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Form **990**

Department of the Treasury

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)

he organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public Inspection

			C Name of organization	7-01-2009 and ending 06-30-20	V 1.V	D Employer ide	entification number		
_	if applicable s change	Please use IRS	COMMUNITY SERVICES FOR	23-2204725					
_	-	label or print or	Doing Business As			E Telephone nu			
Name	-	type. See				(610) 437-6	6000		
Initial r Termin		Specific Instruc- tions.	Number and street (or P O 1520 HANOVER AVENUE	box if mail is not delivered to street add	dress) Room/suite				
	led return		City or town, state or count ALLENTOWN, PA 18109	ry, and ZIP + 4		1			
Аррііса	ition pending			-1 - <i>ff</i>	1	_			
			ne and address of princip R ERVIN	al officer		his a group returr ates?	n for		
			HANOVER AVENUE						
		ALLEN	TOWN,PA 18109		, ,	all affiliates includ			
Tax-ex	xempt status	▽ 501(c)(3) ◄ (insert no)	7(a)(1) or		No," attach a list up exemption nu	(see instructions) mber ►		
Webs	site: 🟲 ww	w cscinc or	-g						
orm of	f organizatior	Corporat	tion Trust Association	Other ►	L Year of f	ormation 1981 M	State of legal domicile P		
Part	I Sum	mary			•	-			
				FAMILIES TO SUCCEED IN LE					
				ontinued its operations or dispos					
		_		body (Part VI, line 1a) he governing body (Part VI, line					
			nployees (Part V, line 2a)		10)		3		
			olunteers (estimate if nec				2,2		
				m Part VIII, column (C), line 12			 1		
	_			n Form 990-T, line 34		7: 7:			
				,	Pri	or Year	Current Year		
	B Contr	ibutions and	d grants (Part VIII, line 1	h)		40,677,639	43,054,48		
و ا			revenue (Part VIII, line 2						
10			me (Part VIII, column (A		62,600	24,61			
1:	1 Other	revenue (P	art VIII, column (A), line		127,041				
12			dd lines 8 through 11 (mi	ine		42 227 1			
-						40,867,280	43,237,10		
13				column (A), lines 1-3)	•	6,031,654	7,157,27		
14				olumn (A), line 4)		-			
15	5 Saiari 10)	es, other co	ompensation, employee b	enefits (Part IX, column (A), line	5 5-	12,184,343	13,336,93		
16	6a Profes	sional fund	Iraising fees (Part IX, col	umn (A), line 11e)		8,398	2,20		
`			enses (Part IX, column (D), lin	· ·	-				
17				s 11a-11d, 11f-24f)		22,814,265	22,986,99		
18				qual Part IX, column (A), line 25		41,038,660	43,483,40		
19 8406888 20 20 21 21 22	Kever Rever	iue less exp	penses Subtract line 18 i	rom line 12	Beginnir	-171,380 ng of Current Year	-246,30 End of Year		
ž 20	0 Total	assets (Pai	rt X, line 16)			12,304,817	12,403,44		
2 2:						5,035,213	5,320,10		
#				21 from line 20		7,269,604	7,083,34		
art :	≢ Sigr	ature Bl	ock				· · · · ·		
				amined this return, including accompany cion of preparer (other than officer) is ba					
gn ere	*** Sign	*** ature of office	1-01-19						
		EN CARROLL ' e or print nam	VICE PRESIDENT - FINANCE ne and title						
	Prepare signatur			Date	Check if self-	Preparer's identif			
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epare e Onl	uf self-e	ame (or your mployed),	P	_E & CU PC		EIN Þ	EIN Þ		
J U111	address	, and ZIP + 4	903 CHESTNUT STREET			·			
	I		EMMAUS, PA 18049			Phone no 🕨 (6	10) 96/-1200		
			·	n ahova? (saa instructions)		I	Vas ENO		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Total program service expenses►\$

Community Services for Children (CSC) prepares young children and their families to succeed in learning and in life. Founded in 1981, CSC is committed to ensuring that children enter school ready to learn and that families are equipped to help support their children. CSC provides. * Early education for the most vulnerable children and their families through Head Start, Early Head Start, and PreK Counts preschool, * Child care quality improvement services and grants in 13 counties through the PA Northeast Regional Key, and * Subsidies to child care providers that provide access to services to low income families. Collectively, CSC serves more than 35,000 children and families in the Lehigh Valley and 11 other counties of Northeastern Pennsylvania. CSC is the sole provider of Head Start in Northampton and Lehigh Counties, which has been in operation since 1965.

