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$_{\text{Form}}$, 990

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 |
|--------------------|
| 2000 |
| 2009 |
| |
| Open to Public |
| - minarran i muara |

| Departn internal | nent of | the T | reasur |
|---------------------|---------|-------|--------|
| *internal | Reven | ue Se | ervice |

Inspection

| : | Α | For the 2009 c | alendar year, or tax year beginning , and ending | 1 | | |
|-------------|-------------------------|-------------------------|--|----------------------|----------------------|--|
| | B | theck if applicable | Please C Name of organization PENNSYLVANIA PARTNERSHIPS FOR | | D Emplo | yer identification number |
| ĺ | / | ddress change | label or CHIDDREN | | 22 | 2612060 |
| [| | lame change | print or Doing Business As | | | 2613869 |
| . ! | | nitial return | type. Number and street (or PO box if mail is not delivered to street address) See 116 PINE STREET | Room/suite 430 | | one number 7 - 236 - 5680 |
| | 1 | ermination | Specific Instruc- City or town, state or country, and ZIP + 4 | | G Gross rece | ipts \$ 1,999,965 |
| | X | Amended return | tions HARRISBURG PA 17101 | | | |
| <u> </u> | \equiv | Application pending | F Name and address of principal officer | | H(a) is this | a group return for |
| | ′ | Application pending | JOAN BENSO | | affiliate | |
| | | | SAME AS C ABOVE | | H(b) Are all include | affiliates Yes No |
| | | • | | | If "No," | attach a list (see instructions) |
| | 1 | Tax-exempt sta | us X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 | | | |
| | | | www.papartnerships.org | | H(c) Group | exemption number |
| | ĸ | Type of organization | | Year of formation 1 | 990 | M State of legal domicile PA |
| | | | ummary | • | | |
| | | | escribe the organization's mission or most significant activities | | | |
| | | _ | EARCH, EDUCATION AND PUBLIC OUTREACH. | | | |
| | JCe | | | | | |
| | naı | | | | | |
| | Activities & Governance | 6 Ohaali | his how N | of its not assots | | |
| | ô | | his box \(\subseteq \subseteq \frac{1}{2} \) if the organization discontinued its operations or disposed of more than 25% | o or its riet assets | | 25 |
| | ∞ 5 | | r of voting members of the governing body (Part VI, line 1a) | | 3 | 25 |
| | ies | | of independent voting members of the governing body (Part VI, line 1b) | | 4 | |
| | ivit | 5 Total n | ımber of employees (Part V, line 2a) | | 5 | 13 |
| | Act | | imber of volunteers (estimate if necessary) | | 6 | 0 |
| 2011 | • | 7a Total g | oss unrelated business revenue from Part VIII, column (C), line 12 | | 7a | |
| 2 | | b Net uni | elated business taxable income from Form 990-T, line 34 | | 7b | 0 |
| 00 | | | | Prior Year | | Current Year |
| | 0 | 8 Contrib | utions and grants (Part VIII, line 1h) | 1,437 | 7,042 | 974,999 |
| > | Ž | 9 Progra | | 708,654 | | |
| ` 9 | Revenue | 10 Investr | ent income (Part VIII, column (A), lines 3, 4, and 7d) | 22 | 2,462 | -12,824 |
| | ď | 11 Other r | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) |] | L,516 | 10 |
| ᇤ | | | venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,461 | L,020 | 1,670,839 |
| SCANNED NOV | | | and similar amounts paid (Part IX, column (A), lines 1–3) | 17 | 7,970 | 17,369 |
| Z | | | s paid to or for members (Part IX, column (A), line 4) | | | |
| \ddot{c} | _ | | s, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,074 | 1,179 | 1,276,621 |
| Ø | xpenses | ŀ | ional fundraising fees (Part IX, column (A), line 11e) | | | |
| | ē | | ndraising expenses (Part IX, column (D), line 25) | 3 \$. | | |
| | Ä | | 1 1.1.1.1.1.1.1 | | 2,724 | 358,460 |
| | _ | | xpenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 41 U/a) 4 | 1,873 | 1,652,450 |
| | | 1 | expenses (Part IX, Column (A), lines 11a-11d, 111-24f) (xpenses Add lines 13–17 (must equal Part IX, column (A), line 25) (xpenses Expenses Subtract line 18 from line 12 | | 5,147 | 18,389 |
| | - w | | te less expenses Subtract line 18 from line 12 | Beginning of Cun | | End of Year |
| ı | ts or | 20 Total a | ssets (Part X, line 16) | | 775 | 1,392,548 |
| | \sse Bala | 20 Total a | | | 5,612 | 420,834 |
| ı | Net Assets | 21 lotal | abilities (Part X, line 26) | | 1,163 | 971,714 |
| 1 | | | ets or fund balances Subtract line 21 from line 20 | 07- | ±,103 | 3/1,/14 |
| | <u> </u> | | Signature Block | | | |
| | | | inder penetries of perjury, I declare that I have examined this return, including accompanying schedules a nd belef it is fue, correct, and complete Declaration of preparer (other than officer) is based on all infor | nd statements, and | to the best o | of my knowledge |
| | | 1. | nd beset it is the, current, and complete Bedaration of preparer (other than officer) to succeed on an information | madon of which prop | 1 | , knowledge |
| | Sig | | | | | |
| | He | re ! | Signature of Officer | | Date | |
| | | | | | | |
| | | | Type or print name and title | | | |
| | | | Preparer's Date | Check | f | Preparer's identifying number (see instructions) |
| | Pa | ıd , | ignature (0/4) | self- employe | ed ▶ | P01063674 |
| | | eparer's <mark>─</mark> | MAMILTON & MUSSER, PC, CPAs | . , | EIN | 23-2213999 |
| 1 | Us | ~ ~ · · · · · | irm's name (or yours | | Phone | |
| 1 | | | ddress, and ZIP+4 Mechanicsburg, PA 17055 | | | 717-697-3888 |
| | N/- | | | | no | |
| | | | uss this return with the preparer shown above? (see instructions) | | | |
| | DAA | | and Paperwork Reduction Act Notice, see the separate instructions. | | A | Form 990 (2009) |

