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	Forr	ո 990-T	t	xempt Orga	nization Bus	ı ax Returr	<b>∖</b> ⁄⊦	OMB No 1545-0687			
	;		(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 201							2018	
			9	2010							
		artment of the Treasury nal Revenue Service	mation. ization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only						
	A [	Check box if address changed		Name of organization (	Check box if name o	hanged	d and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions)	
	ВЕ	xempt under section	2	2	3-2204725						
	X	]501(c)(3 <b>()</b> /			ated business activity code						
		408(e)220(e)	Туре		] "	,					
	F	408A 530(a) 529(a)		}	,						
	C B	ook value of all assets		ALLENTOWN,  F Group exemption numb		<b></b>		<del></del>			
	at	end of year 24,592,5	52.	G Check organization type		ooratio	n 501(c) trust	401(a)	trust	Other trust	
	H Er			tion's unrelated trades or b		1		e the only (or first) un	related		
	tra	ade or business here	NON	IE	· <del></del>		. If only one	, complete Parts I-V	If more	than one,	
	de	scribe the first in the bla	ank spa	ce at the end of the previou	is sentence, complete Pa	arts I ar	nd II, complete a Schedu	le M for each addition	al trade	or	
	bu	isiness, then complete F	Parts III-	·V							
	i Di	uring the tax year, was t	he corp	oration a subsidiary in an a	iffiliated group or a parei	nt-subs	idiary controlled group?	▶ [	Yes X No		
1 2020	<u>If</u>	"Yes," enter the name ar	nd ident	ifying number of the paren	t corporation 🕨 🔃		<del></del>				
13	_			OHN PONENTE		CE	Telepi	hone number 🕨 6	<u> 10-</u>	437-6000	
0	Pa	rt I Unrelated	Trad	le or Business Inc	ome		(A) Income	(B) Expenses		(C) Net	
吕	1 a	Gross receipts or sales	;						}		
	þ	Less returns and allow	ances		c Balance	1c					
	2	Cost of goods sold (So	hedule	A, line 7)		2		<del> </del>		<del></del>	
± 6	3	Gross profit. Subtract I	ine 2 fro	om line 1c		3		<u></u>			
နိုင္ကိ		Capital gain net incomi	-		•	4a	! 			· · · · · · · · · · · · · · · · · · ·	
₹0	b	Net gain (loss) (Form 4	1797, Pa	art II, line 17) (attach Form	4797)	4b		<del> </del>		<del></del>	
Received In Balching Ogden	C	•				4c					
$\odot$	5	• • •		hip or an S corporation (at	tach statement)	_5		ļ			
7	6	Rent income (Schedule	-			_6		ļ			
	7	Unrelated debt-finance				_7		ļ			
	8			nd rents from a controlled		8		<del> </del>			
	9			n 501(c)(7), (9), or (17) or	ganization (Schedule G)			<del> </del>			
-	10	Exploited exempt activi	-			10	<del> </del>	<del> </del>			
•	11	Advertising income (So		•		11		<del> </del>			
		Other income (See inst				12		<del> </del>			
•	13	rt II Deduction		n 12 t Taken Elsewher	O (Coo motorotopo fo	13	0.	<u>'                                    </u>			
	~	<del>,</del>									
SCANNEDIUM	<del>1</del> 4	Compensation of office	ers, dir	ectors, and trustees (Sche	dule K)		C =	· · · · · · · · · · · · · · · · · · ·	14		
	15	Salaries and wages					,		15		
22.5	<b>≨</b> 6	Repairs and maintena	nce				Second Control	1 2020	16		
£3	7₹7	Bad debts					( ( )	- 2020	17		
- 5	)18 •	Interest (attach sched	ule) (se	e instructions)					18		
۶ź	19	Taxes and licenses							19		
:2	20			instructions for limitation i	rules)		د ما د سبو		20	<del></del>	
ිට්	21	Depreciation (attach F		·			21				
		·	med on	Schedule A and elsewhere	on return		22a		22b		
Œ.	23	Depletion							23		
Reselved in	24	Contributions to defer		pensation plans					24	<del></del>	
77.	25	Employee benefit prog		- 4 I- IV			<i>r</i>		25		
造者	26	Excess exempt expens				~	<b>〜〜</b> ムン(	<i>!</i>	26	·	
₹. •	27	Excess readership cos			27	<del></del>					
-	28	Other deductions (atta			28						
	29	Total deductions. Add			laas dad at a O. Es as	سست. ۲۰ - ماراه	0 from lone #2	}	29	0.	
	30			come before net operating					30	0.	
	31	•	_	ess arising in tax years beg	=	ıy 1, 20	) 10 (see instructions)	ł	3:1	0.	
	32			come Subtract line 31 from					32	Form <b>990-T</b> (2018)	