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 11,374,685 including grants of \$) (Revenue \$)
	HEAD START/PREK & EARLY HEAD START OF THE LEHIGH VALLEYHead Start/Pre K, and Early Head Start of the Lehigh Valley is our nations'premier provider of developmental and educational services to pregnant women, babies, toddlers, preschoolers and their families who live in poverty and struggle to meet the basic needs of life. We seek out the needlest of families, those at or below 100% of poverty, who without our intervention may not succeed in learning and in life. We provide high quality early education and comprehensive family development services. Specifically, our mission is to ensure that each child can reach their full potential, is ready for school and that each family is successful. Though children enter the program well behind their typical peers, over 90% of HS/Pre K children exit the program having achieved all of their learning indicators, positioning them for a successful academic future. Ninety-one(91%) are achieving at or above their age level in Math, Science and Literacy skills. Ninety-four(94%) of pregnant enrollees in EHS delivered a healthy, full term baby! On a daily basis we provide developmental experiences to at least 177 infants and toddlers (EHS) and 982 (Head Start/(Pre K) preschoolers in conjunction with comprehensive health, nutrition, disability services and family services to them as well. This year over 1,520 children and families received vital early education services, in either a part-day (692) or full day (305). Families participating in the program had monthly group activity opportunities as well as either weekly or monthly home visits. We ensure that each child has all early and preventive health structure and monthly group activity opportunities as well as either weekly or monthly home visits. We ensure that each children achieved positive health status by obtaining all of their needed screenings, and 98 % of children services in ordinary that each children achieved positive health status by obtaining all of their needed screenings, and 98 % of children their children with se
4b	(Code) (Expenses \$ 19,716,244 including grants of \$) (Revenue \$)
	Subsidized Child Care Services for low incomeSubsidized Child Care Services for low income families who are working and are in training programs to help make child care more affordable and provide a safe, early childhood or school age experience. Families whose income is less than 235% of the Federal Poverty Guidelines are eligible for the subsidy. Each family is required to pay a portion of the cost of the child care based on their family income. Requirements for the program include, working or in training at least 20 hours per week, must be citizens of the US, and provide verification of need for child care and employment and training Parent services to families include family counseling (approximately 1,500 calls) on the quality child care programs available based on a parent choice model. All families may select a provider that best meets their child's needs. Other services are the processing of over 1,500 applications annually, determining eligibility for over 3,400 families enrolled, providing affordable child care to over 10,000 children Provider services include subsidy payments to over 1,000 providers totaling over \$18 Million annually.
4c	(Code) (Expenses \$ 9,575,529 including grants of \$ 7,157,277) (Revenue \$ 75,820)
	Early Learning and School Age Quality Initiatives (Northeast Regional Key)Early Learning and School Age Quality Initiatives (Northeast Regional Key) The Northeast Regional Key is responsible for coordinating and administering a variety of professional development activities, quality improvement activities and financial awards and grants for more than 1,500 programs in Northeastern Pennsylvania. The Northeast Regional Key provides services to regulated programs in Berks, Bucks, Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming counties. Accomplishments in the last program year include - Developed and implemented a Northeast Region Quality. Improvement Plan for professional development and technical assistance in partnership with colleges and professional development organizationsOffered approximately 3,400 hours of college courses -486 teachers participated in Child Development Associate college courses, 28 teachers participated in School Age Professional Credential, 144 directors participated in the Directors Credential coursesmore than 18,000 teachers and directors attended professional development activities sponsored by the Northeast Key-73 programs participated in health and safety on -site technical assistance-138 programs participated in STARS on- site technical assistance-122 programs participated in School Age on-site technical Assistance-Implemented the Keystone STARS quality initiative for more than 800 programs-Offered individual, group and telephone consultation to assist programs in meeting the STARS standardsThe Keystone STARS program promotes quality in early learning and school age programs Programs that participate in Keystone STARS earn a STAR 1 to STAR 4 based on meeting quality standards. There were 799 programs in Keystone STARS serving more than 30,000 children dailyEarly Learning and School Age programs were awarded \$6,443,604Inform the Early Learning Community about the status of Early Learning/School AgeConvened
4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 215,154 including grants of \$) (Revenue \$)