| | | | n Service Accom | | 23-2013003 | | rage Z |
|----|------------------------------|-----------------------------|-------------------------|---------------------------------|---------------------------------|-------------|-------------|
| 1 | Briefly describe th | ne organization's miss | ion | | | | |
| R | ESEARCH, | EDUCATION | AND PUBLIC | OUTREACH. | | | |
| | | | | | | | |
| | Did the series | | | on during the year which were | a not listed on | | |
| 2 | the prior Form 99 | | nificant program servic | es during the year which were | e not listed on | Yes | X No |
| | | these new services o | n Schedule O | | | | |
| 3 | • | ion cease conducting, | or make significant ch | anges in how it conducts, any | program | □ F | ₹ |
| | services? If "Yes " describe | these changes on Sc | hedule O | | | Yes | <u>A</u> No |
| 4 | | | | rganization's three largest pro | gram services by expenses | | |
| | | | | | report the amount of grants and | | |
| | allocations to oth | ers, the total expenses | s, and revenue, if any, | for each program service rep | orted | | |
| | (Code EE ATTACE |) (Expenses \$ HED . | 1,428,663 | including grants of \$ | 17,369) (Revenue | \$ |) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4b | (Code |) (Expenses \$ | | including grants of \$ |) (Revenu | e \$ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4c | (Code |) (Expenses \$ | | including grants of \$ |) (Revenu | e \$ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4d | Other program s | ervices (Describe in S | Schedule O) | | | | |
| | (Expenses \$ | | including grants of | of \$ |) (Revenue \$ | | |
| 4e | Total program s | service expenses > | 1,428, | 663 | | 50m QQ | 0 (0225) |

23-2613869

| | 27.11 Onodition of Regulation | | | 1 | |
|------------|--|--------|----------|-----------|--|
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | - | |
| _ | complete Schedule A | | 1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | 2 | <u> </u> | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | 3 | | x |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | - | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | 4 | x | |
| 5 | Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | - | 45 | <u> </u> |
| • | 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," | | | | |
| | complete Schedule D, Part I | | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | <u> </u> | l | |
| • | 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 | | x |
| 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 | L | х |
| 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 | X | |
| 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 | X | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 109 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 | | | | |
| | 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 | | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | | |
| 40 | 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 | | 12 | X | <u> </u> |
| 124 | Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes No | 12 | 4 | \vdash |
| 127 | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A X | 1 | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 1801 | 13 | • | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | 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 | | х |
| 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 | <u></u> _ | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | 17 | ļ | 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 | <u></u> | X |
| 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 | <u> </u> | X |
| <u> 20</u> | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | 20 | | <u> </u> |
| | | | Form | ท 990 | (2009) |

| P ¢ | sit is Checklist of Required Schedules (Continued) | | | |
|-----|--|-------------|--|--------------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | T. | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | х |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 23 | 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 | | v | |
| | employees? If "Yes," complete Schedule J | 23 | X | |
| 24a | 3 , , | | | |
| | \$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 | | |
| ¢ | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| _ | to defease any tax-exempt bonds? | 24c | | — |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | | | | ₹. |
| _ | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 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 | | | v |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | v |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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? | | | - T |
| | If "Yes," complete Schedule L, Part III | 27 | | X |
| 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) | | | . |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | | | | . |
| | Schedule L, Part IV | 28b | | X |
| C | 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 | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | \ - |
| | conservation contributions? If "Yes," complete Schedule M | 30 | <u> </u> | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | \ |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | J. |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | - T |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | | | |
| | III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | 7.7 |
| | Schedule R, Part V, line 2 | 35 | | X |
| 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 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | <u> </u> | X |
| 38 | 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 | 38 | _ <u>x</u> _ | |

| ма | TV Statements Regarding Other IRS Fillings and Tax Compliance | | | | | |
|----------|--|-------|-------------|------------|-----|--|
| | | | | E | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | • | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | 0 | - | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | -[| | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and report | table | | | | |
| _ | gaming (gambling) winnings to prize winners? | . 1 | | 1c | | X |
| 2a | • • • | | 13 | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 13 | ┨ | 7 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | , | | 2b | X | _ |
| | 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 covered by | y | | 3. | | х |
| | this return? | | | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | hortu | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other autiover, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | | | |
| | | Jidi | | 4a | | x |
| L | account)? | | | 40 | | |
| 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 Bai | nk | | | | |
| | and Financial Accounts | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | 1? | | 5b | | X |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards | | | | | |
| · | Prohibited Tax Shelter Transaction? | 9 | | 5c | | |
| 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? | | | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 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 goo | ds | | | | |
| | and services provided to the payor? | | | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| | required to file Form 8282? | | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| 0 | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers | onal | | | | |
| | benefit contract? | | | 7е | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract | ? | | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7 <u>g</u> | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | S | | | | |
| | required? | | | 7h_ | | <u> </u> |
| 8 | 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 | | | | | ŧ |
| _ | organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | ŧ |
| 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? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 10a | | | | |
| a h | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a | <u> </u> | 1 | | |
| ь 11 | Section 501(c)(12) organizations. Enter | נטטו | | 1 | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | 1 | | |
| J | amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | | | 12a | 1 | Ī |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | \vdash |
| <u> </u> | | | | | 000 | |

Part VI 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.

| Sec | tion A. Governing Body and Management | | | | | · | т |
|------|--|-------|----|------------|-----------|----------|--|
| | | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 25 | | | | I |
| b | Enter the number of voting members that are independent | 1b | 25 | | | | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | | ŧ |
| _ | any other officer, director, trustee, or key employee? | | | L | 2 | ├ | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | | l |
| | 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 pnor Form 990 was 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 | <u> </u> | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | | _ | | |
| | of the governing body? | | | | <u>7a</u> | ├─ | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | | - | 7b | ļi | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | I |
| _ | the year by the following | | | | _ | - I | † |
| a | The governing body? | | | | 8a | X | |
| þ | Each committee with authority to act on behalf of the governing body? | | | F | 8b | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | | | | |
| 500 | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Int | ornol | | | 9 | | X |
| | renue Code.) | emai | | | | | |
| 1101 | chuc Gode./ | | | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | | ٦ | 10a | 163 | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | F | - Ca | | |
| _ | 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 | | x |
| 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 | | | 77 | 12a | X | · |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | | | | |
| | rise to conflicts? | | | | 12b | | x |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | | |
| | describe in Schedule O how this is done | | | | 12c | | Х |
| 13 | Does the organization have a written whistleblower policy? | | | | 13 | | Х |
| 14 | Does the organization have a written document retention and destruction policy? | | | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | | 1 |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | l |
| а | The organization's CEO, Executive Director, or top management official | | | <u>L</u> | 15a | | Х |
| b | Other officers or key employees of the organization | | | | 15b | L | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | | | | I |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | | ŧ |
| | with a taxable entity during the year? | | | <u>_</u> 1 | 16a | ļ | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | | | | l |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | | ; | | ŧ |
| | the organization's exempt status with respect to such arrangements? | | | | 16b | L | |
| | 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 onless available for public inspection, indicate how you make those available. Check all that apply | y) | | | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. I Upon request. | | | | | | |
| 19 | Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes | , | | | | | |
| 13 | 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 JOAN BENSO 116 PINE STREET | | | | | | |
| H | ARRISBURG PA 1710 | 1 | | 717- | 23 | 6-5 | 680 |

