Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2009 Open to Public inspection

A_	For the 200	na cale	enoar y	ear, or tax year beginning U6/U1/U9 , and ending U5/	31/10			
В	Check if applica		D	D Employer identification number				
٦.	Address chang	าด	use IRS label or	AND YOUTH				
\exists	Name change		print or	Doing Business As			23-2	2137461
=	•		type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E	Telepho	ne number
_	Initial return		See	1709 BENJAMIN FRANKLIN PARKWAY			215-	-563-5848
_] '	Termination		Specific Instruc-	City or town, state or country, and ZIP + 4		G	Gross receip	ts\$ 1,390,155
7	Amended retur		tions.	PHILADELPHIA PA 19103-1208				
=	Application per	F	F Name	and address of principal officer:		TÌн	(a) Isthisa	group return for
	Application per	noung		MES R. MARTIN PRESIDENT			affiliates'	
				09 BENJAMIN FRANKLIN PARKWAY		H	al la Are all all divided	Miliates
				ILADELPHIA PA 19103				ttach a list. (see instructions)
	Tax-exempt	t etatue		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			,	
				occy.org	· · · · · · · · · · · · · · · · · · ·		(c) Group er	cemption number
	Type of organi				L. Year of form			State of legal domicile: PA
	art I	-	mmai		L Tear Orton	IGHUN. I.J.	00 11	t State of logal dufficile. LES
200								
				he organization's mission or most significant activities:				
8	ب	üTİİ	יעא. י	OCACY				
Ē	·	• • • • •						
6				Substitute of the substitute o				
& Governance				if the organization discontinued its operations or disposed of mor	re than 25% of its	net asset	S.	
				members of the governing body (Part VI, line 1a)			3	33
Activities	4 Nun	nber of	f indep	endent voting members of the governing body (Part VI, line 1b)				33
Ž				employees (Part V, line 2a)				20
ğ	6 Tota	al numi	ber of v	rolunteers (estimate if necessary)		. <i></i>		200
•	7a Tota	al gros	s unrel	ated business revenue from Part VIII, column (C), line 12			7a	
				siness taxable income from Form 990-T, line 34			7b	0
	İ					Prior Year		Current Year
•	8 Con	ntributio	ons and	I grants (Part VIII, line 1h)		L <u>,201</u> ,	, 179	1,372,987
Ē	9 Prog	gram s	service	revenue (Part VIII, line 2g)				
Revenue	10 Inve	estmen	nt incon	ne (Part VIII, column (A), lines 3, 4, and 7d)		30,	, 130	17,168
œ				art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
				idd lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,231,	, 309	1,390,155
				ar amounts paid (Part IX, column (A), lines 1-3)				
				or for members (Part IX, column (A), line 4)				
ch.				empensation, employee benefits (Part IX, column (A), lines 5–10)		1,116,	926	975,140
<u> </u>				raising fees (Part IX, column (A), line 11e)				
penses				expenses (Part IX, column (D), line 25) ▶ 68, 321	5 As 3			
X	1		_	Part IX, column (A), lines 11a–11d, 11f–24f)		435	614	383,630
				Add lines 13–17 (must equal Part IX, column (A), line 25)		1,552		1,358,770
				penses. Subtract line 18 from line 12	······	-321		31,385
52	13 1/64	renue i	COO CA	penses. Subtract line to nont line 12	Beginni	ing of Curre		End of Year
let Assets or	20 Tota	al asse	ets (Par	t X, line 16)		1,053		1,139,218
Aee	21 Tota		-	art X, line 26)		37	,213	53,754
žž.	22 Net		•	d balances. Subtract line 21 from line 20	1	1,016		1,085,464
	art li			e Block	· · · · · · · · · · · · · · · · · · ·	, , , ,		
		T		ies of perjury, I declare that I have examined this return, including accompanying	schedules and state	ements and	I to the hest	of my knowledge
		and I	belief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based	d on all information	of which pre	parer has a	iny knowledge.
Sig	nc						1	
He	-		Signatu	re of officer			Date	
			O.g.idio				00.0	
		🗗 :	Type or	print name and title				
					Date	Check if		Preparer's identifying number
Pa	id		arer's ature			self-		(see instructions)
Pro	eparer's	Signer Signer	~141¢	OLUADA MADO CACCOCTAMOS	12/09/10	employed		1 22. 270 <i>6</i> 77 <i>0</i>
	e Only	Firm'		(or yours O'HARA, WARD & ASSOCIATES			EIN D	23-2706776
_			if-employ	• ••			Phone	016 000 6660
		<u> </u>		ZIP+4 FEASTERVILLE, PA 19053			no.	<u>215-322-5558</u>
	41 - 100			turn with the preparer chown above? (see instructions)				

1,282	attiva Checklist of Required Schedules			
	to the constitution described in continu EQ4/aV(2) or 4047/aV(4) (athers the continue for addition 20 1/ mV = 0	\dashv	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ارا	х	
_	complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	├─
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		,,	
	Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	1		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		—
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
	complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable	11	Х	1
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1. 1944		i e z
'	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			`: ·
•				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. The property of the complete Schedule D, Part X.			
,	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	, ,		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		X	
	Schedule D, Parts XI, XII, and XIII.	12	X	├
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			ا ا
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	• • • • • • • • • • • • • • • • • • • •	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			000	

