONELEIGH CENTER 1500 WALNUT STREET, SUITE 305 PHILADELPHIA PA 19102	<b>s</b> 66,333	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page 2 of 2 of Part I

Name of organization
PUBLIC CITIZENS FOR CHILDREN

Employer identification number 23-2137461

-			
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 7	POTTSTOWN AREA HEALTH/WELLNESS FOUND 152 E HIGH STREET SUITE 500 POTTSTOWN PA 19464	<b>s</b> 25,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 8	GLAXOSMITHKLINE ONE FRANKLIN PLAZA PO BOX 7929 PHILADELPHIA PA 19101	s 40,000	Person X Payroll Noncash (Complete Part If if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No	Name, duuress, and an Tea	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	e of organization PUBLIC CITIZENS FOR	CHILDREN		Employer identific							
	AND YOUTH			23-21374							
Pai	Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.  See the instructions for Schedule C for details.										
1	Provide a description of the organization's direct and in	ndirect political campaign activities	s in Part IV.								
2	Political expenditures			<b>▶</b> \$							
3	Volunteer hours										
Pai	To be completed by all organization See the instructions for Schedule C	•	501(c)(3).								
1	Enter the amount of any excise tax incurred by the organization	anization under section 4955		<b>▶</b> \$	_ <b>_</b>						
2	Enter the amount of any excise tax incurred by organiz If the organization incurred a section 4955 tax, did it file	ation managers under section 49	55								
3	If the organization incurred a section 4955 fax, did it file	e Form 4720 for this year?	, , , <i>, , , , ,</i> , , , , , , , , , , ,		Yes No						
4a											
b	If "Yes," describe in Part IV.										
Par	rt I-C To be completed by all organizatio		501(c), except	section 501(c)(3).							
	See the instructions for Schedule C										
1	Enter the amount directly expended by the filing organiza	ation for section 527 exempt funct	ion								
	activities			▶s	<b></b>						
2	Enter the amount of the filing organization's funds contrib	outed to other organizations for se	ection								
	527 exempt function activities			<b>▶\$</b>							
3	Total of direct and indirect exempt function expenditures.	. Add lines 1 and 2 and enter here	e and								
	■										
	on Form 1120-POL, line 170			<b> </b>							
4	Did the filing organization file Form 1120-POL for this ye	ar?			Yes No						
4	Did the filing organization file Form 1120-POL for this ye	ar?	<b></b>		Yes No						
4 5	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am	ar? number (EIN) of all section 527 p	olitical organizations	to which payments	Yes No						
<b>4</b> <b>5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am	ar? number (EIN) of all section 527 p nount was paid from the filing orga	olitical organizations	to which payments were political	Yes No						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am contributions received and promptly and directly delivere	ear? number (EIN) of all section 527 p nount was paid from the filing orga od to a separate political organizat	olitical organizations inization's funds or v ion, such as a sepa	to which payments were political	Yes No						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am	ear? number (EIN) of all section 527 p nount was paid from the filing orga od to a separate political organizat	olitical organizations inization's funds or v ion, such as a sepa	to which payments were political	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am contributions received and promptly and directly delivere or a political action committee (PAC). If additional space	ear?  number (EIN) of all section 527 personners  nount was paid from the filing organid to a separate political organization in	olitical organizations inization's funds or ion, such as a sepa Part IV.	to which payments were political rate segregated fund  (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am contributions received and promptly and directly delivere or a political action committee (PAC). If additional space	ear?  number (EIN) of all section 527 personners  nount was paid from the filing organid to a separate political organization in	olitical organizations inization's funds or ion, such as a sepa Part IV.	to which payments were political rate segregated fund  (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am contributions received and promptly and directly delivere or a political action committee (PAC). If additional space	ear?  number (EIN) of all section 527 personners  nount was paid from the filing organid to a separate political organization in	olitical organizations inization's funds or ion, such as a sepa Part IV.	to which payments were political rate segregated fund  (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am contributions received and promptly and directly delivere or a political action committee (PAC). If additional space	ear?  number (EIN) of all section 527 personners  nount was paid from the filing organid to a separate political organization in	olitical organizations inization's funds or ion, such as a sepa Part IV.	to which payments were political rate segregated fund  (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am contributions received and promptly and directly delivere or a political action committee (PAC). If additional space	ear?  number (EIN) of all section 527 personners  nount was paid from the filing organid to a separate political organization in	olitical organizations inization's funds or ion, such as a sepa Part IV.	to which payments were political rate segregated fund  (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am contributions received and promptly and directly delivere or a political action committee (PAC). If additional space	ear?  number (EIN) of all section 527 personners  nount was paid from the filing organid to a separate political organization in	olitical organizations inization's funds or ion, such as a sepa Part IV.	to which payments were political rate segregated fund  (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If						
<b>4 5</b>	Did the filing organization file Form 1120-POL for this ye State the names, addresses and employer identification were made. Enter the amount paid and indicate if the am contributions received and promptly and directly delivere or a political action committee (PAC). If additional space	ear?  number (EIN) of all section 527 personners  nount was paid from the filing organid to a separate political organization in	olitical organizations inization's funds or ion, such as a sepa Part IV.	to which payments were political rate segregated fund  (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If						