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

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

- 1a Complete this table for all persons required to be listed 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) | (B) | | | | C) | | | (D) | (E) | (F) |
|-----------------------------------|------------------------------|--|-----------------------|--------------|-----------|--------------------------------|--------|---|--|--|
| Name and Title | Average hours per week | ပို့ individual trustee ပုံ or director | Institutional trustee | chec Officer | | Highest compensated a employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| MARION ALEXANDER | | v | | | | | | • | • | |
| BOARD MEMBER | | Х | | | | ╁╾┼ | | 0 | 0 | |
| PETER P. BRUBAKER BOARD MEMBER | | x | | | | | | o | 0 | |
| ROBERT CICCO, MD | | _ | | | \vdash | 1 | | 0 | 0 | |
| VICE CHAIR | | x | | x | | | | 0 | 0 | (|
| EILEEN CONNELLY | | - | | | \vdash | 1 1 | | | | |
| BOARD MEMBER | | x | | | | | | 0 | 0 | (|
| JEFFREY COOPER | | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0 | 0 | (|
| PAUL DILORENZO, A | CSW, MLS | P | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | (|
| MAURA H. DONLEY, | Esq. | | | | | | | | | |
| SECRETARY | | X | | X | | | | 0 | 0 | |
| CAROLYN C. DUMARE | SQ | | | | | | | | | |
| BOARD MEMBER | | X | | | <u> </u> | | | 0 | 0 | (|
| DAVID S. FEINBERG | | | | | | | | _ | | |
| CHAIR | | X | _ | X | | 1 | | 0 | 0 | |
| THE HONORABLE WIL | LIAM F. | | OD | LI) | ΝG | | | | | |
| BOARD MEMBER | | X | | _ | | \vdash | | 0 | 0 | |
| JEFF JUBELIRER | | | | | | | | | | |
| BOARD MEMBER | | X | \vdash | - | | \vdash | | 0 | 0 | |
| NANCY KUKOVICH | | x | | x | | | | o | 0 | |
| TREASURER THOMAS LAMB, JR | | | | ₽ | | + + | | 0 | | |
| BOARD MEMBER | | x | | | | | | o | 0 | |
| EDWARD F. MEEHAN | | | | | | \vdash | | | | |
| BOARD MEMBER | | x | | | | | | o | 0 | |
| JAMES LEE | | Ť | | | | | | | | |
| BOARD MEMBER | | х | | <u>.</u> | | <u> </u> | | 0 | 0 | |
| ANNE REEVES | | Ī | | | | \Box | | | | , |
| BOARD MEMBER | | x | | L | | | | 0 | 0 | |
| DAVID W. SWEET, e | sq. | | | | | | | | | |
| BOARD MEMBER | | X | | İ | | 1 | | 0 | 0 | |

