

**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.

**A** For the 2007 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization  
**MARY & ALEXANDER LAUGHLIN CHILDREN'S CENTER**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**424 FREDERICK AVENUE**  
 City or town, state or country, and ZIP + 4  
**SEWICKLEY PA 15143**

**D** Employer identification number  
**25-1045694**

**E** Telephone number  
**412-741-4087**

**F** Accounting method:  Cash  
 Accrual  Other (specify)  
**MODIFIED CASH**

**G** Website: **WWW.LAUGHLINCENTER.ORG**

**J** Organization type  
 (check only one)  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,539,273**

H and I are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **▶**  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **▶**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Contributions to donor advised funds	1a	
	b Direct public support (not included on line 1a)	1b	141,561
	c Indirect public support (not included on line 1a)	1c	
	d Government contributions (grants) (not included on line 1a)	1d	
	e Total (add lines 1a through 1d) (cash \$ <u>141,561</u> noncash \$ _____ )	1e	141,561
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	307,757
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	
	5 Dividends and interest from securities	5	471,577
	6a Gross rents	6a	
	b Less: rental expenses	6b	
c Net rental income or (loss) Subtract line 6b from line 6a	6c		
7 Other investment income (describe _____ )	7		
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
		1,607,063	8a
	b Less: cost or other basis and sales expenses	876,592	8b
	c Gain or (loss) (attach schedule)	730,471	8c
	d Net gain or (loss) Combine line 8c, columns (A) and (B) <b>SEE STMT 1</b>	8d	730,471
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
Revenue	a Gross revenue (not including \$ <u>9,560</u> of contributions reported on line 1b)	9a	11,315
	b Less: direct expenses other than fundraising expenses	9b	9,675
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c	1,640
Revenue	10a Gross sales of inventory, less returns and allowances	10a	
	b Less: cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,653,006	
Expenses	13 Program services (from line 44, column (B))	13	711,131
	14 Management and general (from line 44, column (C))	14	261,969
	15 Fundraising (from line 44, column (D))	15	87,269
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses. Add lines 16 and 44, column (A)	17	1,060,369
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	592,637
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	11,508,376
	20 Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	20	884,662
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	12,985,675

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>SEE STATEMENT 3</b>	83,950	41,975	41,975	
25b	b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	560,015	405,145	99,150	55,720
27	Pension plan contributions not included on lines 25a, b, and c	50,203	34,841	10,994	4,368
28	Employee benefits not included on lines 25a - 27	55,144	39,490	7,876	7,778
29	Payroll taxes	56,337	39,098	12,338	4,901
30	Professional fundraising fees				
31	Accounting fees	13,497		13,497	
32	Legal fees				
33	Supplies	17,100	12,312	3,762	1,026
34	Telephone				
35	Postage and shipping				
36	Occupancy	31,698	22,823	6,973	1,902
37	Equipment rental and maintenance	63,729	45,886	14,020	3,823
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	6,771	6,117	510	144
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	29,820	22,513	5,741	1,566
43a	Other expenses not covered above (itemize): a <b>SEE STATEMENT 4</b>	92,105	40,931	45,133	6,041
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>1,060,369</b>	<b>711,131</b>	<b>261,969</b>	<b>87,269</b>

Joint Costs. Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)

**a LAUGHLIN CENTER PROVIDES LEARNING SUPPORT SERVICES FOR MORE THAN 400 CHILDREN EACH YEAR, FROM PRESCHOOL THROUGH MIDDLE SCHOOL, IN THE FIELDS OF EARLY CHILDHOOD DEVELOPMENT, SPEECH-LANGUAGE, ACADEMICS, AND PSYCHOLOGY.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**711,131**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)** ▶

**711,131**

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing	649,187	45	1,366,234
	46	Savings and temporary cash investments		46	19,254
	47a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments—publicly-traded securities <b>SEE STATEMENT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	10,646,135	54a	11,416,953
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a	Investments—land, buildings, and equipment: basis		55a	
	b	Less: accumulated depreciation (attach schedule)		55b	55c
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis	985,844	57a	
b	Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 7</b>	802,610	57b	213,054	
57c			57c	183,234	
58	Other assets, including program-related investments (describe <input type="checkbox"/> )		58		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	11,508,376	59	12,985,675	
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/> )		65	
66	<b>Total liabilities.</b> Add lines 60 through 65	0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	11,508,376	67	12,985,675
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	11,508,376	73	12,985,675	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	11,508,376	74	12,985,675	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	2,547,343
b Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	884,662
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	884,662
c Subtract line b from line a		c	1,662,681
d Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	-9,675
SEE STATEMENT 8			
Add lines d1 and d2		d	-9,675
e Total revenue (Part I, line 12). Add lines c and d		e	1,653,006