40,881,612

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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 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 Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If "Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
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? If "Yes," complete Schedule L, Part III	27		Νo
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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 owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
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		Νo
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		Νο
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	Yes	

	Part V	Statements	Regarding	Other IRS	Filings and	l Tax	Compliance
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	otatements Regarding ether title i miligo and rax eemphanee		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			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 1,329 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Νο
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Νο
Ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	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		Νο
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 goods and services provided to the payor?	7a		Νo
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		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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 organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1520 HANOVER AVENUE ALLENTOWN, PA 18109

(610) 437-6000

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 23			
b	Enter the number of voting members that are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
	•	-		INO
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Yes	
13	Does the organization have a written decument retention and destruction nellow?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available Check all that apply			
10	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the vice president of finance	ne orga	ınızatıor	n ►
	vice president of illiance			

Part VIII 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, and current key employees 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, or 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

Check this box if the organization did not compensate any current or former officer, director, trustee or ke										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NORTHAMPTON COMMUNITY COLLEGE 3835 gREEN pOND rOAD BETHELEHEM, PA 18020	PROFESSIONAL DEVELOPMENT	383,512
cOMPUTER MANAGEMENT aSSOCIATES 7599 Beth-Bath pike Bath, PA 18014	COMPUTER & IT MANAGEMENT SERVICES	249,941
KEYSTONE COLLEGE ONE COLLEGE GREEN LA PLUME, PA 18440	PROFESSIONAL DEVELOPMENT	211,048
CHILD CARE PROVIDERS INC 925 PROSPECT AVENUE SCRANTON, PA 18505	PROFESSIONAL DEVELOPMENT	107,405
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►4) who received more than	

5

Nο

Form 99			f Davis and					Page 9
Part V	/!!!	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
まま	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es 1b					
	С	Fundraising eve	ents 1c					
	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) 1e	42,817,739				
F S	f	All other contribution	ons, gifts, grants, and 1f	236,747				İ
5 ₹	g		butions included in					
늍								
ပိုင်း	h	Total. Add lines	s 1a-1f	· · · •	43,054,486			
<u> </u>				Business Code				
æn	2a							
Program Service Revenue	Ь							
	С							
ž.	d							
Ξ	e							
Z 13	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen					
		and other simil	aramounts)	▶ [24,541			24,541
	4	Income from inves	tment of tax-exempt bond	proceeds				
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities 189,926	(II) O ther				
	/ a	from sales of assets other						
	l .	than inventory	100.040					
	Ь	Less cost or other basis and	189,849					
	c	sales expenses Gaın or (loss)	77					
	d	Net gaın or (los	s)		77			77
	8a	Gross income f	rom fundraising					
Other Revenue		events (not inc \$	iuaing					
Σ -≳		of contributions	reported on line 1c)					
æ		See Part IV, lin	e 18 a	60,803				
her	ь	Less directex	penses b	30,574				
₹	c		loss) from fundraising		30,229			30,229
	9a		rom gaming activities					
		See Part IV, lin	e 19 a					
	ь	less directer	penses b					
	c		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	unventory, less owances .					
	Ь	less costofa	aoods sold b					
	c		(loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a	MISCELLANEC	US	611,600	127,769	127,769		
	ь	<u> </u>						
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d		127,769			
	12	Total revenue.	See Instructions .	•	43,237,102	127,769	0	54,847