2018.05040 COMMUNITY SERVICES FOR CHIL 41072021

Form 990		<u>23-2204725</u>	Page 2
Part	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3h 3h	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
•	enter the smaller of zero or line 36		0.
Part		1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
40	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	<b>→</b> 41	<del></del>
	·		
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
Dort 1	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  V Tax and Payments	44	0.
Part '	<del></del>		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  44a		
b	Other credits (see instructions) 45	<del></del>	
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	·	45 e	
46	Subtract line 45e from line 44	46	0.
47		ach schedule) 47	<del> </del>
48	Total tax Add lines 46 and 47 (see instructions)	48	<u> </u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	#9	<u> </u>
50 a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments		
C	Tax deposited with Form 8868 V C 50c 1	7,500.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
. <b>g</b>	Other credits, adjustments, and payments: Form 2439	^	
-	X Form 4136 2,652. ☐ Other Total 50g	2,652.	
51	Total payments. Add lines 50a through 50g	្ងៃ 1	20,152.
- 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<u>i</u> \$1	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	" <b>▶</b> \\\ \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	12 6	20,152.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	ided 655	20,152.
Part \	/I Statements Regarding Certain Activities and Other Information (see instruction)	ons)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here <b>&gt;</b>		\ \ \ x_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	on trust?	X
٠.	If "Yes," see instructions for other forms the organization may have to file.	y 201	
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	Sideature of officer Date Title		discuss this return with shown below (see
	Signature of officer Date Title	instructions)?	1
	Print/Type preparer's name Preparer's signature Date Ch	neck I if PTIN	1.00
	The state of the s	If- employed	
Paid	TAMES B - POWA CDA 51: 10 4 (1.15) 53102/07/20	, ,	0102172
Prepa	CONTRACTOR OF THE PROPERTY OF	ırm's EIN. ►23	
Use'C	/( )   V	IIII S EINT 11.45	-1300347
		hone on /610\	125 7100
			435-7489 Form 990-T (2018)
823711 01	-US- 18		come 220-1 (2018).

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A		<del></del>				
1 Inventory at beginning of year	1		6 Inventory at end of year			6			
2 Purchases	2		7 Cost of goods sold. S		6				
3 Cost of labor	3		from line 5. Enter here	1	1				
4 a Additional section 263A costs			line 2	1	7				
(attach schedule)	4a		8 Do the rules of section	respect to			Yes	No	
b Other costs (attach schedule)	4b	property produced or a	acquired for	resale) apply to		, [			
5 Total. Add lines 1 through 4b	5		the organization?				' }		
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leased	With Real Pro	perty	·)		
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued			0(-) 0 1 -1 - 1 - 1				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) an				
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		0.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>		Èni	Total deductions. er here and on page 1, t I, line 8, column (B)	<u>,</u>		_	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)						
			2. Gross income from	3.	Deductions directly conr to debt-finance	nected w	rith or allocab	le 	
1. Description of debt-fin	anced property		or allocable to debt- financed property		ight line depreciation attach schedule)		(b) Other dec (attach sch		i
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finar	adjusted basis llocable to nced property schedule)	6. Column 4 divided by column 5	rep	Gross income cortable (column 2 x column 6)	(c	8. Allocable of column 6 x tota 3(a) and	al of colu	
(1)			%						
(2)			%		•				
(3)			%						
(4)			%						
				ľ	nere and on page 1, line 7, column (A)	1	nter here and o art I, line 7, co		
Totals			<b>&gt;</b>		0 .			_	0.
Total dividends-received deductions inc			<b>&gt;</b>				0.		
							Eorm 0	00 T /	