| (A) Name and Title | (B) Average hours per | _ | _ | (chec | | hat ap | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimate amount | |
|--|--------------------------------------|--------------------------------|-----------------------|----------------|--------------|------------------------------|-------------|---------------------------------------|--|---|---------------------------|
| , | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensa from th organizat and relati organizati | ation e lion led |
| DONALD SNYDER BOARD MEMBER | | x | | | | | | 0 | 0 | | 0 |
| KAREN WALSH | | x | | | | | | 0 | 0 | | |
| JOHN VANBRAKLE | | | | | | | | | | | 0 |
| BOARD MEMBER MITCHELL L. WEIN | | X | | _ | | | | 0 | 0 | | 0 |
| BOARD MEMBER | | x | | | | | | 0 | 0 | | 0 |
| JOHN WHITE, JR. BOARD MEMBER | | x | | | | | | o | o | | 0 |
| | Jr., Ph. | D. X | | | | | | 0 | 0 | | 0 |
| MICHAEL G. WARFEL BOARD MEMBER | | x | | | | | | 0 | 0 | | 0 |
| JOAN BENSO PRESIDENT & CEO | 38.00 | | | x | | | | 156,563 | 0 | 2 | 3,125 |
| DAVID CALLAHAN | | | | | | | | | | | _ |
| EXECUTIVE VICE PRES. | 38.00 | | | X | | | | 129,960 | 0 | 3 | 0,220 |
| | | | | | | | | | | | |
| | | | | _ | | | | | | | |
| 1b Total | ļ., | | | | | | > | 286,523 | | 5 | 3,345 |
| 2 Total number of individuals (increportable compensation from the compensation) | | | | ose | liste | d abo | ve) | who received more than \$10 | 00,000 in | | |
| Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization. | complete Schedu 1a, is the sum of | ile J f repo | for s ortab | uch i de co | ndiv | idual ensat | ion a | and other compensation from | | 3 | Yes No X |
| 5 Did any person listed on line 1a services rendered to the organi | | | | | | | | | | 5 | <u> x</u> |
| Section B. Independent Contractor 1 Complete this table for your five | e highest comper | nsate | ed inc | depe | nder | nt cor | ntrac | ctors that received more that | n \$100,000 of | | |
| compensation from the organiz | (A) business address | | | | | | | Descript | (B) tion of services | Com | (C) pensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Pa | rt VI | Statement of Revenue 1 | nue | | | | | | |
|--|----------|--|----------|-------------|-------------|----------------------|--|---|---|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 60 (0) | 4- | Federated campaigns | 1a | | | | Tevenue | | 312, 310, 01 014 |
| Contributions, gifts, grants and other similar amounts | | Membership dues | 1b | | | 1 | | | |
| PE | | • | 1c | | | | | | |
| T a | | Fundraising events | \vdash | | | 1 | | | |
| gë | | Related organizations | 1d | | | I | | | |
| Sis | | Government grants (contributions) | 1e | | | | | | |
| 黃 | Ť | All other contributions, gifts, grants, and similar amounts not included above | ا . ا | | 074 000 | 1 | | | |
| 문림 | | | 1f | | 974,999 | 1 | | | |
| 25 | _ | | lf : | \$ | | 074 000 | | | |
| 5 | <u>h</u> | Total. Add lines 1a-1f | | | P | 974,999 | | | · · · · · · · · · · · · · · · · · · · |
| Program Service Revenue | | | | | Busn. Code | | | | |
| š | 2a | Program Consulting | | | | 708,654 | 708,654 | | |
| 2 | b | | | | L | | | | |
| Ķ | C | | | | | | | | |
| Ser | d | | | | | | <u> </u> | | |
| am | 0 | | | | | | | | |
| .go | f | All other program service rever | nue | | <u> </u> | | | | |
| <u>-</u> | g | Total. Add lines 2a-2f | | | • | 708,654 | | | |
| | 3 | Investment income (including d | ividend | is, interes | t, and | | | | |
| | | other similar amounts) | | | ▶ | 10,990 | | | 10,990 |
| | 4 | Income from investment of tax- | exemp | t bond pro | ceeds 🕨 | | | | |
| | 5 | Royalties | | | > | | | | |
| | | (ı) Real | | (n) F | ersonal | 1 | | | |
| | 6a | Gross Rents | | | | 1 | | | |
| | b | Less rental exps | | | | 1 | | | |
| | С | Rental inc or (loss) | | | | - | | | |
| | d | Net rental income or (loss) | | | > | | | | |
| | 7a | (I) Securities | S | (11) | Other | | | | |
| | | sales of assets other than inventory 305 | ,312 | | | | | - | |
| | ь | Less cost or other | | | | 1 | | | |
| | | basis & sales exps 329 | ,126 | | | 1 | | | |
| | С | · ——· | ,814 | 1 | | 1 | | | |
| | d | Net gain or (loss) | | | | -23,814 | -23,814 | | |
| | | Gross income from fundraising ever | nts | | | | | | |
| , and | - | (not including \$ | | | 1 | | | | |
| Ver | | of contributions reported on line 1c) | | | | | | | |
| Other Rever | | See Part IV, line 18 | a | | | 1 | | | |
| 퉏 | h | Less direct expenses | b | | | 1 | | | |
| ŏ | ł | Net income or (loss) from fund | | events | • | † | | | |
| | | Gross income from gaming activitie | | | | | | | |
| | "" | See Part IV, line 19 | а | | İ | 1 | | | |
| | l h | Less direct expenses | b | | | 1 | | | |
| | | Net income or (loss) from gam | ing act | vities | • | | | | |
| | 1 | Gross sales of inventory, less | | | | | | | |
| | | returns and allowances | а | | | | | | |
| | ۱ ۲ | Less. cost of goods sold | b | | | | | | |
| | | Net income or (loss) from sales | e of inv | entory | - | | | | |
| | ⊢∸ | Miscellaneous Revenue | | Cittory | Busn. Code | | | | |
| | 11a | | | | | 10 | 10 | | |
| | b | *************************************** | | | | | | | · |
| | C | | | | | | | | |
| | d | All other revenue | | | | | | | |
| | e | Total. Add lines 11a–11d | | | | 10 | | | |
| | 12 | Total Revenue. See instruction | ns | | • | 1,670,839 | 684,850 | 0 | 10,990 |
| | | | | | | | | | |

Part IX **Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (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 |
|--------|---|--|------------------------------|-------------------------------------|--|
| | Grants and other assistance to governments and | | CXPCIISCS | general expenses | ехрепаеа |
| | organizations in the U.S. See Part IV, line 21 | 17,369 | 17,369 | | |
| | Grants and other assistance to individuals in | 27,7305 | 27,7303 | | ······································ |
| | the U.S. See Part IV, line 22 | | | | |
| | Grants and other assistance to governments, | | | | ······ |
| | organizations, and individuals outside the | | | 1 | |
| | U S See Part IV, lines 15 and 16 | | | 1 | |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| | Other salaries and wages | 1,276,621 | 1,086,218 | 171,492 | 18,911 |
| | Pension plan contributions (include section 401(k) | | | 2,2,2,2 | 10/511 |
| | and section 403(b) employer contributions) | | | | |
| | Other employee benefits | | | | |
| | Payroll taxes | ······································ | | | <u> </u> |
| | Fees for services (non-employees) | | | | |
| | Management | | | | |
| | Legal | | - | | |
| | Accounting | 5,300 | 5,035 | 212 | 53 |
| | Lobbying | 3,300 | 3,033 | 2.12 | |
| | Professional fundraising services See Part IV, line 17 | | | | |
| | | | | | |
| | Investment management fees Other | 129,120 | 122,833 | 5,674 | 613 |
| _ | - | 127,120 | 122,033 | 3,074 | |
| | Advertising and promotion Office expenses | 61,951 | 57,431 | 2,825 | 1,695 |
| | Information technology | 01,031 | 31,431 | 2,023 | 1,093 |
| | • | | - | | * |
| | Royalties | 83,516 | 69,059 | 12,987 | 1,470 |
| | Occupancy Travel | 24,101 | 22,332 | 1,760 | 1,470 |
| | Payments of travel or entertainment expenses | 21/101 | 22,332 | 1,700 | |
| | | | | | |
| | for any federal, state, or local public officials Conferences, conventions, and meetings | 11,898 | 11,467 | 387 | 44 |
| | | 11,000 | 11,107 | | |
| | Interest | · - | · · | | |
| | Payments to affiliates | 22,569 | 18,663 | 3,509 | 207 |
| | Depreciation, depletion, and amortization | 4,183 | 3,459 | 650 | 397 74 |
| 23 | Insurance | 7,103 | 3,433 | 050 | / 12 |
| 24 | Other expenses Itemize expenses not | | | Į. | |
| | covered above. (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | 1 | | | |
| | · | 1 | | | |
| | 5% of total expenses shown on line 25 below) PUBLIC RELATIONS | 9,786 | 9,786 | | |
| a b | IN-KIND | 5,000 | 5,000 | ··· | |
| C | MISCELLANEOUS FEES | 1,036 | 11 | 1,025 | |
| d | | 1,030 | | 1,023 | |
| u 8 | <u> </u> | | | | |
| | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24f | 1,652,450 | 1,428,663 | 200,521 | 23,266 |
| | Joint costs. Check here X If following | | | 200,321 | 23,200 |
| | 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 |

