Form 990-T	E	Exempt Orga				ax Return	· [OMB No. 1545-0047	
	(and proxy tax under section 6033(e))								
	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020.								
Department of the Treasury Internal Revenue Service © Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).									
A Check box if address changed		Name of organization (Check box if name changed and see instructions.) D Employees Identification number (Employees trust, see Instructions.)							
B Exempt under section	Print	CHILDRENS C	OMMUNITY SE	RVIC	ES INC.			<u>0-0820570</u>	
X 501(c)(3()分)	Type	Number, street, and roon			tructions.			ited business activity code istructions.)	
408(e) 220(e)	1	91-12 175TH					ĺ		
408A 530(a) 529(a)									
G Book value of all assets		F Group exemption number		<u> </u>					
		6 Check organization typ		poration	501(c) trust	401(a)		Other trust	
H Enter the number of the		tion's unrelated trades or t	ousinesses.	·		the only (or first) un			
trade or business here						complete Parts I-V.			
``		ice at the end of the previous	us sentence, complete Pa	ints I and	II, complete a Schedule	M for each addition	al trade	or	
business, then complete					V		Ye	s X No	
		poration a subsidiary in an tifying number of the paren		ni-subsid	nary controlled group?		18	S ANO	
		PAUL ROSENGA			Telanho	one number 🕨 (929) 447-9161	
		le or Business Inc			(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sal									
b Less returns and allo			c Balance	10			t :	[[[[[]	
2 Cost of goods sold (A. line 7)	, , , , , , , , , , , , , , , , , , , ,	2		्र ५ ° व्यक्तिस्टिश्यकोरः		· [47] (第二) 中间形式	
3 Gross profit Subtrac		•		3		1 21 m			
48 Capital gain net inco	me (attac	th Schedule D)		48		5 WELV			
• •	•	art II, line 17) (attach Form	1 4797)	46		171 121	,		
e Capital loss deductio				40		可能はは調整を			
5 Income (loss) from a	a partner:	ship or an S corporation (a	ttach statement)	5		一些。""的概律心则,	Ľ,		
6 Rent income (Schedi				8					
7 Unrelated debt-finan-	cėd incor	ne (Schedule E)		7					
	•	and rents from a controlled	_	$\overline{}$					
		on 501(c)(7), (9), or (17) o							
		ome (Schedule I)		10					
								-	
	12 Other income (See instructions; attach schedule) 12 13 Total, Combine lines 3 through 12 13 0 •								
		ot Taken Elsewher	'A /See instructions for						
		oe directly connected w	•		•				
14 Compensation of of	ficers. di	rectors, and trustees (Sch	edule K)				14		
15 Salaries and wages							15		
16 Repairs and mainte							16		
17 Bad debts							17		
18 Interest (attach sch	edule) (s	ee instructions)					18		
19 Taxes and licenses							19		
		562)			20	· · · · · · · · · · · · · · · · · · ·	1 1		
	laimed o	n Schedule A and elsewhar	e on return	-11.71	218		21b		
22 Depletion			hcol	<u>~ 1. V 1</u>	المسيحة		22	<u></u>	
23 Contributions to de					··· 8 ···		23		
24 Employee benefit po 25 Excess exempt expe	•	•	OCT 0	7 20	20		24 25		
26 Excess exempt expended 26 Excess readership of	-	-	四 ~ ~ ~ , ,	•	<u>E</u>		26		
27 Other deductions (a			JOCUE	INI	IIT'		27		
28 Total deductions.			LOGUE	111	<u>U 1</u>		28	0.	
		ncome before net operating	g loss deduction. Subtrac	t line 28	from line 13		29	0.	
		loss arising in tax years be	*		•	•			
(see instructions)	••						30	0.	
31 Unrelated business	taxable i	ncome. Subtract line 30 fro			·		31	0.	