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

Pa	It V Statements Regarding Other IRS Filings and Tax Compliance			·	Yes	No
40	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1	1 0 0	168	110
14		1a	3		10	ai
ь	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	Ö			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		le			
Ŭ	gaming (gambling) winnings to prize winners?			1c		
2a]	J			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	20	ارات المارات المارات المارات		
ь	and a second sec	ns?		2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this return?			3a_		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir			ľ	ŀ	
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶				· `	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank			-	; ,
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			<u>5b</u>		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding				1
	Prohibited Tax Shetter Transaction?			<u>5c</u>	├	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					,,
	organization solicit any contributions that were not tax deductible?			<u>6a</u>	├	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			<u>6b</u>		1
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			تكسنا	V
	and services provided to the payor?				1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			······ <u>''</u>	1	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	35		7c		X
	required to file Form 8282?	7d	1	16	15.7°=1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u></u>			190
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a			70	ندد. نا	Х
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	 act?				X
, T	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			·····	T	 ^`
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			······ 		İ
h				7h		
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.	· · · · · •				
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>		:	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1 .	
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a	<u> </u>		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		1	
	amounts due or received from them.)	11b				4
12a	* ** *			12a	 -	+
h	If "Vac " enter the amount of tax-exempt interest received or accrued during the year	12b) I	i .	1	1 . •

Form 990 (2009) PUBLIC CITIZENS FOR CHILDREN 23-2137461

Part VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management					1	
				2.2	TO THE	Yes	No
1a	Enter the number of voting members of the governing body	. 1	_	33_			
þ	Enter the number of voting members that are independent	. [1	<u> </u>	33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors or trustees, or key employees to a management company or other person?				. 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	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 stockholders?	• • • • • •			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				··		
	of the governing body?				7a		Х
ь	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				·		
u	•					- ,	
_	the year by the following:				0-	X	His had
a	The governing body?				8a		
b	Each committee with authority to act on behalf of the governing body?	· · · · · ·			8b	X	├─
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						۱
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>		<u> </u>	9		X
	tion B. Policies (This Section B requests information about policies not required by the	Inte	rna	l			
Rev	enue Code.)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,]
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?				11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				.		-
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	· · · · · ·	• • • •	• • • • • • •	120		\vdash
þ					12b	Х	
	rise to conflicts?		• • • •	• • • • • • •	120	^	\vdash
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					v	
	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	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by				1.7		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?			er an er		
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a							
	with a taken and the account the country				16a	` `	X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		• • • •		.		200 C
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard						
					16b		
	the organization's exempt status with respect to such arrangements?	· · · · · ·			[100		
	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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	s)s oni	y)				
	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 it	interes	t				
	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 FRANKI						
ΡI	HILADELPHIA PA 19	103		2	15-56	3-5	848

Part VIII 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position (check all that apply)		(D) Reportable	(E) Reportable	(F) Estimated				
Name and Tibe	hours per week	Individual trustee or director		Officer				compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SHELLY YANOFF EXECUTIVE DI	40.00	Х						94,083	0	C
JAMES MARTIN PRESIDENT	2.00	х		Х				0	0	
CAROLYN ADAMS VICE PRESIDENT	2.00	х		Х				0	0	C
BARBARA GRANT SECRETARY	2.00	х		х				0	0	(
DARREN SPIELMAN TREASURER	2.00	Х		х				0	0	
NAOMI APLER BOARD MEMBER	2.00	x						0	0	(
SHARON BARR BOARD MEMBER	2.00_	X						0	0	(
JALILA BROWN BOARD MEMBER	2.00	x						0	0	(
JAMES EARL DAVIS BOARD MEMBER	2.00	x	_					0	0	
EVELYN ESKIN BOARD MEMBER	2.00	x						0	0	(
JESSICA FEIERMAN BOARD MEMBER	2.00_	X						0	0	
RICHARD FRAZIER BOARD MEMBER	2.00	x			_			0	0	
PHIL GOLDSMITH BOARD MEMBER	2.00	x		_				0	0	(
MARK GOLDSTEIN BOARD MEMBER	2.00	x	_	_				0	0	
KATHERINE GOMEZ BOARD MEMBER	2.00	x	_	_		_		0	0	(
WILLIAM KING JR. BOARD MEMBER	2.00	X		_	_			0	0	(
STEPHANIE KORBER BOARD MEMBER DAA	2.00	X						0	0	Form 990 (2008

O

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0

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Form 990 (2009) PUBLIC CITIZENS FOR CHILDREN 23-2137461 PartVII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (F) Average Name and Title Position (check all that apply) Reportable Reportable **Estimated** hours per compensation compensation amount of Individual trustee or director Officer Institutional trustee week from from related other ighest compensated inployee the organizations compensation employee organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations WANDA MIAL BOARD MEMBER 2.00 0 0 SUSMITA PATI 0 BOARD MEMBER 2.00 0 JERRILYN RADCLIFFE BOARD MEMBER 2.00 0 0 MATTHEW RIGGAN 2.00 0 0 BOARD MEMBER PATRICIA RUSSELL 2.00 0 0 BOARD MEMBER QUYEN T. HO SHANAHAN 2.00 0 0 BOARD MEMBER JUDITH SILVER 2.00 X 0 0 BOARD MEMBER 0 FASAHA TRAYLOR 0 0 2.00 0 BOARD MEMBER CHERYL WEISS 2.00 0 0 BOARD MEMBER JOHN WHITELAW BOARD MEMBER 2.00 0 0 LESLIE RUSSELL WINDER 2.00 0 0 BOARD MEMBER CHRISTINE W. HASTINGS 2.00 0 0 BOARD MEMBER JOHN E. RIGGAN 2.00 0 BOARD MEMBER 94. 083 1b Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 2 reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated X employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (C) Compensation (B) Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization n