	990 (2009)				Page 10
Part					
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,101,440	7,101,440		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	55,837	55,837		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	·	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,427,932	8,305,539	1,038,039	84,354
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	591,678	497,106	87,710	6,862
9	Other employee benefits	2,291,548	2,091,726	188,683	11,139
10	Payroll taxes	1,025,775	902,201	 	9,325
11	Fees for services (non-employees)	2,323,773	302,231	111,213	3,323
a	Management	145,838	69,987	41,207	34,644
а ь	-	,	09,987	 	34,044
	Legal	2,545		2,545	
C 	Accounting	22,150		22,150	
d	Lobbying	2 200			2 200
e	Professional fundraising See Part IV, line 17	2,200		 	2,200
f	Investment management fees	48		48	
g	Other			1	
12	Advertising and promotion	34,477	23,901	7,726	2,850
13	Office expenses	365,921	231,830	· ·	14,943
14	Information technology	425,280	130,149	293,968	1,163
15	Royalties				
16	Occupancy	628,147	287,429	340,718	
17	Travel	170,138	166,791	2,748	599
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	127,547	99,314	26,182	2,051
20	Interest	14,997	14,997		_
21	Payments to affiliates	5,007	2,642	1,875	490
22	Depreciation, depletion, and amortization	391,466	339,773	51,693	
23	Insurance	77,421	2,451	74,970	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				_
а	CHILD CARE SUDSIDY	18,293,414	18,293,414		
b	PROFESSIONAL DEVELOPMEN	985,753	981,066	4,687	
c	PROGRAM/CLASSROOM SUPPL	837,915			34
d	VEHICLE FLEET	371,138	371,138		_
e	MISCELLANEOUS	87,790	84,501	2,317	972
f	All other expenses			<u> </u>	
25	Total functional expenses. Add lines 1 through 24f	43,483,402	40,881,612	2,430,164	171,626
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	, 753, 152	,,		1,020
	complete this fine only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1,190,228 641.060 1 Cash—non-interest-bearing 1 304.898 2 106.847 2 3,143,594 4,052,314 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net Inventories for sale or use 8 70.792 9 52,613 Land, buildings, and equipment cost or other basis Complete 9.938.355 10a 10a Part VI of Schedule D 10b 3.456.018 6.482.337 b Less accumulated depreciation 6,595,196 **10c** 1.000.109 11 1.068.272 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 12,304,817 16 12,403,443 4,154,813 17 4.860.770 17 Accounts payable and accrued expenses 18 18 14,150 19 18,081 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 866.250 441.250 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 5,035,213 26 5,320,101 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 6.853.612 6,669,015 27 27 Unrestricted net assets 28 315.367 28 313.702 Temporarily restricted net assets Fund 100.625 29 100.625 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 7,269,604 7,083,342 33 33 34 Total liabilities and net assets/fund balances 12.304.817 12,403,443 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY SERVICES FOR CHILDREN INC

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

Do		Dona	on for Dul	blic Charity Stat	(11) 0	anizations	must some	lata this pai	23-220472						
	rt I			blic Charity Stat e foundation because						tructions					
1	/igaiii			on of churches, or as					,						
2	<u>'</u>			in section 170(b)(1)				(=/(~/(-//-							
3	<u>'</u>			perative hospital ser				170(6)(1)(4	Miii						
4	<u>'</u>			organization operate						(A)(iii) Ent	artha				
•	'		l's name, cit	•	ea iii conjune	CHOIL WILL A	iospital desci	ilbed ill secti	on 170(b)(1)	((A)(III). EIIC	er the				
5	Γ	_	-	erated for the benefit	_	or university	owned or op	erated by a g	jovernmental	l unit describ	ed in				
	_			A)(iv). (Complete Pa	•										
6	<u> </u>			local government or	=										
7	 ~	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)												
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)													
9	\sqcap	Anorga	A community trust described in section 170(b)(1)(A)(VI) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross												
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of													
		ıts supp	ort from gro	ss investment incon	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busıı	nesses				
		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). (Complete Part III)													
10	Γ	Anorga	An organization organized and operated exclusively to test for public safety See section 509(a)(4).												
11 e	Г	one or r the box a Sy checother th	more publicly that describ Type I cking this bo	anized and operated y supported organiza pes the type of suppo b Type II ox, I certify that the open managers and oth	tions describ orting organiz c organization	bed in section zation and community of the section and controlling in the section and the sect	on 509(a)(1) omplete lines - Functionally illed directly	or section 50 11e through y integrated or indirectly	9(a)(2) See 11h d by one or mo	Type II	(a)(3). [I - Ot ed pers	. Check her ons			
f g		check t	his box	eceived a written de						I supporting	organız	zation,			
			g persons?												
				ectly or indirectly co	•		-	ersons descr	ribed in (ii)	[Yes	No			
				governing body of the			ion?			11g(i)		├			
		• •	•	r of a person describ	• •					11g(ii)	+	 			
_				ed entity of a person						11g(iii	<u> </u>	<u></u>			
_h 		Provide	the followin	g information about t	the supporter	d organizatio	on(s)								
(i) Name suppoi organiz		e of (ii) (described on col (i) listed in rited EIN lines 1 - 9 above your governing				e ion in ted in rning	col (i) of your col			(vi) Is the organization in ol (i) organized in the US?		(vii) ount of pport?			
				(see instructions))	Yes	No	Yes	No	Yes	No					
Tota															