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a Total expenses and losses per audited financial statements		a	1,070,044
b Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	
c Subtract line b from line a		c	1,070,044
d Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	-9,675
SEE STATEMENT 9			
Add lines d1 and d2		d	-9,675
e Total expenses (Part I, line 17). Add lines c and d		e	1,060,369

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10				



**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III )		
	82b		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A 84b		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A 85a		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A 85b		
<b>c</b>	Dues, assessments, and similar amounts from members		
	85c		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	85d		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A 85g		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A 85h		
<b>86</b>	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12		
	86a		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	86b		
<b>87</b>	501(c)(12) orgs Enter: a Gross income from members or shareholders		
	87a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
	87b		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>X</b>
<b>89a</b>	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0</b>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>0</b>		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>89g</b>			
<b>90a</b>	List the states with which a copy of this return is filed <b>PA</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions )	90b	<b>31</b>
<b>91a</b>	The books are in care of <b>KAREN NICKELL</b> <b>424 FREDERICK AVE</b> Located at <b>SEWICKLEY, PA</b>	Telephone no <b>412-741-4087</b> ZIP + 4 <b>15143</b>	
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
		Yes	No
	91b		<b>X</b>

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <u>SPEECH/PSYCHOLOGY/ACADEMIC/ EARLY CHILDHOOD</u>					307,757
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	471,577	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			26	730,471	
101 Net income or (loss) from special events					1,640
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		1,202,048	309,397
105 Total (add line 104, columns (B), (D), and (E))					▶ 1,511,445

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	<b>SEE STATEMENT 12</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature	Date <b>7/23/09</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <b>P00543206</b>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
<b>COTRILL ARBUTINA &amp; ASSOCIATES</b> <b>1475 3RD AVE</b> <b>NEW BRIGHTON, PA 15066-2201</b>	<b>25-1615634</b>		<b>724-843-0165</b>

**SCHEDULE A  
(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
**MARY & ALEXANDER LAUGHLIN CHILDREN'S CENTER**

Employer identification number  
**25-1045694**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
SALLY REICHARD 424 FREDERICK AVE SEWICKLEY PA 15143	ACDM DPT DIR 40	57,180	12,649	0
PATTI BENNETT 424 FREDERICK AVE SEWICKLEY PA 15143	SPEECH DIR 40	49,909	17,933	0
KAREN BORLAND 424 FREDERICK AVE SEWICKLEY PA 15143	CHILDHOOD DR 40	49,655	16,421	0
JOHN DOUGLAS FLOREY 424 FREDERICK AVE SEWICKLEY PA 15143	EXT AFFR DIR 40	53,630	11,437	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III** **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )		<b>X</b>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b>	Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) <b>SEE STATEMENT 13</b>	<b>X</b>	
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>X</b>	
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____	<b>0</b>	
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		<b>0</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶	<b>26a</b>	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	<b>26b</b>	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	<b>26c</b>	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	<b>26d</b>	
e Public support (line 26c minus line 26d total) ▶	<b>26e</b>	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	<b>26f</b>	%

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

	(2006)	(2005)	(2004)	(2003)
--	--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A

	(2006)	(2005)	(2004)	(2003)
--	--------	--------	--------	--------

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	<b>27c</b>	
d Add: Line 27a total _____ and line 27b total _____ ▶	<b>27d</b>	
e Public support (line 27c total minus line 27d total) ▶	<b>27e</b>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶	<b>27f</b>	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>X</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		<b>X</b>
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement ) <b>SEE STATEMENT 14</b>		<b>X</b>
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>X</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>X</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>X</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>X</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		<b>X</b>
<b>b</b> Admissions policies?		<b>X</b>
<b>c</b> Employment of faculty or administrative staff?		<b>X</b>
<b>d</b> Scholarships or other financial assistance?		<b>X</b>
<b>e</b> Educational policies?		<b>X</b>
<b>f</b> Use of facilities?		<b>X</b>
<b>g</b> Athletic programs?		<b>X</b>
<b>h</b> Other extracurricular activities?		<b>X</b>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		<b>X</b>
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		<b>X</b>
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>X</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	<b>If the amount on line 40 is-</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is-</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
  - b Paid staff or management (Include compensation in expenses reported on lines c through h.)
  - 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 Total lobbying expenditures (Add lines c through h.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	



Name of organization <b>MARY &amp; ALEXANDER LAUGHLIN CHILDREN'S CENTER</b>	Employer identification number <b>25-1045694</b>
--	---

Organization type (check one):

- |                    |  |
|--------------------|--|
| Filers of:         | Section:   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                       |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation     |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                      |

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions )

General Rule—

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

Special Rules—

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

MARY &amp; ALEXANDER LAUGHLIN

Employer identification number

25-1045694

**Part I** Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FEDERATED INVESTORS  PITTSBURGH PA 15222	\$ 23,269	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CLAPP TRUST CHARITABLE AND EDUCATIONAL TRUST  PITTSBURGH PA 15230	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LAUGHLIN MEMORIAL INC.  PITTSBURGH PA 15222	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THOMAS MARSHALL FOUNDATION  SEWICKLEY PA 15143	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE PNC CHARITABLE TRUST GRANTS  PITTSBURGH PA 15230	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	PAUL H. O'NEILL CHARITABLE TRUST  PITTSBURGH PA 15222	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

MARY & ALEXANDER LAUGHLIN

Employer identification number

25-1045694

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MARGARET MELLON HITCHCOCK FOUNDATION <hr/> PITTSBURGH PA 15230	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
8	MR. & MRS. GLENN MEAKEM FOUNDATION <hr/> SEWICKLEY PA 15143	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Special Events Schedule

Form 990

2007

For calendar year 2007, or tax year beginning , and ending

Name MARY & ALEXANDER LAUGHLIN CHILDREN'S CENTER Employer Identification Number 25-1045694

Table with 5 columns: (A), (B), (C), Others, Total. Rows include Gross receipts, Less contributions, Gross revenue, Less direct expenses, and Net income (loss).

Description: (A) HARRY POTTER (B) SPEAKER SERIES (C) Others

**Federal Statements**

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
PUBLICLY TRADED SECURITIES					\$1,607,063	\$ 876,592	\$	730,471
TOTAL					<u>\$1,607,063</u>	<u>\$ 876,592</u>	<u>0</u>	<u>\$ 730,471</u>

# Federal Statements

## Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 884,662
TOTAL	<u>\$ 884,662</u>

Federal Statements

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
KAREN NICKELL COMPENSATION	41,975	41,975	
TOTAL	<u>\$ 41,975</u>	<u>\$ 41,975</u>	<u>\$ 0</u>

## Federal Statements

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
PROGRAM ACTIVITIES	18,669	18,669		
PROFESSIONAL SERVICES	2,712		2,712	
INVESTMENT FEES	21,454		21,454	
INSURANCE	30,919	22,262	6,802	1,855
ADVERTISING & PROMOTION	13,248		13,248	
OTHER	917		917	
FUNDRAISING	4,186			4,186
TOTAL	\$ 92,105	\$ 40,931	\$ 45,133	\$ 6,041

**Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose**Description

LAUGHLIN CENTER IS A NON-PROFIT AGENCY PROVIDING LEARNING SUPPORT SERVICES FOR CHILDREN FROM PRESCHOOL THROUGH MIDDLE SCHOOL, LOCATED IN SEWICKLEY, PENNSYLVANIA. LAUGHLIN CENTER SERVES MORE THAN 400 CHILDREN EACH YEAR FROM MANY AREAS OF ALLEGHENY AND BEAVER COUNTIES, PROVIDING A VARIETY OF PROGRAMS IN THE FIELDS OF EARLY CHILDHOOD DEVELOPMENT, ACADEMICS, PSYCHOLOGY, AND SPEECH-LANGUAGE.

## Federal Statements

Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK SECURITIES	\$ 9,517,723	\$ 9,953,791	MARKET
CORPORATE BONDS CORPORATE DEBT SECURITIES	1,128,412	1,463,162	MARKET
TOTAL	<u>\$10,646,135</u>	<u>\$11,416,953</u>	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDING AND IMPROVEMENTS	\$ 732,073	\$	\$ 774,573	\$
FURNITURE AND EQUIPMENT	252,408		201,556	
ACCUMULATED DEPRECIATION		781,142		802,610
LAND	9,715		9,715	
TOTAL	<u>\$ 994,196</u>	<u>\$ 781,142</u>	<u>\$ 985,844</u>	<u>\$ 802,610</u>

**Federal Statements****Statement 8 - Form 990, Part IV-A - Other Revenue Included on Return**

Description	Amount
SPECIAL EVENT EXPENSE	\$ -9,675
TOTAL	\$ <u>-9,675</u>

**Statement 9 - Form 990, Part IV-B - Other Expenses included on Return**

Description	Amount
SPECIAL EVENT EXPENSE	\$ -9,675
TOTAL	\$ <u>-9,675</u>

## Federal Statements

## Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KAREN NICKELL 424 FREDERICK AVE SEWICKLEY PA 15143	EXEC DIRECTR	40	83,950	8,475	0
VALERIE JOHNSON 424 FREDERICK AVE SEWICKLEY PA 15143	BOD PRE/TRUS	5	0	0	0
LAUREL ECHAVARRIA 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD VP	5	0	0	0
LESLIE LIEBSCHER 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD TREAS	5	0	0	0
NATALIE MUELLER 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD SECRET	5	0	0	0
JOAN BRANCH 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
WAYNEEN DRISCOLL 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
ANNIE GENSHEIMER 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
FRANCYE KINNEY 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
JULIE O'NEILL KLOO 424 FREDERICK AVE	BOARD MEMBER	5	0	0	0