Form 990 (2009)

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|----------|---------------------------------------|-------------------|-----|-------------|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest bearing | | | 38,464 | 1 | 12,379 |
| | 2 | Savings and temporary cash investments | | | 248,298 | 2 | 909,448 |
| | 3 | Pledges and grants receivable, net | | | 25,583 | 3 | 12,483 |
| | 4 | Accounts receivable, net | | | 88,837 | 4 | 67,950 |
| | 5 | Receivables from current and former officers, directors, tr | ustees | , key | | | |
| | | employees, and highest compensated employees Compl | ete Pai | t II of | | | |
| | | Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined u | ınder se | ection | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(E | 3) Com | plete | | | |
| | | Part II of Schedule L | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| SS | 8 | Inventories for sale or use | | | | 8 | |
| ٤ | 9 | Prepaid expenses and deferred charges | | | 13,352 | 9 | 14,956 |
| 1 | 10a | Land, buildings, and equipment cost or | 1 | | | | |
| - | | other basis Complete Part VI of Schedule D | 10a | 177,519 | | | |
| | b | Less accumulated depreciation | 10b | 145,637 | 49,209 | 10c | 31,882 |
| | 11 | Investments—publicly traded securities | | | 421,740 | 11 | 338,143 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| İ | 13 | Investments—program-related See Part IV, line 11 | | | - | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 5,292 | 15 | 5,307 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) |) | | 890,775 | 16 | 1,392,548 |
| | 17 | Accounts payable and accrued expenses | | | 16,612 | 17 | 20,834 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | 19 | 400,000 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| ဖ | 21 | Escrow or custodial account liability Complete Part IV of So | | ıle D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustee | | | | | |
| Ξ | | employees, highest compensated employees, and disqua | | | | | |
| ā | | persons Complete Part II of Schedule L | | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third | parties | | | 23 | |
| • | 24 | Unsecured notes and loans payable to unrelated third pa | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 16,612 | 26 | 420,834 |
| S | | Organizations that follow SFAS 117, check here ▶ | K and | | | | |
| S | | complete lines 27 through 29, and lines 33 and 34. | | | | | |
| an | 27 | Unrestricted net assets | | | 795,833 | 27 | 893,384 |
| 3al | 28 | Temporarily restricted net assets | | | | 28 | |
| þ | 29 | Permanently restricted net assets | | | 78,330 | 29 | 78,330 |
| nn | | Organizations that do not follow SFAS 117, check he | re 🕨 [| | | | |
| rF | | and complete lines 30 through 34. | | _ | | | |
| 0 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| ets | 31 | Paid-in or capital surplus, or land, building, or equipment | fund | | | 31 | |
| SS | 32 | Retained earnings, endowment, accumulated income, or | | unds | | 32 | |
| Net Assets or Fund Balances | 33 | Total net assets or fund balances | | = | 874,163 | | 971,714 |
| Se | 34 | Total liabilities and net assets/fund balances | | | 890,775 | | 1,392,548 |
| _ | J+ | rotal habilities and net assets/fully balances | | · · · · · · · · · · · · · · · · · · · | | | |

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3b

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PENNSYLVANIA PARTNERSHIPS FOR CHILDREN

Employer identification number 23 - 2613869

| P | art I | Reas | on for Public Charity : | Status (All organizations | must co | omplete | this p | art.) S | <u>ee ins</u> | tructio | ns. | | |
|----------|--|--|---|--|---------------|--------------------|--|------------------|-------------------|----------|---------------|----------|--------------|
| Γhe | orgar | nization is not a | a private foundation because | it is. (For lines 1 through 11, che | ck only or | ne box) | | | | | | | |
| 1 | | A church, con | vention of churches, or asso | ciation of churches described in | section 1 | 70(b)(1)(<i>/</i> | A)(i). | | | | | | |
| 2 | П | A school desc | cribed in section 170(b)(1)(A |)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | П | | | e organization described in section | on 170(b) | (1)(A)(iii) | _ | | | | | | |
| 4 | H | • | | in conjunction with a hospital des | | | | (A)(iii). | Enter th | e hospit | tal's name | | |
| • | ш | city, and state | • | | | | | ,,. | | | ia. o marrio, | | |
| 5 | \Box | • | | a college or university owned or | onerated | hy a gove | rnmenta | l unit de | scribed | ın | | | |
| • | ш | • | b)(1)(A)(iv). (Complete Part I | • | operated | b, a gove | ······································ | ii ariik ac | JUIDQU | | | | |
| • | | , | ., | / vernmental unit described in sec | tion 170/ | h)(4)(A)(v | Α. | | | | | | |
| 6 | X | • | • | | - | | | the go | aaral nu | blio | | | |
| 7 | 71 | _ | | ibstantial part of its support from | i a governi | incilai ui | 11 01 11011 | i tile gel | ierai pu | DIIC | | | |
| | | | section 170(b)(1)(A)(vi). (Co | | , | | | | | | | | |
| 8 | H | - | | 0(b)(1)(A)(vi). (Complete Part II more than 33 1/3 % of its suppo | | ntribution | . mamb | arabın fe | | | | | |
| 9 | Ш | = | | | | | | | | | | | |
| | | | | t functions—subject to certain ex | | | | | | i ilo | | | |
| | | • • | • | unrelated business taxable inco | | | i i (ax) ii | oni busi | 163363 | | | | |
| 40 | | | • | • | • | • | ->/4> | | | | | | |
| 10 | \vdash | | • | clusively to test for public safety | | • | | | t tha | | | | |
| 11 | Ш | • | • | clusively for the benefit of, to pe d organizations described in sect | | | | - | | tion | | | |
| | | | | e type of supporting organization | | | | | | LIOII | | | |
| | | — <u>``</u> ` | | · · · | - | | _ [| —ĭ | | | | | |
| _ | | a Type | ·· | c Type III–Functiona | - | | d [| | e III–Oth | iei | | | |
| θ | Ш | • | - | nization is not controlled directly and other than one or more public | | | | | | tion | | | |
| | | • | | nd other than one or more public | Jiy Suppoi | ieu organ | Zalions | Jescribe | u III sec | LIOII | | | |
| | 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting | | | | | | | | | | | | |
| f | | | | | | | | | | | | | |
| _ | | organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the | | | | | | | | | | | |
| g | | = | | on accepted any girt of contribution | on nom a | iy or the | | | | | | | |
| | | following per | | trols, either alone or together wit | th narcana | docombo | d in (ii) | | | | | Yes | No |
| | | ., . | • | • | ui persons | describe | u III (II) | | | | 140(1) | 1 | NO |
| | | , , | pelow, the governing body of the member of a person describe to the member of a person describe the member of the | ., - | | | | | | | 11g(i) | | |
| | | | • | • • | | | | | | | 11g(ii | | |
| L | | • • | ontrolled entity of a person de ollowing information about the | ** ** | | | | | | | 11g(ii | <u> </u> | <u> </u> |
| <u>h</u> | Name | of supported | (ii) EIN | (iii) Type of organization | (iv) is the c | organization | (v) Did v | ou notify | (vi) | s the | (vii) An | ount of | |
| (1) | | anization | (11) = 114 | (described on lines 1-9 | 1 ' ' | sted in your | | ization in | organizat | | | port | |
| | | | • | above or IRC section | governing | document? | ∞l (i) | of your cort? | (i) organı U : | | | | |
| | | | | (see Instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | 103 | 110 | 103 | .,,, | 103 | -140 | | | |
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| | | _ | | | | | | | | | . | | |

