193	Form	990-T ੴ	ł		nd proxy tax und	er se	ction 6033(e))	(Saxa		OMB No 1545-068/
			For cal	lendar year 2017 or other tax yea					<u>.8</u>	ZU   /
		ment of the Treasury I Revenue Service	<b>•</b>	► Go to www. Do not enter SSN numbe	irs.gov/Form990T for in irs on this form as it may				. 5	Open to Public Inspection for 01(c)(3) Organizations Only
	A	Check box if address changed		Name of organization (	Check box if name of	changed	and see instructions.)			yer identification number byees' trust see itions)
	B Ex	empt under section	Print	CHILDRENS CO		30-0820570				
وتنع		] 501(c)(3)	or	Number, street, and room					E Unrelated business activity codes (See instructions.)	
0 2020		408(e) 220(e)	Туре	91-12 175TH	(398 III	structions )				
		408A 530(a) 529(a)		City or town, state or prov JAMAICA, NY	rince, country, and ZIP of 11432	r foreigr	n postal code			
<u>ر</u>	C Boo	k value of all assets		F Group exemption numb		<b></b>				
MAY		59,442,5	91.	G Check organization type	x 501(c) cor	poration	501(c) trust	t 401(a	) trust	Other trust
≥	H De	scribe the organization	n's prima	ary unrelated business activ	rity. 🕨					
PE DATE		_		ooration a subsidiary in an a		nt-subsi	diary controlled group?	> ▶	Yes	X No
ENVELOPE STMARK DA				tifying number of the paren						145 0161
A E				PAUL ROSENGAL de or Business Inc					929	
3€	P.a.			de of Business inc	ome		(A) Income	(B) Expense		(C) Net
POSTIM	1a	Gross receipts or sale			- Dalassa - N	1.1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		The last of the first of the fi
Œ	-	Less returns and allow		A log 7)	c Balance	1c				
		Cost of goods sold (S		-	G	2	· ·			TA TELLUST TOTAL
		Gross profit. Subtract Capital gain net incom				3 4a		194 201 1 1951 1 1951 1 1961 1		
			•	art II, line 17) (attach Form	4707)	46		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		Capital loss deduction		, , ,	(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4					
Ť		•	on for trusts partnerships and S corporations (attach statement)  5							
φ <sub>2</sub> π		Rent income (Schedu								
Received In Batching Ogden		Unrelated debt-finance	**************************************							
ğς.			yalties, and rents from controlled organizations (Sch. F)							
Og Og			-		•					
로프			f a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10							
		Advertising income (S		•		11				
Z		Other income (See ins		•		12			7kii i - i	
NOV	13	Total. Combine lines								
	Pa			ot Taken Elsewher						
3 2		(Except for d	contribu	utions, deductions must	be directly connected	with t	he unrelated busines	ss income )		
22	14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)   RE	CEI	VED		14	
_	15	Salaries and wages					O		15	
	16	Repairs and mainten	ance		<b>8</b> 10	Al 1 7	2020		16	
	17	Bad debts			<b>昭</b>		SS S		17	
	18	Interest (attach sche	dule)		<u> </u>				18	
<del></del>	19	Taxes and licenses			OG	DEN	V, UT		19	
207	20		•	e instructions for limitation	rules)				20	
	21	Depreciation (attach		•			21			
	22 23		aimed or	n Schedule A and elsewher	e on return		[22a]		22b	
7		Depletion	arrad aa	magagatian plans					23	
SCANNED JAN	25		butions to deferred compensation plans							
	26 26		e benefit programs							
	27		ess exempt expenses (Schedule I)							
	28		Excess readership costs (Schedule J) Other deductions (attach schedule)							
Z	29	Total deductions. A				-			28	0.
Ķ	30		ss taxable income before net operating loss deduction. Subtract line 29 from line 13							0.
ഗ്ഗ	31			(limited to the amount on					30	
-	32			ncome before specific dedu	•	rom line	30		32	0.
	33			y \$1,000, but see line 33 in				•	33	1,000.
	34	Unrelated business	taxable	income. Subtract line 33	from line 32. If line 33 is	greater	than line 32, enter the	smaller of zero or		
		line 32							34	0.
	72370	1 01-22-18 LHA F	r Paper	work Reduction Act Notice	, see instructions.		,			Form <b>990-T</b> (2017)