Pa	πV	III Stater	nent of Reve	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
इंद	1a	Federated car	npaigns	1a	78,714			*	
Contributions, gifts, grants and other similar amounts	b	Membership d	lues	1b					75°16
S,E	C	Fundraising ex	vents	1c	74,322				
탪	đ	Related organ	izations	1d					
ğΕ	е	Government grants		1e			-	•	
P S	f	All other contribution	• • • •			1			
햧			not included above	1f 1	,219,951	# .25 4 .25			
둳	a	Noncash contributio	ns included in lines 1a		•				
유민	_		es 1a–1f			1,372,987			
3					Busn. Code				
ē	2a						· · · · · · · · · · · · · · · · · · ·		
§	ь								
<u>8</u>	c								
Ş	d				1				
S	•								
Program Service Revenue			ram service reve				 		
g			es 2a–2f			-			
\dashv	3		come (including						
	J					17,168			17,168
		other similar a	nvestment of tax			17,100			17,100
	4			· ·	=		·		
	5	Royalties	(i) Real) Personal	HE RIGHT TO STATE	1 1 1 1 1		
			(i) Real	- ("	Personal				
	•	Gross Rents	ļ			1			
	p	Less: rental exps.	-						
ļ	Ç.	Rental inc. or (loss)						randi da 1896 a anna 1990	
	d 7a	Net rental inco		<u> </u>	(ii) Other		11111		
		sales of assets	(i) Securite	3	(ii) Other	1			
		other than inventory				∤			
	b	Less: cost or other							
		basis & sales exps.							
	C	Gain or (loss)				l.::			
	d		oss)				<u> </u>		
ě	8a		om fundraising eve	I					
e I		(not including \$							
è			reported on line 1c						
Other Reven			18	a					
퇽		Less: direct e		Ь		1.		1	litt familie en le
~			r (loss) from fund		<u> </u>			_	
1	9a		rom gaming activition						
			19	a					
		Less: direct e		b			<u>, 16 (17 60) (13 66) (15 6</u>		
			r (loss) from gan		<u>,</u>				The State of the S
	10a		f inventory, less	·					
		returns and al	• • • • •	a					
		Less: cost of		b		1			1 W
	С		r (loss) from sale						
		Misc	ellaneous Revenu	e	Busn. Code	4			
	11a	•				ļ			
1	Ь								
	C					 			
	đ		nue		• •	 			
	е	Total. Add lin	es 11a–11d						
	12	Total Revenu	ie. See instruction	ons.	>	1,390,155	5 0	, 0	17,168

Part X Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	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,							
	trustees, and key employees	94,083	69 , 590	13,203	11,290			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	687,478	591,582	54,929	40,967			
8	Pension plan contributions (include section 401(k)							
	and section 403(b) employer contributions)	25,653	21,805					
9	Other employee benefits	108,352	92,099					
10	Payroll taxes	59,574	50,637	5,253	3,684			
11	Fees for services (non-employees):							
а	Management							
b	Legal		200	4 050				
C	Accounting	5,500	3,630	1,870				
d	Lobbying			Agents in the second second				
8	Professional fundraising services. See Part IV, line 17							
f	Investment management fees			 				
9	Other	11 001	11 001					
12	Advertising and promotion	11,981	11,981	1 (05	2 000			
13	Office expenses	22,524	17,919	1,605	3,000			
14	Information technology							
15	Royalties	74,721	EO 777	14,944				
16	Occupancy	5,760	59,777 5,260		_			
17	Travel		J,∠6U	300	_			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	3,314	1,492	1,822				
19	Conferences, conventions, and meetings	3,314	1,432	1,022				
20	Interest							
21	Payments to affiliates	3,881	1,941	1,940				
22	Depreciation, depletion, and amortization	3,968	3,174	794				
23	Insurance	3,900	3,174	, , , ,				
24	Other expenses. Itemize expenses not							
24	covered above. (Expenses grouped together							
	and labeled miscellaneous may not exceed							
	5% of total expenses shown on line 25 below.)							
a	PRIMITIO AND CORTER	64,156	54,853	9,303				
b	SPECIAL PROJECTS	60,219	60,219					
c	OUTSIDE SERVICES	54,861	48,276					
d	EQUIPMENT	28,922	23,138	5,784				
		23,687	19,116					
f	All other expenses	20,136	15,887	4,249				
25	Total functional expenses. Add lines 1 through 24f							
26	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.							
DAA				·	Form 990 (2009			