•					
***************************************	JBLIC CITIZE			23-213746	51 Page 2
Part II-A To be completed by o					
(election under sectio			Schedule C for de	etails.	
N Check ▶ ∐ if the filing organiza					
B Check ▶ ☐ if the filing organiza	ation checked box	A and "limited co	ntrol" provisions	apply.	
Limits on Lo (The term "expenditures"	obbying Expendit means amounts	ures paid or incurred.)	O	(a) Filing rganization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p					
b Total lobbying expenditures to influence a					
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the a					
columns.		_			
If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:	drosses:		
Not over \$500,000	20% of the amount or				
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	f the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	f the excess over \$1,000,0	00.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of 0	the excess over \$1,500,00	).		
Over \$17,000,000	\$1,000,000.				
g Grassroots nontaxable amount (enter 25%	% of line 1f)				
h Subtract line 1g from line 1a. Enter -0- if li					
i Subtract line 1f from line 1c. Enter -0- if lin					
j If there is an amount other than zero on e					
section 4911 tax for this year?					Yes No
(Some organizations the columns below			do not have to c		five
Lol	obying Expenditu	res During 4-Year	<b>Averaging Peri</b>	<u>od</u>	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					<del></del>
	1	I	l		1

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Page 3 To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details. (b) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Х 5,000 Mailings to members, legislators, or the public? 16,000 e Publications, or published or broadcast statements? 5,000 f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? , 000 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? 000 i Other activities? If "Yes," describe in Part IV X j Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details. Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year \_\_\_\_\_\_ 2h Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) . . Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information. SCHEDULE C, PART II-B, LINE 1I A. BOARD MEMBERS AND COMMUNITY COLLEAGUES ARE ENCOURAGED TO CONTACT LEGISLATORS, THE OFFICES OF THE MAYOR AND GOVERNOR TO EXPRESS THEIR VIEWS ON ISSUES IMPACTING CHILDREN AND FAMILIES. BOARD MEMBERS WERE ENCOURAGED TO DO THIS 3 TIMES. B. STAFF AND LEADERSHIP OF THE ORGANIZATION SPEAK OUT ON ISSUES, ON NEEDS

Fart IV Supplemental Information (continued)
IDENTIFIED, ON THE RESULTS AND RECOMMENDATIONS OF VARIOUS STUDIES AND
REPORTS AND THE POLICY POSITION OF THE ORGANIZATION CONCERNING ISSUES
AFFECTING CHILDREN AND FAMILIES.
C. A RADIO AD WAS DEVELOPED AT A COST OF \$5000 REGARDING THE NEEDS OF
CHILDREN IN OUR AREA
D. 2400 LETTERS WERE SENT OVER THE COURSE OF THE YEAR (\$1000), 2000 POST-
CARDS WERE SENT (\$2000), 3000 LETTERS AND REPORTS SENT (\$8000) AND MAILINGS
TO MEMBERSHIPS (\$5000)
E. PCCY PUBLISHED REPORTS RELATING TO CHILD CARE, EDUCATION, WELFARE, AND
HEALTH CARE OF CHILDREN. THESE ARE SHARED WITH POLICY MAKERS AS WELL AS
THE GENERAL COMMUNITY.
G. PCCY'S EXECUTIVE DIRECTOR, CHILD CARE DIRECTOR, HEALTH CARE DIRECTOR
AND ASSOCIATES CONTACTED ELECTED OFFICIALS CONCERNING PROPOSED LEGISLATION
AT THE CITY, STATE AND FEDERAL LEVEL AND PROVIDED BRIEFINGS AMD TESTIMONY
ON CHILDRENS ISSUES, SEVERAL OF WHICH WERE IN RESPONSE TO INVITATIONS.
H. PCCY DIRECTOR AND STAFF SPEAK OUT FREQUENTLY AT RALLIES, SEMINARS,
CONFERENCES, ETC.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public