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Form 990-T			30-082	<u>0570</u>	Page 2
Part II	I_Tax Computation		_		
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and	d		regulation is	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	1		3 11 11 11 11 11 11 11 11 11 11 11 11 11	
	(1) \[ \bigs\] (2) \[ \bigs\] (3) \[ \bigs\]			1im	
h	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)			1 - 1	
_	(2) Additional 3% tax (not more than \$100,000)				
С	Income tax on the amount on line 34		•	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o	on line 34 from.		T ,c , l 1	
•	Tax rate schedule or Schedule D (Form 1041)		•	36	
37	Proxy tax. See instructions		•	37	
38	Alternative minimum tax	38			
	Tax on Non-Compliant Facility Income. See instructions		39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
Part I				1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		33	
	Other credits (see instructions)	41b		1	
	General business credit, Attach Form 3800	41c		1 : 1	
C	Credit for prior year minimum tax (attach Form 8801 or 8827)	410		1 1	
0		410		41e	
	Total credits. Add lines 41a through 41d			42	0.
42	Subtract line 41e from line 40	se Dobor	(attach schedule)	<del></del>	
43	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 886	oo ounei	(attach schedule)	43	0.
44	Total tax. Add lines 42 and 43	المجا		44	
	Payments: A 2016 overpayment credited to 2017	45a			
_	2017 estimated tax payments	45b		4:4.	
	Tax deposited with Form 8868	45c		Lafy 14	
	Foreign organizations Tax paid or withheld at source (see instructions)	45d			
	Backup withholding (see instructions)	45e		, "	
f	Credit for small employer health insurance premiums (Attach Form 8941)	451		16, 5	
9	Other credits and payments: Form 2439	1	0 164		
	Form 4136 X Other 9,164. Total ►	45g	9,164.	17 1	0 164
46		ATEMENT	1	46	9,164.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		_	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		<b>.</b>	48	0 1 6 4
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	1 -		49	9,164.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		efunded >	50	9,164.
Part V					<del></del>
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization		9		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign Bank and Financial Accounts.	oreign country			
	here >				_ <del>X</del>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a fo	reign trust?		X
	If YES, see instructions for other forms the organization may have to file.				
53	Enter the amount of tax-exempt interest received or accrued during the tax year				
Ciara	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and state copyect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	tements, and to th has any knowledo	e best of my knowle ge	dge and belief it	is true
Sign	11/11/11/11/11/11/11/11/11/11/11/11/11/		M	ay the IRS discus	ss this return with
Here	THE CITY	Y RECEIV		e preparer showr	_
	Signature of officer Date Title	·	in	structions) <sup>2</sup> X	Yes No
	Print/Type preparer's name Preparer's signature Dai	te	Check	if PTIN	
Paid	Jajoff 1	5/21/20	self- employed	5040	E1201
Prepa	rer GAIL ROTH	J/L 1/20	- <del></del>		51391
Use C	Inly Firm's name ► CBIZ MHM, LLC		Firm's EIN	34-1	883473
	1065 AVENUE OF THE AMERICAS		1	.40 500	5500
	Firm's address ► NEW YORK, NY 10018		Phone no. 2	212-790	
				Fori	m <b>990-T</b> (2017)