Support Schedule for Organizations Described in IRC 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.)

_	(Complete only if y	ou checkeu the	e box on line 5,	7, 01 6 01 Part	1.)			
	ection A. Public Support	. 1	1	T	T T			
Сак	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do no	ot 27,057,7!	31,640,23	38,374,535	40,677,639	43	,054,486	180,804,648
	ınclude any "unusual	27,037,77	31,010,23	30,37 1,333	[10,077,035		,031,100	100,001,010
	grants ")							
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	27,057,7	53 31,640,23	38,374,535	40,677,639	12	,054,486	180,804,648
4	Total. Add lines 1 through 3	27,037,73	31,040,23	30,374,333	40,677,639	43	,034,460	160,604,646
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)							
6	Public Support. Subtract line 5 from line 4							180,804,648
S	ection B. Total Support				1			
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	00	(f) Total
	beginning in)			` '				
7	A mounts from line 4	27,057,753	109,897	38,374,535	40,677,639	43,	054,486	180,804,648
8	Gross income from interest,							
	dividends, payments received on securities loans, rents,	63,111	109,897	88,682	62,600		24,541	348,831
	royalties and income from	03,111	103,037	00,002	02,000		21,311	310,031
	similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
• •	carried on Other income (Explain in Part							
10	IV) Do not include gain or loss							
	from the sale of capital	11,045	26,483	37,023	89,372		127,769	291,692
	assets							
11	Total support (Add lines 7							181,445,171
	through 10)	tt. /C				1 1		
12	Gross receipts from related activi					12		412,734
13	First Five Years If the Form 990 is check this box and stop here	for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as a	501(c)(3	3) organız	ation, ▶□
	check this box and stop here							-1
S	ection C. Computation of Pu	blic Support	Percentage					
14	Public Support Percentage for 200			e 11 column (f))		14		99 650 %
15	Public Support Percentage for 200	08 Schedule A , P	art II, line 14			15		99 640 %
16a	33 1/3% support test-2009. If th	e organization du	not check the h	ox on line 13 and	line 14 is 33 1/3%		check t	
	and stop here. The organization qu				2		,	₩V
b	33 1/3% support test-2008. If th	•			5a, and line 15 is	33 1/3%	or more,	check this_
	box and stop here. The organization			-				► □
17a	10%-facts-and-circumstances tes		-					
	is 10% or more, and if the organiz in Part IV how the organization me							ed
	organization	sets the facts at	ia circumstances	test The organiz	ation quanties as	a pablici	у зарроге	ັ▶⊏
Ь	10%-facts-and-circumstances tes	t—2008. If the or	ganızatıon dıd not	t check a box on li	ne 13, 16a, 16b, o	or 17a an	d line	•
	15 is 10% or more, and if the orga			•				
	Explain in Part IV how the organiz	ation meets the '	facts and circum	stances" test The	e organization qua	lifies as a	publicly	
10	supported organization	stion did not ab	ka boy on line 4:	2 165 16h 17	vr 17h ahaali +h	hov and		► □
18	Private Foundation If the organization instructions	ition ala not chec	k a bux on line 1.	э, тоа, тор, т/а С	n i/b, check this	DOX and :	566	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Name of organization COMMUNITY SERVICES FOR CHILDREN INC Employer identification number