Open to Public Inspection

	e of the organization		Employer identification num	ber
	UBLIC CITIZENS FOR CHILDREN			
-	ND YOUTH		23-2137461	
	Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Ac Part IV, line 6.	counts. Complete if	
		(a) Donor advised funds	(b) Funds and other acc	ounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?	Yes	∐ No
6	Did the organization inform all grantees, donors, and donor advisors in we	riting that grant funds may be		
	used only for charitable purposes and not for the benefit of the donor or d	lonor advisor or other		
	impermissible private benefit?		Yes	No_
	art II Conservation Easements. Complete if the orga		990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check a	L-1		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo		
	Protection of natural habitat	Preservation of certified historic str	ructure	
	Preservation of open space			
2	Complete lines 2a–2d if the organization held a qualified conservation con	ntribution in the form of a conservation ease	ement	
	on the last day of the tax year.		P-0000000	
			Held at the End	of the Year
a				
þ	• • • • • • • • • • • • • • • • • • • •			
C	Number of conservation easements on a certified historic structure include			
d				
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during	
	the taxable year			
4	Number of states where property subject to conservation easement is loc	<del></del>		
5	Does the organization have a written policy regarding the periodic monito enforcement of the conservation easements it holds?		Yes	П
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	easements during the year	🗀	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing east		<del>-</del>	
8	Does each conservation easement reported on line 2(d) above satisfy the			
Ĭ	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes	☐ No
9	In Part XIV, describe how the organization reports conservation easemen			_
•	balance sheet, and include, if applicable, the text of the footnote to the organization			
	the organization's accounting for conservation easements.	•		
Pa	organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to	listorical Treasures, or Other Sir Form 990, Part IV, line 8.	milar Assets.	
_				
10	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and halance sheet w	vorks of	
Id	art, historical treasures, or other similar assets held for public exhibition,			
	provide, in Part XIV, the text of the footnote to its financial statements tha		5110 GG1 1100,	
	provide, in Fait Arv, the text of the localiste to its infancial statements and	. 40041000 41000 110110.		
h	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet work	s of art.	
	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items:	or received in the artificial or public		
	(I) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> s_ <u>_</u> _	
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or of	ther similar assets for financial gain, provide	<b></b>	. – – –
2	following amounts required to be reported under SFAS 116 relating to the			
_	•		<b>▶</b> s	
a b	***************************************			. – – –
U	Assets included in Form 990, Part X		······ • •	

Schedule D (Form 990) 2008

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2008 PUBLIC CITIZENS FOR		23-2137461 Page 3
Part VII Investments—Other Securities. See Form		
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	_	Cost or end-of-year market value
Financial derivatives and other financial products	··· <del></del>	
Closely-held equity interests Other		
Ouler	_	<del>-</del>
	-	
<del></del>		
	-	
	-	
<b></b>	_	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	<b>•</b>	
Part VIII Investments—Program Related. See Form	990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)  Part IX: Other Assets. See Form 990, Part X, line 15	<u> </u>	
Part IX: Other Assets. See Form 990, Part X, line 15  (a) Description	)	(b) Book value
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	<u></u>
Part X Other Liabilities. See Form 990, Part X, line		
(a) Description of liability	(b) Amount	_
Federal income taxes		_
		_
		$\dashv$
		<b>-</b>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	
In Part XIV, provide the text of the footnote to the organization's financial s	tatements that reports the org	ganization's liability for

uncertain tax positions under FIN 48.