923701 09-16-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 95	N-T(2010) CHILDRENS COMMUNITY SERVICES INC.	30-0	820570 Page 2
Par	[III] Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
		3B	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	37	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		1 000
38	Specific deduction (Generally, \$1,000, but see line 38 instructions for exceptions)	-38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1	_
	enter the smaller of zero or line 37	39	<u> </u>
Par	Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount on line 39 from:	7.00	
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
		44	
44	Tax on Noncompliant Facility Income. See instructions	45	O.
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	1 45 1	
	Tax and Payments	288.5090	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116), 488		
Ð	Dither credits (see instructions) 46b		
c	General business credit. Atlach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	3 2 3	
'e	Total credits. Add lines 46a through 46d	46e	
.47	Subtract line 46e from line 45	47	0.
48	Subtract line 46e from line 45 Other taxes. Check if from Form 4255, Form 8611 Form 8697 Form 8866 Other (nitach schoolule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A on Form 965-B, Part II, column (k), line 3	50	0.
		~~0,0	
	Payments: A 2018 overpayment credited to 2019 2019 estimated tax payments: 51b 14,100.		
	Tax deposited with Form 8868		
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	- 3	
	Backup withholding (see instructions) 5.1e		
	Credit for small employer health insurance premiums (attach Form 8941), 51f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total > 51g		
52	Total payments. Add lines 51a through 51g	52	14,100.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	14,100.
55 čc	1' ' '	56	14.100.
56 Par	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded Refunded Refunded Refunded	1 30	: 17,100°
		······	- 1 1
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securties, 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		133
	here: ►		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Moder penalties of persury, I declare that I have examined this return, including occompanying schedules and attrements, and to the pest of my knowle	edge and belief	. It is true,
Sign	(chrisci, and complete Declaration of preparer (other than taxinaver) is based on all information of which preparer has any knowledge.		
Here		•	cuse this return with own below (see
		nstructions)?.	
			45 700 100
_		if PTIN	
Paid	1000000 7 00100000 1 008// 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		406977
Pre	parer beoli 5: dobbband		486877
Use	Only Firm's name CBIZ MHM, LLC Firm's EIN	· 34-	1883473
	1065 AVENUE OF THE AMERICAS		- 550
	Firm's address ► NEW YORK, NY 10018 Phone no.		0-5700
923711	08) 16-19	F	om 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inven	itory valu	ation N/A			·		
1 Inventory at beginning of year 1				ventory at end of year	7		6		
2 Purchases] 7 C	est of goods sold. Su	ibtract (ine 6	1		
3 Cost of labor] fre	om line 5. Enter here	and on F	Part I.			
4 a Additional section 263A costs] Ur	ne 2			7		
(attach schedule)	48		_ 8 D	o the rules of section				Yes	No
b Other costs (attach schedule)			_	operty produced or a					
5 Total, Add lines 1 through 4b	5		Th th	e organization?	· ,				<u> </u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	Perso	nal Property L	ease	d With Real Prop	erty)		
Description of property	. <u> </u>							-	
·									
(1)									
(2)									
(3)									
_(4)	0 0000	ad or accruad				T			
(1) 5						3(a) Deductions directly	connected wit	h the income in	1
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for p	paraonei proj	property (if the percentagoerty exceeds 50% or if in profit or income)	<i>y</i> e	columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions. Enter here and on page 1 Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see	instruction	ons)					
			2. 0	iross income trom		3. Deductions directly control to debt-finance		allocabie	
1. Description of debt-financed property			07	or allocable to debt- financeo property		(a) Straight line depreciation (attach schedule))ther deduction tach schedulo)	â
(1)			1				1	·	
(2)			1				 		
(3)			1				1		
(4)			1						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted tests of or allocable to debt-financed property (attach schedule)		6. (Zatumn 4 divided by cotumn 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x lotal of columns 3(a) and 3(b))			
(1)				%					
(2)				%					
(3)				%					
(4)			T	%					
						nter here and on page 1, Part I, fine 7, column (A).		ore and on pag- line 7, column (
Totals						. 0	.		0.
Total dividends-received deductions included in column 8							-		0.
				 		11 1 1 1		Form 990-T	

Form 990-T (2019) CHILDRENS COMMUNITY SERVICES INC. 30-08205

Part III 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	7. Excess readership costs (column 6 minus column 6, but not more than column 4).
(1)						
(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 26,
Totals, Part II (lines 1-5)	0.	0.				0

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

1. Name	2. Title	3. 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			0.

Form 990-T (2019)