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

| Sec | tion A. Public Support | | | | | | |
|----------|---|-------------------------|----------------------|------------------------|---------------------|--------------|--------------------|
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,399,924 | 979,416 | 1,419,926 | 1,109,383 | 974,999 | 5,883,648 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,399,924 | 979,416 | 1,419,926 | 1,109,383 | 974,999 | 5,883,648 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 3,262,389 |
| 6 | Public support. Subtract line 5 from line 4 | , | _ | | | | 2,621,259 |
| | tion B. Total Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 1,399,924 | 979,416 | 1,419,926 | 1,109,383 | 974,999 | 5,883,648 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 21,599 | 29,478 | 48,399 | 24,860 | 10,990 | 135,326 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carned on | | | | | .0 | |
| 10 11 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 | 1,523 | 839 | 561 | 1,516 | 10 | 4,449 6,023,423 |
| 12 | Gross receipts from related activities, etc. (| see instructions) | <u> </u> | 1 | | 12 | 1,124,837 |
| 13 | First five years. If the Form 990 is for the o | • | econd, third, fourth | , or fifth tax year as | a section 501(c)(3 | | |
| | organization, check this box and stop here | • | , , | • | (-)(- | , | ▶ □ |
| Sec | tion C. Computation of Public Su | pport Percenta | age | | | | |
| 14 | Public support percentage for 2009 (line 6, | column (f) divided b | y line 11, column (f | ີກ) | | 14 | 43.52% |
| 15 | Public support percentage from 2008 Schee | dule A, Part II, line 1 | 4 | | | 15 | 36.32% |
| 16a | 33 1/3 % support test—2009. If the organi | zation did not check | the box on line 13, | , and line 14 is 33 1 | /3 % or more, ched | ck this box | |
| | and stop here. The organization qualifies a | s a publicly support | ed organization | | | | ► X |
| b | 33 1/3 % support test—2008. If the organi | zation did not check | a box on line 13 or | r 16a, and line 15 is | 33 1/3 % or more | , check this | |
| | box and stop here. The organization qualifi | es as a publicly sup | ported organization | 1 | | | ▶ 🗌 |
| 17a | 10%-facts-and-circumstances test—2009 | . If the organization | did not check a bo | x on line 13, 16a, o | or 16b, and line 14 | s 10% or | |
| | more, and if the organization meets the "fac | | | • | - | how the | |
| | organization meets the "facts-and-circumsta | | | | | | ▶ ∐ |
| b | 10%-facts-and-circumstances test—2008 | | | | | | |
| | more, and if the organization meets the "fac | | • | - | • | how the | |
| | organization meets the "facts-and-circumsta | _ | • | . , | • | | |
| 18 | Private foundation. If the organization did | not check a box on | line 13, 16a, 16b, 1 | 7a, or 17b, check t | his box and see ins | structions | ▶ ∐ |

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

| === | (Complete only if you che | ecked the box (| on line 9 of Pa | rt I.) | | | |
|-----|--|--------------------------|-----------------------|---------------------------------------|----------------------|-------------|-------------|
| | tion A. Public Support | () 2005 | 4 > 0000 | | (1) 0000 | 1 1 2 2 2 2 | 1 |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | 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 | | | | , | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | |
| | tion B. Total Support | <u> </u> | Г | · · · · · · · · · · · · · · · · · · · | T | | |
| | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 14 | and 12) First five years. If the Form 990 is for the company of t | rganization's first | second third four | h or fifth tay year a | le a section E01/c)/ | 3/ | |
| 14 | organization, check this box and stop here | - | secona, triira, tourt | ii, oi iiilii tax year a | is a section 501(c)(| 3) | ▶ □ |
| Sec | tion C. Computation of Public Su | | age | | | | |
| 15 | Public support percentage for 2009 (line 8, | | | | | 19 | 5 % |
| 16 | Public support percentage from 2008 Scher | • • • | • | ··// | | 10 | |
| | tion D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2009 (lin | | | olumn (f)) | | 1: | 7 % |
| 18 | Investment income percentage from 2008 S | | • | V77 | | 18 | |
| 19a | 33 1/3 % support tests—2009. If the organ | | | 14, and line 15 is m | ore than 33 1/3 %. | | ,,, |
| | 17 is not more than 33 1/3 %, check this bo | | | | | | ▶ □ |
| b | 33 1/3 % support tests—2008. If the organ | | | | _ | | |
| | line 18 is not more than 33 1/3 %, check this | s box and stop he | re. The organizatio | n qualifies as a pub | olicly supported org | anızatıon | ▶ □ |
| 20 | Private foundation. If the organization did | not check a box on | line 14, 19a, or 19 | b, check this box a | nd see instructions | | ▶ □ |

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

MISCELLANEOUS INCOME

\$

4,449

SCHÈDULE 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.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

| the organization and here | 100, 10 : 0111 000, 1 211 11, 1110 0, 0 : 1 0111 000 <u>1</u> | |
|---------------------------|---|--|
| • | | |
| - 0 - 1 504(-)(0) + | and Cantalata Banta (A and B. Da nat accordate Bant (C | |