Schedule F - Int		1	<del></del>		Controlled O							
1. Name of controll	ed organization	2. Employer dentification number		3 Net un (loss) (see	unrelated income 4. To payi		ments made   inclu		Part of column 4 that is included in the controlling ganization's gross income		6 Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)						L						
Nonexempt Controlle	d Organizations			<del>,</del>								
7. Taxable Income		unrelated incom (see instructions		g. Total	of specified pay made	ments	10. Part of column the controllingross				eductions directly connected h income in column 10	
(1)											<del></del>	
(2)												
(3)									-			
(4)												
							Add colum Enter here and line 8, c				dd columns 8 and 11 here and on page 1, Part I, line 8, column (B).	
Totals						<b>▶</b>	***************************************		0.		<u> </u>	
Schedule G - Inv	vestment Inco (see instructions)	me of a	Section	501(c)( 	7), (9), or	(17) Or	· · · · · · · · · · · · · · · · · · ·				······································	
	1 Description of inc	come			2. Amount of	ıncome	<ol> <li>Deduction directly connect (attach sched)</li> </ol>	cted	4. Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)								L				
(3)												
(4)												
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals					<u></u>	0.					0.	
Schedule I - Exp	ploited Exemple see instructions)	t Activity	Incom	e, Othe	r Than Ad	lvertisi	ng Income	<b>;</b>				
Description of exploited activity	unrelate	Gross d business me from r business	directly of with pro of unr	penses connected oduction elated s income	4. Net incon from unrelated business (cc minus colum gain, comput through	trade or dumn 2 n 3) If a e cols 5	5. Gross inconfrom activity the is not unrelate business inconfiguration.	hat edi	6. Exp attribute colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)					ļ <u> </u>							
(4)	page	ere and on 1, Part I, 0, col (A)		re and on , Part I, col (B)		J					Enter here and on page 1, Part II, line 26	
Totals	<u> </u>	0.		<u> </u>							0.	
Schedule J - Ad						<del></del>						
Part I Income	From Periodi	cals Repo	orted o	n a Con	solidated	Basis						
1. Name of pe	riodical	2. Gross advertising income		3 Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ising gain of 2 minus ain, compute arough 7	5. Circulati income	ion	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)											J	
- (4)						<u> </u>				=		
Marie Control			1	•	1 4		• 🚁 :		, 🔁		F. 1 5	
Totals (carry to Part II, II	ne (5)) 🔛		) 。	0			<u> </u>				0 . Form <b>990-T</b> (2018)	

Form 990-7 (2018) COMMUNITY SERVICES FOR CHILDREN, INC 23-22047

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						<del> </del>
(2)	-					
(3)						
(4)						
Totals from Part I	▶ 0.	0.			·	0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>▶</b> 0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	-
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT

THE ORGANIZATION PAID ESTIMATED UBIT TAX IN ANTICIPATION OF HAVING TO FILE FORM 990-T TO PAY TAX ON THE VALUE OF EMPLOYEE PARKING UNDER CODE SECTION 512(A)(7). HOWEVER, THIS SECTION OF THE CODE WAS REPEALED IN DECEMBER 2019, THEREFORE THE ORGANIZATION IS REQUESTING A REFUND OF THE ESTIMATED UBIT TAX PAYMENTS MADE.