	rt XI Reconciliation of Change in Net Assets from Form 990 to Finance	23-213/46	<u>) T</u>	Page 4
1			<del></del>	1 001 000
	Total revenue (Form 990, Part VIII, column (A), line 12)	• • • • • • • • • • • • • • • • • • • •	1	1,231,309
2	Total expenses (Form 990, Part IX, column (A), line 25)	• • • • • • • • • • • • • • • • • • • •	2	1,552,540
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	<del>-321,231</del>
4	Net unrealized gains (losses) on investments		4	-51,650
5	Donated services and use of facilities	• • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses		6	<u> </u>
7	Prior period adjustments	• • • • • • • • • • • • • • • • • • • •	7	
8	Other (Describe in Part XIV)		8	<u> </u>
9	Total adjustments (net). Add lines 4-8		9	<u>-51,650</u>
0	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  rt XII Reconciliation of Revenue per Audited Financial Statements With	···	10	-372,881
<u>ਾਕ</u> 1	rt XII Reconciliation of Revenue per Audited Financial Statements With Total revenue, gains, and other support per audited financial statements			1,179,659
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	1,119,039
	Net unrealized gains on investments 2a 2a	-51,650		
a h	Donated services and use of facilities 2b	31,000		
			1	
		••	1 1	
	(		2e	-51,650
_	Add lines 2a through 2d		3	1,231,309
3	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• • • • • • • • • • • • • • • • • • • •		1,231,307
4_				
		<del> </del>		
	Contraction of the stay		4c	
	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		5	1,231,309
D <sub>2</sub>	rt XIII Reconciliation of Expenses per Audited Financial Statements Wi	th Expenses per Re		1,231,303
1	Total expenses and losses per audited financial statements		1	1,552,540
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
٠,	Donated services and use of facilities 2a			
ь				
	Prior year adjustments  Losses reported on Form 990, Part IX, line 25  20  2c			
d			1	
-	Other (Describe in Part XIV)  Add lines 2a through 2d		20	
е 3	Subtract line 2e from line 1		3	1,552,540
J 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
•	Investment expenses not included on Form 990, Part VIII, line 7b		3.0	
	·	· · · · · · · · · · · · · · · · · · ·	1	
	Other (Describe in Part XIV)		4c	
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	1,552,540
_	rt XIV Supplemental Information		<u>, , , , , , , , , , , , , , , , , , , </u>	2/002/030
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV lines 1h		
		4, raitiv, mies ib		
nd 2	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
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_			Sch	edule D (Form 990) 2008

Schedule D (Fo	orm 990) 200	8 P	UBL:	IC C	CITI	ZEN	IS	<u>FOR</u>	R CH	ILI	DRE	N_				23	<u>-21</u>	374	161					Page 5
Schedule D (Fo	Supplem	nental l	<u>inforr</u>	matio	n (co	ntinue	d)																	
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Rublic Inspection

Name of the organization

PUBLIC CITIZENS FOR CHILDREN AND YOUTH

Employer identification number 23-2137461

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES WORKERS, MEMBERS OF ORGANIZATIONS BOARD AND NETWORKS AND CITIZENS AT LARGE,
ON THE NEEDS OF CHILDREN AND YOUTH IN THE CITY AND SURROUNDING SUBURBS;
DEVELOPING STRATEGIES FOR ACHIEVING IMPROVED SERVICES AND PROVIDING
CITYWIDE LEADERSHIP IN CARRYING OUT THOSE STRATEGIES.
FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
FORM 990 FOR PCCY WILL BE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD
AND WILL BE MADE AVAILABLE TO ALL BOARD MEMBERS FOR THEIR COMMENTS PRIOR TO
ITS FILING WITH THE INTERNAL REVENUE SERVICE EACH YEAR.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD REVIEWED SALARIES OF SIMILAR ORGANIZATIONS IN THE AREA WHEN
DETERMINING COMPENSATION OF UPPER MANAGEMENT AND KEY EMPLOYEES.
TORM OOD DADE UT LINE 15D COMPENSATION PROCESS FOR OFFICERS
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE BOARD REVIEWED SALARIES OF SIMILAR ORGANIZATIONS IN THE AREA WHEN
DETERMINING COMPENSATION OF UPPER MANAGEMENT AND KEY EMPLOYEES.