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

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

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

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

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

| Nar | ne of organization PENNSYLVANIA PARTNER CHILDREN | SHIPS FOR | | Employer identifi 23 - 26138 | |
|-----|--|---------------------------------------|----------------------|--|---|
| Pai | t I-A Complete if the organization is exen | npt under section 501(c) | or is a section | | |
| 1 | Provide a description of the organization's direct and indirect | ct political campaign activities in F | Part IV | | |
| 2 | Political expenditures | | | ▶ \$ _ | |
| 3 | Volunteer hours | | | _ | |
| | A L M. Commission is assessing the commission in assessing | | (2) | | |
| | t I-B Complete if the organization is exem | • | (3). | | · |
| 1 | Enter the amount of any excise tax incurred by the organiza | | | S _ · | |
| 2 | Enter the amount of any excise tax incurred by organization if the organization incurred a section 4955 tax, did it file For | • | | P 3 | |
| 3 | Was a correction made? | 111 4720 for this year? | | | ∐ Yes ∐ No □ Yes □ No |
| | If "Yes," describe in Part IV | | | | ☐ 165 ☐ NO |
| | t -C Complete if the organization is exen | npt under section 501(c) | except section | n 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organization | | | | |
| • | activities | | • | ▶ \$ | |
| 2 | Enter the amount of the filing organization's funds contribute | ed to other organizations for secti | on | · · · - | |
| | 527 exempt function activities | · · | | ▶ \$ | |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter | er here and on Form 1120-POL, | | · - | |
| | line 17b | | | ▶ \$ | |
| 4 | Did the filing organization file Form 1120-POL for this year? | > | | _ | Yes No |
| 5 | Enter the names, addresses and employer identification nur | mber (EIN) of all section 527 polit | ical organizations t | o which payments | |
| | were made. For each organization listed, enter the amount | paid from the filing organization's | funds Also enter to | he amount of political | |
| | contributions received that were promptly and directly delive | ered to a separate political organi | zation, such as a se | eparate segregated | |
| | fund or a political action committee (PAC) If additional space | ce is needed, provide information | ın Part IV | ··- <u>-</u> - | |
| | (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 |
| | | | | runus ir none, enter -o- | delivered to a separate |
| | | | | | political organization If |
| | | | | | none, enter -0- |
| | | | | | |
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| chedule C (Form 990 or 990-EZ) 2009 PEN | NSYLVANIA PARTNERSHIPS FOR | 23-261386 | 9 Page 2 |
|---|---|----------------------------------|--------------------------------|
| Part II-A Complete if the organiz | ation is exempt under section 501(c)(3) a | nd filed Form 5768 (elect | ion |
| under section 501(h)). | | | |
| Check ▶ ☐ if the filing organizati | on belongs to an affiliated group. | | |
| B Check ▶ ☐ if the filing organizati | on checked box A and "limited control" pro | visions apply. | |
| | bying Expenditures neans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence pub | lic opinion (grass roots lobbying) | 19,207 | |
| b Total lobbying expenditures to influence a le | gislative body (direct lobbying) | 28,268 | |
| c Total lobbying expenditures (add lines 1a ar | d 1b) | 47,475 | |
| d Other exempt purpose expenditures | | 1,604,975 | |
| e Total exempt purpose expenditures (add line | es 1c and 1d) | 1,652,450 | |
| f Lobbying nontaxable amount Enter the amo | ount from the following table in both | 232,623 | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| 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 \$500,000 | 」 ┃ | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 」 ┃ | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | . | |
| Over \$17,000,000 | \$1,000,000 | 1 | |
| g Grassroots nontaxable amount (enter 25% of | of line 1f) | 58,156 | |
| h Subtract line 1g from line 1a If zero or less, | enter -0- | 0 | |
| i Subtract line 1f from line 1c If zero or less, or | enter -0- | 0 | |
| j If there is an amount other than zero on eith section 4911 tax for this year? | er line 1h or line 1i, did the organization file Form 4720 r | eporting | Yes No |
| (Some organizations tha | 4-Year Averaging Period Under Section 5 t made a section 501(h) election do not how. See the instructions for lines 2a thro | ave to complete all of the | five |

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) Total beginning in) 2a Lobbying non-taxable amount 182,723 204,526 216,487 232,623 836,359 **b** Lobbying ceiling amount (150% of line 2a, column(e)) 1,254,539 c Total lobbying expenditures 33,718 92,707 35,160 47,475 209,060 d Grassroots nontaxable amount 45,681 51,132 54,122 58,156 209,091 e Grassroots ceiling amount 313,637 (150% of line 2d, column (e)) f Grassroots lobbying expenditures 22,875 18,003 16,141 19,207 76,226

Schedule C (Form 990 or 990-EZ) 2009

PENNSYLVANIA PARTNERSHIPS FOR 23-2613869 Schedule C (Form 990 or 990-EZ) 2009 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B