Part X **Balance Sheet** (B) (A) End of year Beginning of year 75.617 147,932 Cash—non-interest bearing 375,000 655,435 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 5,121 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 6.892 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10,067 b Less: accumulated depreciation 10b 13,948 10c 508,630 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 2,846 2,846 15 15 Other assets. See Part IV, line 11 139,218 1,053,477 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 37.213 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D labilities 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 517,657 Unrestricted net assets 27 498,607 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,085,464 1,016,264 33 Total net assets or fund balances 1,139,218 Total liabilities and net assets/fund balances

Form 990 (2009)

Pâ	rtXI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			1:
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>2a</u>		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?	<u>2b</u>	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		5 80.	, ,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	•	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u> </u>	<u> </u>
		Form	ı 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC CITIZENS FOR CHILDREN

AND YOUTH

Employer identification number 23-2137461

Part	l Reas	on for Public Charity	Status (All organization	s must	complet	te this	part.)	See ii	nstruction	ons.		
he org	anization is not	a private foundation because	se it is: (For lines 1 through 11,	check onl	y one box	.)						
1	A church, co	nvention of churches, or ass	sociation of churches described	in section	170(b)(1)(A)(i).						
2 _	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	iii).						
4	A medical re	search organization operate	d in conjunction with a hospital	described	in sectio	n 170(b))(1)(A)(i	ii). Ente	r the hos	pital's name) ,	
	city, and stat	e:			<i></i> .							
5	An organizati	ion operated for the benefit	of a college or university owned	l or operat	ed by a g	overnme	ental uni	t descri	bed in			
	section 170(b)(1)(A)(iv). (Complete Part	II.)									
6	A federal, sta	ate, or local government or g	jovernmental unit described in s	section 17	'0(b)(1)(A)(v).						
7 X	An organizat	ion that normally receives a	substantial part of its support for	rom a gove	ernmental	unit or 1	from the	genera	ıl public			
	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8												
9	An organizati	ion that normally receives: (1) more than 33 1/3 % of its su	pport from	contribut	ions, me	mbersh	ip fees,	and gros	SS		
			npt functions—subject to certai									
	support from	gross investment income a	nd unrelated business taxable i	ncome (le	ss sectior	1 511 tax	c) from t	ousines	ses			
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10 📙	An organizati	ion organized and operated	exclusively to test for public sal	fety. See s	ection 50)9(a)(4).						
11	, •	•	exclusively for the benefit of, to									
			ted organizations described in s						section			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
_	а 💹 Туре	· · ·	c Type III-Function			d [e III–Ot				
8	,	-	ganization is not controlled direct									
	•	=	and other than one or more pu	blicly supp	ported org	anizatio	ns desc	ribed in	section			
		section 509(a)(2).				.		4*				
f			ermination from the IRS that it is	sa Type I	, Type II, e	or Type	III suppi	orting				Γ
	•	check this box	tion annual and an alfa as annual				· · · · · · ·					. []
9			ition accepted any gift or contrit	outon non	i ally of th	ie						
	following per		ontrols, either alone or together	with nare	nne descr	ihed in /	ii\				Yes	No
			of the supported organization?							11g(i)	 	1
		member of a person descri								11g(ii)	\vdash	
			described in (i) or (ii) above?	• • • • • • • • •						11g(iii	_	1
h	• •	•	the supported organization(s).	• • • • • • • • •					· · · · · · · · · · · ·	(1185		
(i) Nan	ne of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did v	rou notify	(vi)	s the	(vii) Am	ount c	if
	ganization	(10) 2.111	(described on lines 1–9	1	isted in your	the organ	nization in	organizat	ion in col.	sup		
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S.?			
			(see matractions))	Yes	No	Yes	No	Yes	No			
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				1	<u> </u>	s or -	-	 	-			
Total		By State of the end then the office of the control of the end o	Maria Straightean Community of Children Straight Community	PL 1	14	. "	i.	1	ı . I			

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

Schedule A (Form 990 or 990-EZ) 2009

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,027,656 1,242,590 846,219 1,201,179 1,372,987 5,690,631 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,027,656 1,242,590 846,219 1,201,179 1,372,987 5,690,631 The portion of total contributions by each person (other than a governmental unit or . publicly supported organization) included 3. on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,199,329 Public support. Subtract line 5 from line 4 4,491,302 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (e) 2009 (f) Total (b) 2006 (c) 2007 (d) 2008 Amounts from line 4 1,201,179 5,690,631 1,372,987 1,027,656 1,242,590 846,219 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 30,130 17,168 225,543 62,610 78,431 37,204 sources Net income from unrelated business activities, whether or not the business is 0 regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 5,916,174 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 75.92% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 67.21% Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support (c) 2007 (f) Total Calendar year (or fiscal year beginning in) ▶ (b) 2006 (d) 2008 (e) 2009 (a) 2005 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions_

Schedule A (Fo	rm 990 or 990-EZ) 2009	PUBLIC	CITIZENS	FOR	CHIL	DREN	23-2137461	Page 4
Part IV	m 990 or 990-EZ) 2009 Supplemental Inf	ormation. Co	omplete this p	art to p	rovide tl	ne explanatio	ns required by Part II, line 10) ;
	Part II, line 17a or	17b; and Pa	<u>rt III, line 12. l</u>	Provide	any oth	er additional	ns required by Part II, line 10 information. See instructions	<u>s. </u>
• • • • • • • • • • • • • • • • • • • •	***********				• • • • • • • • • • •			
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC CITIZENS FOR CHILDREN