## Federal Statements

## Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SEWICKLEY PA 15143					
WENDY MAGLIO 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
GAIL MANGAN 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
DIANE MEAKEM 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
SUSAN PAPPAS 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
KATHERINE M PIGMAN 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD/TRUSTE	5	0	0	0
DON REINHARDT, JR 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
TODD SACCO 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD/TRUSTE	5	0	0	0
LIZ TILLI 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
HEATHER TERRELL 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0

## Federal Statements

## Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ROBIN TSUDIS 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
STACEY WESTWOOD-ZUNIC 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
ELIZABETH A WILSON 424 FREDERICK AVE SEWICKLEY PA 15143	BOARD MEMBER	5	0	0	0
ROGER E. WRIGHT 424 FREDERICK AVE SEWICKLEY PA 15143	TRUSTEE PRES	5	0	0	0
THOMAS L MCCLEOD 424 FREDERICK AVE SEWICKLEY PA 15143	TRUSTEE TREA	5	0	0	0
WILLIAM P BOSWELL 424 FREDERICK AVE SEWICKLEY PA 15143	TRUSTEE SEC	5	0	0	0
ALEX M LAUGHLIN 424 FREDERICK AVE SEWICKLEY PA 15143	TRUSTEE	5	0	0	0
ALEX M LAUGHLIN JR 424 FREDERICK AVE SEWICKLEY PA 15143	TRUSTEE	5	0	0	0
DAVID W LAUGHLIN 424 FREDERICK AVE SEWICKLEY PA 15143	TRUSTEE	5	0	0	0
RONALD E LONG 424 FREDERICK AVE	TRUSTEE	5	0	0	0

## Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
SEWICKLEY PA 15143					
GERARD LONGO 424 FREDERICK AVE SEWICKLEY PA 15143	TRUSTEE	5	0	0	0
ELIZA S NEVIN 424 FREDERICK AVE SEWICKLEY PA 15143	TRUSTEE	5	0	0	0

Federal Statements

Statement 11 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
ALEXANDER M LAUGHLIN TRUSTEE	ALEXANDER M LAUGHLIN, JR TRUSTEE	FATHER/SON
ALEXANDER M LAUGHLIN TRUSTEE	DAVID W LAUGHLIN TRUSTEE	FATHER/SON
ALEXANDER M LAUGHLIN, JR TRUSTEE	DAVID W LAUGHLIN TRUSTEE	BROTHERS

Statement 12 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93A	SERVICE FEES OFFSET EXPENSES RELATED TO PROVIDING EARLY INTERVENTION FOR CHILDREN WHO ARE STRUGGLING TO LEARN THE CORE SKILLS NEEDED FOR ACADEMIC SUCCESS.
101	PROVIDE COMMUNITY AWARENESS OF THE CENTER AND IT'S PROGRAMS.

**Statement 13 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications**Description

LAUGHLIN CENTER'S FINANCIAL AID PROGRAM, HISTORICALLY CALLED ITS "SCHOLARSHIP PROGRAM," HELPS FAMILIES TO ARRANGE FOR LEARNING SUPPORT SERVICES, SUCH AS EVALUATIONS AND TUTORING, WHEN A FAMILY CANNOT AFFORD THE FULL COST OF SUCH SERVICES. AWARDS OF SUPPORT ARE MADE ON FAMILY NEED DETERMINED ON A CASE-BY-CASE BASIS, DEMONSTRATED BY BASIC FINANCIAL INFORMATION, INCLUDING FEDERAL INCOME TAX RETURNS.

**Statement 14 - Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy**Description

LAUGHLIN CENTER HAS A LONG-STANDING REPUTATION IN THE COMMUNITY FOR PROVIDING LEARNING SUPPORT SERVICES TO CHILDREN AND FAMILIES REGARDLESS OF THEIR RACE, RELIGION OR ABILITY TO PAY FOR SERVICES. FINANCIAL AID IS AVAILABLE FOR FAMILIES WHO OTHERWISE COULD NOT AFFORD NEEDED SERVICES. THE ANNUAL AUDIT REPORT DISCLOSES THAT LAUGHLIN CENTER "DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, ETHNIC OR ECONOMIC BACKGROUND." PHOTOGRAPHS IN LAUGHLIN CENTER'S BROCHURES AND ON ITS WEBSITE ILLUSTRATE THE MULTI-CULTURAL DIVERSITY OF ITS CLIENTS AND ITS NON-DISCRIMINATORY POLICY.