501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members 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). 2a a Current year 2b b Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Employer identification number Name of the organization PENNSYLVANIA PARTNERSHIPS FOR 23-2613869 CHILDREN Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| | | IA PARTNERSH | | | 013009 | Page Z |
|-------|--|-----------------------------|--|---|-----------------|--------------------------|
| | rt III Organizations Maintaining (| | | | | ets (continued) |
| 3 | Using the organization's acquisition, accession, collection items (check all that apply) | and other records, check | any of the following the | hat are a significant | t use of its | |
| а | Public exhibition | d Loan o | or exchange programs | S | | |
| b | Scholarly research | e Other | | | | |
| С | Preservation for future generations | _ | | | | _ |
| 4 | Provide a description of the organization's collect | ctions and explain how the | y further the organiza | ation's exempt purp | ose in | |
| 5 | During the year, did the organization solicit or re- | ceive donations of art, his | torical treasures, or c | other similar | | |
| | assets to be sold to raise funds rather than to be | | | | "\/aa" ta [aa- | Yes No |
| Pa | rt IV Escrow and Custodial Arrar | | | tion answered | res to Forn | п 990, Рап |
| | IV, line 9, or reported an amo | | | | | |
| 1a | Is the organization an agent, trustee, custodian of | or other intermediary for c | ontributions or other | assets not | | |
| | included on Form 990, Part X? | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIV and | d complete the following to | able | | | |
| | | | | | | Amount |
| С | Beginning balance | | | | 1c | |
| d | Additions during the year | | | | 1d | |
| е | Distributions during the year | | | | 1e | |
| f | Ending balance | | | | 1f | |
| 2a | Did the organization include an amount on Form | 990. Part X. line 21? | | | | Yes No |
| | If "Yes," explain the arrangement in Part XIV | , | | | | |
| | rt V Endowment Funds. Comple | te if organization an | swered "Yes" to | Form 990. Pa | rt IV. line 10. | |
| | Eliaovillotte i allast comple | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years | back (e) Four years back |
| 10 | Paginning of year balance | 291,440 | 375,903 | (-, -, -, -, -, -, -, -, -, -, -, -, -, - | 1 (, | (6), 121, 702, 0 |
| | Beginning of year balance | 232,110 | 3737303 | | | |
| | Contributions | | | | | |
| С | Net investment earnings, gains, | 62 110 | 04 456 | | | |
| | and losses | 62,119 | -84,456 | | | |
| | Grants or scholarships | | | ······································ | | |
| е | Other expenditures for facilities | | | | | |
| | and programs | | | | | |
| f | Administrative expenses | | | | <u> </u> | |
| g | End of year balance | 353,559 | 291,447 | | | |
| 2 | Provide the estimated percentage of the year en | nd balance held as | | | | |
| а | Board designated or quasi-endowment ▶ | % | | | | |
| b | Permanent endowment ▶ % | | | | | |
| С | Term endowment ▶ % | | | | | |
| | Are there endowment funds not in the possession | on of the organization that | are held and adminis | stered for the | | |
| | organization by | • | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) X |
| | (ii) related organizations | | | | | 3a(ii) X |
| h | If "Yes" to 3a(ii), are the related organizations lis | sted as required on Sched | ule R? | | | 3b |
| | Describe in Part XIV the intended uses of the or | • | | | | |
| 4 | rt VI Investments—Land, Buildin | | | Part X line 1 | 0 | |
| | Description of investment | (a) Cost or other basis | (b) Cost or oth | | ccumulated | (d) Book value |
| | Description of investment | (investment) | basis (other) | | preciation | (d) book value |
| | | (iii o o iii o iii) | 2000 (00101) | , de | F 51441511 | |
| | Land | | | | | |
| | Buildings | | | 227 | | |
| | Leasehold improvements | | | ,327 | | 7,327 |
| | Equipment | | 170 | ,192 | 145 635 | 170,192 |
| | Other | L | | | 145,637 | -145,637 |
| Total | . Add lines 1a through 1e (Column (d) must equa | al Form 990, Part X, colur | nn (B), line 10(c)) | | • | 31,882 |

Schedule D (Form 990) 2009

| Schedule D (For | rm 990) 2009 | PENNSYLVANIA | PARTNERSHIPS | FOR | 23-2613869 | Page 5 |
|-----------------|--------------|---|--------------|------------|-------------|-------------|
| , Part XIV | Suppleme | PENNSYLVANIA ental Information (cont | inued) | | | |
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SCHEDULE (Form 990)

OMB No 1545-0047

2009

2 □

X Yes

Open to Public inspection Employer identification number 23-2613869 Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. PENNSYLVANIA PARTNERSHIPS FOR General Information on Grants and Assistance CHILDREN Department of the Treasury Internal Revenue Service Name of the organization Part !

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

the selection criteria used to award the grants or assistance?

| / Benjamin Farkway Philadelphia Philadelphia | (b) EIN | Name and address of organization or government cizens for Children 1 Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 1 and Parkway 2 and Parkway 2 and Parkway | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance Education |
|--|---------|--|--------------------------|-----------------------------------|---|--|--|
| | | | | | | | |

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009 PENNSYLVANIA PARTNERSHIPS FOR 23-2613869

Part # Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| | | (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. | | | | |
|---------|---|---|-----------------------|--------------------------|--------------------------------|--|
| ٣ | (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, | (f) Description of non-cash assistance |
| | | recipients | cash grant | non-cash assistance | FMV, appraisal, other) | |
| | | | | | | |
| | | | | | | |
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| | | | | 3 | | |
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| | | | | | | |
| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | omplete this part to p | rovide the informatio | n required in Part I, li | ne 2, and any other addition | nal information. |

ĕ

SCHEDULE J

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PENNSYLVANIA PARTNERSHIPS FOR

CHILDREN

Questions Regarding Compensation

Employer identification number 23 - 2613869

| | | | Yes | No |
|----|---|-----|----------|--------------|
| | | | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form | | | |
| | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | Ē | | |
| | | Ī | | |
| D | of fany of the boxes on line 1a is checked, did the organization follow a written policy regarding payment | - 1 | | |
| | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | | | |
| 2 | explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | 1b | | |
| _ | | | | |
| | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the | | | |
| | organization's CEO/Executive Director Check all that apply | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | х |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | х |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | ļ., | X |
| | If "Yes" to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III | 1 | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | <u> </u> | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | 8 | <u> </u> | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | | |

Page 2

PENNSYLVANIA PARTNERSHIPS FOR

Schedule J (Form 990) 2009

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

23-2613869

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| | - | | 0000 | | 700 | oldosses (O) | _ | (E) Company |
|-------------------|--------------|-----------------------|---|-------------------------------------|----------------|---------------------------|-----------|---|
| (A) Name | <u> </u> | (i) Base compensation | (ii) Bonus & incentive (iii) Othe compensation reportable compensation compensation | (iii) Other reportable compensation | other deferred | (D) romaxable benefits | (a)(i)(a) | reported in prior Form 990 or Form 990-EZ |
| JOAN BENSO | € € | 149,563 | 7,000 | 0 0 | 23,125 | 0 | 179,688 | 163,059 |
| DAVID CALLAHAN (0 | | 129,960 | | 00 | 30,22 | 0 | 160,18 | 126,944 |
| | (E) | | | | | | | : |
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| | | : | | | | | Sched | Schedule J (Form 990) 2009 |

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part

PENNSYLVANIA PARTNERSHIPS FOR

for any additional information

Schedule J (Form 990) 2009

▶SCHEDULE O

(Form 990)

Supplemental Information to Form 990

2009

OMB No 1545-0047

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

Internal Revenue Service Name of the organization

Department of the Treasury

PENNSYLVANIA PARTNERSHIPS FOR

CHILDREN

Employer Identification number 23-2613869

Amended Return Explanation

Amended in order to accurately record the contribution information in the public support test on Schedule A, page 2.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 The Form 990 is reviewed by both the Accountant on staff and the Executive Director prior to filing the return.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.