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

AND YOUTH	23-2137461								
Organization type (check o	ne):								
Filers of:	Section:								
Form 990 or 990-EZ	∑ 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								
Note. Only a section 501(c) instructions.	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See								
General Rule									
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II.								
Special Rules									
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and								
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
the year, contribution aggregate to more year for an exclusive applies to this organized.	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ns for use exclusively for religious, charitable, etc., purposes, but these contributions did not han \$1,000. If this box is checked, enter here the total contributions that were received during the ely religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule hization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more								
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nust answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form orm 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,								

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page 1 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
. 1	PEW TRUST 2005 MARKET STREET SUITE 1700 PHILADELPHIA PA 19103	s 85,000	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
. 2	PHILADELPHIA FOUNDATION 1234 MARKET STREET SUITE 1800 PHILADELPHIA PA 19107	s 30,000	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
. 3	WILLIAM PENN FOUNDATION TWO LOGAN SQUARE 100 NORTH 18TH STREET PHILADELPHIA PA 19103	\$ 399,475	Person X 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
. 4	SAMUEL S FELS FUND 1616 WALNUT STREET SUITE 800 PHILADELPHIA PA 19103	s 30,000	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
. 5	UNITED WAY OF SE PA 7 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA PA 19103	s 78,714	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
.6	PA PARTNERSHIP FOR CHILDREN 200 NORTH MARKET SQUARE SUITE 300 HARRISBURG PA 17101	\$ 65,493	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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	PHILADELPHIA YOUTH NETWORK J.F.K. CENTER 734 SCHUYLKILL AVENUE PHILADELPHIA PA 19146	\$ 50,000	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	CENTER ON BUDGET AND POLICY PRIORITI 820 FIRST STREET, NE, SUITE 510 WASHINGTON DC 20002	s 30,000	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
9	EAGLES YOUTH PARTNERSHIP ONE NOVA CARE WAY PHILADELPHIA PA 19145	s 34,000	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
10	PHILA CHILDREN FIRST FUND 30 SOUTH 17TH STREET PHILADELPHIA PA 19103	\$ 106,940	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
. 1.1	PHILADELPHIA EDUCATION FUNDS 1709 BENJAMIN FRANKLIN PARKWAY SUITE 700 PHILADELPHIA PA 19103	s 73,245	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

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

Complete if the organization is described below.

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

OMB No. 1545-0047
2009
Open to Public

inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

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

PUBLIC CITIZENS FOR CHILDREN

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

	AND YOUTH			23-213/4	
Par	til-A Complete if the organization is exe	mpt under section 501(c) or is a secti	on 527 organizati	on.
1	Provide a description of the organization's direct and indi	rect political campaign activities	in Part IV.		
2	Political expenditures			> \$	
3	Volunteer hours				
Par	TI-B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the organ				
2	Enter the amount of any excise tax incurred by organizat				
3	If the organization incurred a section 4955 tax, did it file f	Form 4720 for this year?	· • • • • • • • • • • • • • • • • • • •		Yes No
4a	Was a correction made?		. 		Yes No
_	If "Yes," describe in Part IV.		 		
Par	Complete if the organization is exe	empt under section 501(c), except sec	tion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	ation for section 527 exempt func	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contrib	outed to other organizations for s	ection		
	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. E	inter here and on Form 1120-PO	L,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this ye	ar?			Yes No
5	Enter the names, addresses and employer identification				
	were made. For each organization listed, enter the amou				
	contributions received that were promptly and directly de			s a separate segregated	i
	fund or a political action committee (PAC). If additional s	pace is needed, provide informat	ion in Part IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				tulius, il fiorie, enter -0	delivered to a separate
					political organization. If
					none, enter -0
		1			
					<u> </u>
For B	rivacy Act and Panerwork Reduction Act Notice, see the	he Instructions for Form 990 or	990-EZ.	Schedule C /Form	1 990 or 990-F7) 2009

Schedule C (Form 990 or 990-EZ) 2009 P	UBLIC CITIZE	NS FOR CHI	LDREN	23-21374	61 Page 2							
Part II-A Complete if the orga	nization is exempt	under section	501(c)(3) and filed	i Form 5768 (e								
under section 501(h A Check ▶ ☐ if the filing organiz	ntion belongs to ar	affiliated group			<u></u>							
B Check ► ☐ if the filing organiz	ation checked box	A and "limited co	ontrol" provisions	annly								
	obbying Expenditu		Jillion providiono	(a) Filing	(b) Affiliated							
(The term "expenditures			orga	nization's totals	group totals							
1a Total lobbying expenditures to influence												
b Total lobbying expenditures to influence												
c Total lobbying expenditures (add lines	-											
d Other exempt purpose expenditures												
e Total exempt purpose expenditures (ad												
f Lobbying nontaxable amount. Enter the			.,,,,,,,,,									
columns.												
If the amount on line 1e, column (a) or (b) is:	The lobbying nontar	xable amount is:		i .								
Not over \$500,000	20% of the amount on	line 1e.										
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,00	00.									
Over \$1,000,000 but not over \$1,500,000	000.											
Over \$1,500,000 but not over \$17,000,000												
Over \$17,000,000	\$1,000,000.											
g Grassroots nontaxable amount (enter 2	5% of line 1f)				<u></u>							
h Subtract line 1g from line 1a. If zero or	less, enter -0-											
i Subtract line 1f from line 1c. If zero or le												
j If there is an amount other than zero or	n either line 1h or line 1i,	did the organization f	île Form 4720 reportin	9								
section 4911 tax for this year?	<u></u>	<u></u>	<u> </u>		Yes No							
	4-Year Averagin hat made a section elow. See the instable bbying Expenditur	n 501(h) election ructions for line	i do not have to d s 2a through 2f o	n page 4.)	the five							
	Doying Expenditur	es During 4-1 ce	Averaging i en	<u> </u>								
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total							
2a Lobbying non-taxable amount												
b Lobbying ceiling amount (150% of line 2a, column(e))												
c Total lobbying expenditures												
d Grassroots nontaxable amount												
e Grassroots ceiling amount (150% of line 2d, column (e))												