1 Inventory at beginning of year 2 Prurchases 2 Procedures 3 Cost of labor 4 As Additional section 263A costs (attach schedule) 4 B B Outher rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 5 Tatal, Additional fines 1 through 4 B 5 Chedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (See instructions)  1. Description of property  2. Rent instanted or accounted (a) from paracent property if the processing of the property of the property produced or accounted (a) from paracent property if the processing of the property of the processing of the pr	Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation   N/	A		
2 Purchases 2   2		1		T			6
3 Cost of labor 4 A Additional section 263A costs (attach schedule) 4 B Inte 2 B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?  5 Tratal. Additional section 263A costs (attach schedule) 5 Do ther rules of section 263A (with respect to the organization?  5 Tratal. Additional section 263A (with respect to the organization?  5 Tratal. Additional section 263A (with respect to the organization?  5 Tratal. Additional section 263A (with respect to the organization?  5 Tratal. Additional section 263A (with respect to the organization?  6 Do the rules of section 263A (with respect to the organization?  7 Tratal section 263A (with respect to the organization?  8 Do the rules of section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization?  9 Tratal section 263A (with respect to the organization and the organization?  9 Tratal section 263A (with respect to the organization and the org		2		7		line 6	
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(2) (3) (4) Total (C) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions)  1. Description of debt-financed property  1. Description of debt-financed property  1. Description of debt-financed property  2. Gross income from a rallocable to debt-financed property  (3) (3) (4)  4. Amount of werspe accussion debt-financed property (altach schedule)  5. Average adjusted basis of of a allocable to debt-financed property (altach schedule)  (1) (2) (3) (4)  4. Amount of werspe accussion debt-financed property (altach schedule)  (5) Average adjusted basis of of a allocable to debt-financed property (altach schedule)  (6) Total deductions. Enter here and on page 1. Enter here and on page 1. Part I, line 7 column (B)  (6) Total deductions. Enter here and on page 1. Part I, line 7 column (B)  (7) Gross income reportable (column a)  (8) Allocable deductions (columns a) (colum	(1)						
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Common   C	<del></del>	0.	Total		0.		
2. Gross income from or allocable to debt-financed property  1. Description of debt-financed property  2. Gross income from or allocable to debt-financed property  (a) Straight line depreciation (attach schedule)  (b) Other deductions (attach schedule)  (1)  (2)  (3)  (4)  4. Amount of average acquisition debt or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-inanced property (attach schedule)  (b) Other deductions (attach schedule)  7. Gross income reportable (column 2 x column 6)  7. Gross income reportable (column 2 x column 6)  (column 6 x total of columns 3(a) and 3(b))  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (7)  (7)  (8)  (8)  (8)  (8)  (8	• •		iter -		0.	Enter here and on page 1	<b>•</b> 0.
2. Gross income from or allocable to debt-financed property  (1) (2) (3) (4)  4. Amount of average acquisition debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)  6. Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6)  (a) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))  (1) (2) (3) (4)  6. Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6)  (a) (a) (b) Other deductions (attach schedule)  (b) Other deductions (attach schedule)  (a) (a) (b) Other deductions (attach schedule)  (b) Other deductions (attach schedule)  (a) (a) (b) Other deductions (attach schedule)	Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)			
1. Description of debt-financed property  (altach schedule)  (b) (altach schedule)  (c) (altach schedule)  (d) (altach schedule)  4. Amount of average acquisition debt-financed property (altach schedule)  5. Average adjusted basis of or allocable to debt-financed property (altach schedule)  (altach schedule)  5. Average adjusted basis of or allocable to debt-financed property (altach schedule)  (altach schedule)  7. Gross income reportable (column 2 x column 6 x total of columns 3(a) and 3(b))  (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7			<del>-</del>			to debt-finance	ected with or allocable of properly
(2) (3) (4)  4. Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)  5. Average adjusted basis of or allocable to debt-innanced property (attach schedule)  6. Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b))  (1)  % (2)  % (3)  (4)  Enter here and on page 1, Part I, line 7 column (A)  Fart I hine 7 column (B)  Totals	Description of debt-fir	nanced property			(a)		
(2) (3) (4)  4. Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)  5. Average adjusted basis of or allocable to debt-innanced property (attach schedule)  6. Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b))  (1)  % (2)  % (3)  (4)  Enter here and on page 1, Part I, line 7 column (A)  Fart I hine 7 column (B)  Totals	(1)						
(3) (4)  4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)  6. Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6)  (column 6 x total of columns 3(a) and 3(b))  (1)  (2)  (3)  (4)  (4)  Enter here and on page 1. Part I, line 7 column (A)  Fortals							
(4)  4. Amount of average acquisition debt-inanced property (attach schedule)  5. Average adjusted basis of or allocable to debt-inanced property (attach schedule)  6. Column 4 divided by column 5  7. Gross income reportable (column 2 x column 6)  (column 6 x total of columns 3(a) and 3(b))  (1)  (2)  (3)  (4)  Enter here and on page 1. Part I, line 7 column (A)  Fart I line 7 column (B)  Totals						··	<u> </u>
4. Amount of average acquisition debt-innanced property (attach schedule)  5. Average adjusted basis of or allocable to debt-innanced property (attach schedule)  6. Column 4 divided by column 5  7. Gross income reportable (column 6 x total of columns 3(a) and 3(b))  (1)  %  (2)  (3)  (4)  Enter here and on page 1. Part I, line 7 column (A)  Fart I hine 7 column (B)  O • O •					1		
(2)	4. Amount of average acquisition debt on or allocable to debt-financed	of or a debt-fina	allocable to inced property			reportable (column	(column 6 x total of columns
(2)	(1)			%			
(3)				<del></del>			<u> </u>
(4) %  Enter here and on page 1, Part I, line 7 column (A)  Totals  Enter here and on page 1, Part I hine 7 column (B)  O ■  O ■				<del>                                     </del>	_		
Enter here and on page 1, Part I, line 7 column (A)  Totals  Enter here and on page 1, Part I line 7 column (B)  O .  O .				· · · · · · · · · · · · · · · · · · ·	_		
			·		E		,
	Totals			ı	<b>▶</b>	0.	0.
	·	ncluded in column	n 8			<b>&gt;</b>	

Form 990-T (2017)

## Form 990-T (2017) CHILDRENS COMMUNITY SERVICES INC. 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	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)							
(2)			-				
(3)							
(4)							
Totals from Part I	▶	0.	0.	440,60	The state of		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)	▶	0.	0.		The state of the s		0.

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

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

Form 990-T (2017)

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 1
DESCRIPTION	AMOUNT
PAYMENT MADE FOR BALANCE DUE ON THE ORIGINAL RETURN	9,164.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G	9,164.

CHILDRENS COMMUNITY SERVICES INC. 91-12 175TH ST SUITE 2B JAMAICA, NY 11432 EIN 30-0820570

E)

## 990T AMENDED RETURN FOR THE YEAR ENDED 06/30/18

- 1) THE REASON FOR THIS CHANGE: ORGANIZATION CLAIMS REFUND FOR TAXES PAID RELATED TO QUALIFIED TRANSPORTATION FRINDGE BENEFITS DUE TO REPEAL OF SECTION 512(a)(7)
- 2) LINE NUMBERS ON THE ORIGINAL RETURN THAT WAS CHANGED:
  - LINE 12 COLUMN (A) AND (C)
  - LINE 13 COLUMN (A) AND (C)
  - LINE 30 COLUMN
  - LINE 32 COLUMN
  - LINE 34 COLUMN
  - LINE 35C COLUMN
  - LINE 40 COLUMN
  - `- LINE 42 COLUMN
  - LINE 44 COLUMN
  - LINE 49 COLUMN
  - <sup>1</sup> LINE 50 COLUMN