PCCY990 04/05/2010 3:48	PM Pg 34					
Form <b>990</b>	1					
Form <b>990</b>	For calendar year 2008, or tax yea	r beginning	6/01/08	, and ending	5/31/09	2008
<sub>lame</sub> PUBLIC CITI AND YOUTH	ZENS FOR CHILDREN		•			entification Number
Gross receipts Less contributions Gross revenue Less direct expenses Net income (loss)	(A) 55,618 55,618 0 0 0	(B) 0 0 0 0 0	(C)	Oth 0 0 0 0 0	0 0 0 0 0	Total 55,618 55,618 0 0
Description: (A) (B) (C) Others	SPECIAL EVENTS					

PCCY990 PUBLIC CITIZENS FOR CHILDREN
23-2137461 Federal Statements

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FYE: 5/31/2009

**Taxable Interest on Investments** 

Description	Amount		Unrelated Business Code	Exclusion <u>Code</u>	Postal Code
INTEREST INCOME	\$	30,130		14	
TOTAL	\$	30,130			

PCCY990 PUBLIC CITIZENS FOR CHILDREN

23-2137461 FYE: 5/31/2009

# **Federal Statements**

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#### Form 990, Part IX, Line 24f - All Other Expenses

Description	 Total Expenses		Program Service		Management &General		Fund Raising	
EQUIPMENT TELEPHONE MISCELLANEOUS	\$ 29,260 17,283 990	\$	23,408 13,828 990	\$		\$	5,852 3,455	
TOTAL	\$ 47,533	\$	38,226	\$	0	\$	9,307	

PCCY990 PUBLIC CITIZENS FOR CHILDREN
23-2137461 Federal Statements

4/5/2010 3:48 PM Page 3

FYE: 5/31/2009

#### Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
WILLIAM PENN FOUNDATION	\$ 1,471,975	\$ 1,354,100
SAMUEL S FELS FOUNDATION	50,000	• •
PEW CHARITABLE TRUST	450,000	332,125
GOLDSMITH GREENFIELD FOUNDATION	22,775	·
INDEPENDENCE FOUNDATION	15,000	
CLANIEL FOUNDATION	10,000	
HESS FOUNDATION	75,000	
ANNENBERG FOUNDATION	50,000	
ROBERT WOOD JOHNSON FOUNDATION	62,346	
CHIRON FOUNDATION	40,000	
NEIMAN GROUP	25,000	
US BANK	89,851	
STONELEIGH CENTER	66,333	
GLAXOSMITHKLINE	40,000	
TOTAL	\$ 2,468,280	\$ 1,686,225



Tel: 215-563-5848 Fax: 215-563-9442 www.pccy.org Seven Benjamin Franklin Parkway Sixth Floor Philadelphia, Pa 19103

## Board of Directors 2008 - 2009

Carolyn Adams, PCCY Vice-President
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Department of Geography & Urban Studies
Gladfelter Hall Room 309
1115 West Berks Street
Philadelphia, Pa 19122
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E-mail: carolyn.adams@temple.edu
2nd Term expires 2010

Naomi Alper c/o Palm 731 South Broad Street Philadelphia, Pa . 19147 215-732-7476 (h) 215-732-7476 x 18 (w) 215-850-3451 (cp) E-mail: nalper@palmnet.org 1" Term expires 2010

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2nd Term expires 2010

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David Ira Camp, Co-Chair Development
Kistler-Tiffany Benefits
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484-321-5801 (f)
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3rd Term expires 2009

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1st Term expires 2010

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215-972-1939 (f)
E-mail: rfrazier@saul.com
1" Term expires 2009

Phil Goldsmith
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215-825-9696 (w)
215-901-6405 (cp) for meetings
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1" Term expires 2009

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215-815-0130 (cp)
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1st Term expires 2010

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E-mail: barbara@cgcimpact.com
2nd Term expires 2010

Rev. Robin Hynicka
Arch Street Methodist Church
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Philadelphia, Pa 19107
215-568-6250 (w)
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2nd Term expires 2010

Stephanie E. Kallen, Co-Chair Development
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610-664-2639 (f)
E-mail: sekallen@gmail.com
3rd Term expires 2009

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610-283-3647 (cp)
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1st Term expires 2010

Robert Listenbee, Attorney
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Defender Association
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215-557-4930 (w)
267-765-6685 (cp)
E-mail: rlistenbee@philadefender.org
3rd Term expires 2009

James R. Martin, PCCY President 226 Shawmont Avenue Philadelphia, Pa 19128 215-483-4799 (h) 215-850-4084 (cp) E-mail: jimart40@mac.com 2nd Term expires 2012

Wanda Mial, CEO
Women Christian Alliance
1722 Cecil B. Moore Avenue
Philadelphia, Pa 19121
215-236-2312 ext. 2650 (w)
E-mail: wmial@wcafamily.org
1st Term expires 2010

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