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

_			•
Р	'ac	8	•

(election under section 501(h)).	1 1:	a)		(b)	
	Yes	No		Amoun	t
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:		l			er Övre S
a Volunteers?	X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	\vdash		المسادية فضا بدر •	7,50
c Media advertisements?	X				3,750
d Mailings to members, legislators, or the public?		1			5,00
e Publications, or published or broadcast statements?		X		<u>`</u>	<i>5</i>
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?		1 1		12	2,00
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					3,00
i Other activities? If "Yes," describe in Part IV		X			
j Total. Add lines 1c through 1i				3	1,25
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
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]	1,11	21 may 1 1, may	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1	<u> </u>			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	(C)(5), or s	ection 		
001(0)(0)		-		١	es No
1 Were substantially all (90% or more) dues received nondeductible by members?				1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				3	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 50	(c)(5), or s	ection		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A	, line	3 is a	nswei	red	
"Yes."					
1 Dues, assessments and similar amounts from members		1			
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		2a		-	
b Carryover from last year		2b 2c			
c Total		3			_
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1			
4 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		4			
and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV 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 1	li.			
Also, complete this part for any additional information.					
Schedule C, Part II-B, Line 1i					. .
a. Board members and community colleagues are encourage	d t	o cc	ntac	:t	
legislators, the offices of the mayor and governor to ex	pre	ss t	heir	.vi	∋ws
on issues impacting children and families. Board member	s w	ere	enco	oura	ged
to do this 3 times.				• • • • • • •	
b. Staff and leadership of the organization speak out of	n i	ssue	s, c	n n	eeds

Part 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 \$7,500 regarding the needs of
children in our area
d. 1,800 letters were sent over the course of the year (\$750), 1,000
letters sent, 15,000 e-mails (\$3,000) and mailings to memberships
e. PCCY published educational 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.
On Childrens Issues, Several of Whiteh Word In response to Amazona
h. PCCY director and staff speak out frequently at rallies, seminars,
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

	of the organization		Employer identification number
	UBLIC CITIZENS FOR CHILDREN		l
	ND YOUTH		23-2137461
Pa	Organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	iff II Conservation Easements. Complete if the org	anization answered "Yes" to Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically in	
	Protection of natural habitat	Preservation of certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	ervation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	, ,	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inc	luded in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/	06	2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization	ation during
	the taxable year		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	(-)
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the	year
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easer	ients in its revenue and expense statemi	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	describes
1.700	the organization's accounting for conservation easements.		- Cimilar Accets
P	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	r Similar Assets.
	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance si	heet works of
	art, historical treasures, or other similar assets held for public exhibitio	n, education, or research in furtherance	of public service,
	provide, in Part XIV, the text of the footnote to its financial statements		
b	If the organization elected, as permitted under SFAS 116, to report in i	ts revenue statement and balance sheet	t works of art,
	historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service,
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, p	provide the
	following amounts required to be reported under SFAS 116 relating to		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	A CONTRACTOR OF THE STATE OF TH		> \$

Sche	dule D (Form 990) 2009 PUBLIC CIT	IZENS FOR C	HILDREN	23-2	<u> 137461</u>	Page 2
Pa	rt III Organizations Maintaining	Collections of Ar	, Historical Trea	asures, or Othe	er Similar Ass	sets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	ı, and other records, ch	eck any of the follow	ing that are a signif	cant use of its	
а	Public exhibition	d Loar	or exchange progra	ms		
b	Scholarly research	}- -{	ır			
C	Preservation for future generations	٠ ــــا ٥٠٠٠٠				-
4	Provide a description of the organization's colle Part XIV.	ections and explain hov	v they further the orga	anization's exempt	purpose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	be maintained as part of	f the organization's o	collection?		Yes No
Pa	Escrow and Custodial Arra IV, line 9, or reported an am				d "Yes" to Fo	rm 990, Part
1a	Is the organization an agent, trustee, custodiar					
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV at	nd complete the followi	ng table:	• • • • • • • • • • • • • • • • • • • •		🗀
_			•			Amount
С	Beginning balance				1c	
٨	Additions during the year		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	1d	
e	Distributions during the year		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	10	
•	Ending balance				1f	•
30	Did the organization include an amount on For					Yes No
		m 990, Fait A, line 21?	•••••		· · · · · · · · · · · · · · · · · · ·	
	If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete	ate if organization	answered "Ves"	to Form 990 F	Part IV line 10	
<u>F</u> a	Elidowinent Funds. Compie	(a) Current year	(b) Prior year		(d) Three years	
		(a) Cullent year	(b) Filor year	(c) Two Jeans back	(4) 111100 70010	
	Beginning of year balance					
	Contributions	 		A server to the		
C	Net investment earnings, gains,					
	and losses					රකයට ලිදීම මුණු ක්රියා කරන ර කාල ගැනීම මුණුම් සුමු කරන කරන ර
d	Grants or scholarships					
6	Other expenditures for facilities					
	and programs					- 3
f	Administrative expenses				<u> </u>	
9	End of year balance				16.	
2	Provide the estimated percentage of the year	end balance held as:				
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶%					
C	Term endowment ▶%					
3a	Are there endowment funds not in the possess	sion of the organization	that are held and ad-	ministered for the		
	organization by:					Yes No
	(I) unrelated organizations					3a(i)
	(ii) related organizations					
ь	If "Yes" to 3a(ii), are the related organizations	listed as required on So	hedule R?			3b
4	Describe in Part XIV the intended uses of the					
Pa	rt VI Investments—Land, Buildi			90, Part X, line	10.	
	Description of investment	(a) Cost or other basis			ccumulated	(d) Book value
	•	(investment)	basis (other	er) de	preciation	
10	Land		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
0	Buildings Leasehold improvements					
			126	5,817	116,750	10,067
	Equipment Other					
	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990 Part X o	column (B), line 10(c)	1.)	▶	10,067
	miss is ansagn is leading to high control					

Schedule D (Form 990) 2009 PUBLIC CITIZENS FOR C		23-2137461	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of value	ation:
(including name of security)	''	Cost or end-of-year mai	
	<u> </u>		
inancial derivatives			
Closely-held equity interests			
Other			
 			
- 			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	·		
	O Dort V line 12		
		T	
(a) Description of investment type	(b) Book value	(c) Method of value	
	l	Cost or end-of-year mar	ket value
	1		
· · · · · · · · · · · · · · · · · · ·			
			
	i -		
	 		
			
		<u> </u>	
fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description	•		(b) Book value
· · · · · · · · · · · · · · · · · · ·			
·			
			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 2	5.		
(a) Description of liability	(b) Amount		
	(2)	╡.	
ederal income taxes		4	
		지수성 배가 시간 다른 그 이 하고 생겼다	
	· ·		
in the second se			
	1	-	4
			÷ ,
		<u> </u>	
			* **
		+	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 PUBLIC CITIZENS FOR CHILDREN	<u>23-213746</u>		Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audit	ed Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,390,155
2	Total expenses (Form 990, Part IX, column (A), line 25)	l l	2	1,358,770
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	31,385
4	Net unrealized gains (tosses) on investments		4	37,815
5	Donated services and use of facilities		5	
6	Investment expenses	i i	6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	37,815
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<u></u>	10	69,200
Pa	irtXII Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Re		1 407 070
1	Total revenue, gains, and other support per audited financial statements			1,427,970
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	27 015		
а		37,815		
	Donated services and use of facilities			
C	Recoveries of prior year grants 2c			
d	***************************************		2e	37,815
8			3	1,390,155
3	Subtract line 2e from line 1			1,000,100
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 550, Factoria, into 15			
Ь	Other (Describe III Fait XIV.)		4c	
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,390,155
<u>5</u>	art XIII Reconciliation of Expenses per Audited Financial Statements V	Vith Expenses per	Retur	
1	100 100 100 100 100 100 100 100 100 100		1	1,358,770
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	29			
b	" " 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
c	201			
d				
е	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	1,358,770
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b4a			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	1 250 770
5		<u></u>	5	1,358,770
P	art XIV Supplemental Information			<u>-</u>
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a	ina 4b. Also complete		
this	part to provide any additional information.			
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200	edul	le D	(Fo	m s	990)	200	9	Pt	JB:	ĻΙ	<u>C (</u>	<u>CI</u>	TI.	<u>ZE</u>	<u> NS</u>	F	<u> OR</u>	<u>C</u>	<u> </u>	LD	RE	N_				23	3-2:	<u>137</u>	<u>46</u>	1				Pa	ge 5
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SCHEDULE G (Form 990 or 990-EZ)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization PUBLIC CITIZENS FO AND YOUTH	OR CHILDRE	N			Employer identi								
Eundraining Assisisting Complete	if the organizat	ion		orod "Voo" to Form	23-21374								
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	ii iiie organizai d to complete ti	lUII d hie n	ang Men	reled tes lo Folli	990, Part IV, II	ne 17.							
1 Indicate whether the organization raised funds through				Chack all that apply		 							
	·			• • •									
			_	vernment grants									
b Internet and email solicitations	f Solicitation	of go	vernn	nent grants									
c Phone solicitations	g 🔛 Special fun	draisi	ng ev	ents									
d In-person solicitations													
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No													
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is													
to be compensated at least \$5,000 by the organization. (ii) Name of individual (iii) Argust paid to (iii) Argust paid to (iii) Argust paid to (iii) Argust paid to													
(i) Name of individual or entity (fundraiser)	(II) Activity	raise custo cont	r have ody or rol of sutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization							
		<u> </u>	No		ου. (v)								
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	L	<u> </u>	L										
List all states in which the organization is registered or registration or licensing.	licensed to solicit fu	ınds c	r has	been notified it is exemp	t from	L							
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			(a) Event #1	(b) Event #2	(c) Oniei evenis	(d) Total events
			SUPER PARTY		None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	74,322			74,322
œ '	2	Less: Charitable	74 200			74,322
	,	Contributions (line 1	74,322			14,322
	3	Gross revenue (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Oirec	8	Entertainment	. 1	- 1 A4P)	<u> </u>	
	9	Other direct expenses		***		
	10 11		y. Add lines 4 through 9 in column			<u> </u>
Р	art	Gaming. Com	combine line 3, column (d), and line uplete if the organization an	swered "Yes" to Form 990), Part IV, line 19, or re	ported more
			on Form 990-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
æ	1	Gross revenue				
	- '-	Giosa levenue , , ,				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses			[],	
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summar	y. Add lines 2 through 5 in column	(d)	>	
	8	Net gaming income sun	nmary. Combine line 1, column d, a	and line 7	>	Yes No
9			he organization operates gaming a			
a b		the organization licensed 'No," Explain:	to operate gaming activities in eac	h of these states?		9a
	٠.				•••••	
40-		are any of the omenization	n's gaming licenses revoked, susp	ended or terminated during the ta	 ax vear?	10a
10a		ere any or the organization "Yes," Explain:	ar a garining noonada tevoned, adap	ones or terminated dering the te	·····	
	• •					
11	D	pes the organization opera	ate gaming activities with nonmem	bers?		11
12		the organization a granto	r, beneficiary or trustee of a trust of	r a member of a partnership or ot	her entity	12

Sched	dule G (Form 990 or 990-EZ) 2009 PUBLIC CITIZENS FOR CHILDREN	23-2137	461	P	age 3
	Indicate the percentage of gaming activity operated in: The organization's facility	13a	%	Yes	No
b	An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records:	13ь	<u>%</u>		
	Name ► Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives garning revenue?		15a		
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	and the			
	Name ▶ Address ▶				
16	Garning manager information:				
	Name ► Gaming manager compensation ► \$				
	Description of services provided ▶				
17	Director/officer Employee Independent contractor Mandatory distributions:				
17 a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$				

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the instructions for Form 990.

OMB No. 1545-0047 2009

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization PUBLIC CITIZENS FOR CHILDREN

Employer Identification number 23-2137461

AND YOUTH Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part **Employees** (C) (D) (E) (A) Estimated Reportable Average hours Position (check all that apply) Reportable Name and Title compensation amount of per week compensation Former Officer from related other stitutional trustee from dividual trustee r director employee compensation organizations the (W-2/1099-MISC) from the organization (W-2/1099-MISC) organization and related organizations SISSY ROGERS 0 0 2.00 Х BOARD MEMBER DONALD SCHWARZ 0 0 2.00 BOARD MEMBER PATRICA WEST 0 0 2.00 BOARD MEMBER

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

PUBLIC CITIZENS FOR CHILDREN Name of the organization

Employer identification number 23-2137461 AND YOUTH

Form 990 - Organization's Mission or Most Significant Activities
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
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
REGIONAL LEADERSHIP IN CARRYING OUT THOSE STRATEGIES.
Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
RETURN IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
POLICY IS REVIEWED AT THE BOARD OF DIRECTORS MEETINGS.
•••••••••••••••••••••••••••••••••••••••
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.
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.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
UPON REQUEST

PCCY990 PUBLIC CITIZENS FOR CHILDREN

23-2137461

Federal Statements

12/6/2010 5:35 PM

FYE: 5/31/2010

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	\$ 17,168		14		
Total	\$ 17,168				

PCCY990 PUBLIC CITIZENS FOR CHILDREN

23-2137461 FYE: 5/31/2010

Federal Statements

12/6/2010 5:35 PM

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

Description	E	Total xpenses	!	Program Service	agement & General	Fund aising
MISCELLANOUS	\$	20,136	ş	15,887	\$ 4,249	\$
Total	\$	20,136	\$	15,887	\$ 4,249	\$ 0

12/6/2010 5:35 PM

PCCY990 PUBLIC CITIZENS FOR CHILDREN

23-2137461

Federal Statements

FYE: 5/31/2010

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	 Excess
WILLIAM PENN FOUNDATION	\$ 1,081,975	\$ 963,652
SAMUEL S FELS FOUNDATION	25,000	
PEW CHARITABLE TRUST	354,000	235,677
INDEPENDENCE FOUNDATION	15,000	
CLANIEL FOUNDATION	10,000	
HESS FOUNDATION	75,000	
ANNENBERG FOUNDATION	25,000	
ROBERT WOOD JOHNSON FOUNDATION	12,500	
NEIMAN GROUP	25,000	
US BANK	89,851	
STONELEIGH CENTER	66,333	
GLAXOSMITHKLINE	40,000	
Total	\$ <u>1,819,659</u>	\$ 1,199,329