23-2204725

	contributions of \$1,000 or less for the year	ar (Enter this information	once See instru	ctions) F \$
a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		_		
	Transferee's name, address, a	(e) Transfer nd ZIP 4	of gift	ship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
arti				
				-
_	Transferee's name, address, a	(e) Transfer nd ZIP 4	of gift	ship of transferor to transferee
_	Transferee's name, address, a	Transfer	of gift	ship of transferor to transferee
rom	Transferee's name, address, a (b) Purpose of gift	Transfer	of gift Relations	ship of transferor to transferee (d) Description of how gift is held
from	(b)	Transfernd ZIP 4	of gift Relations	(d)
from	(b) Purpose of gift	Transfer	of gift Relations gift of gift	(d) Description of how gift is held
a) No. from Part I	(b)	Transfer	of gift Relations gift of gift	(d)
a) No.	(b) Purpose of gift Transferee's name, address, a	Transfer nd ZIP 4 (c) Use of g Transfer	of gift Relations gift of gift	(d) Description of how gift is held
from	(b) Purpose of gift	Transfer	of gift Relations gift of gift Relations	(d) Description of how gift is held
a) No.	(b) Purpose of gift Transferee's name, address, a	Transfer Ind ZIP 4 (c) Use of g Transfer (e) Transfer (c) (c)	of gift Relations gift of gift Relations	(d) Description of how gift is held ship of transferor to transferee (d)
a) No.	(b) Purpose of gift Transferee's name, address, a	Transfer (c) Use of g (e) Transfer (c) Use of g (e) Transfer (c) Use of g	of gift Relations gift Relations of gift Relations	(d) Description of how gift is held ship of transferor to transferee (d)

DLN: 93493019007121

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ternal Revenue Service ► Attach to Form 990. ► See separa		orm 990. ► See separate instructions.	e instructions. Inspectio				
	me of the organi			Emplo	oyer identificat	ion numb	er
COI	MMUNITY SERVICES	FOR CHILDREN INC		23-2	204725		
Pa			dvised Funds or Other Similar Fι			Comple	te if the
	organiz	zation answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds	/1) Funds and ot	har a a a a .	
	Total number at	t and of year	(a) Donor advised funds	(1	, Funds and ot	ner accou	ints
,		ributions to (during year)					
- 3		its from (during year)					
1		e at end of year					
5	-		isors in writing that the assets held in done organization's exclusive legal control?	or advis	ed	┌ Yes	┌ No
5	used only for cl	-	donor advisors in writing that grant funds nefit of the donor or donor advisor, or for an	•		☐ Yes	∏ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" to	Form	990, Part IV	, lıne 7.	
2	Protection Preservati Complete lines	on of land for public use (e g , recreati of natural habitat on of open space . 2a–2d if the organization held a quali ne last day of the tax year	ion or pleasure) Preservation of an Preservation of a c	ertified	historic struct		а
		,,,,	Γ		Held at the I	End of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage r	restricted by conservation easements		2b			
c	Number of cons	servation easements on a certified his	storic structure included in (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d			
3		servation easements modified, transfe ar ►	erred, released, extinguished, or terminate	d by the	organization d	luring	
1	Number of stat	es where property subject to conserva	ation easement is located 🛌				
5		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand ?	lling of v	violations, and	┌ Yes	┌ No
5	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents du	ring the year ►		
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	the year 🟲 🖇 🗕		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tıon		┌ Yes	┌ No
•	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial ments	•	,		
ar			ons of Art, Historical Treasures, ("Yes" to Form 990, Part IV, line 8.	or Oth	er Similar A	Assets.	
La	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc nancial statements that describes these it	h in furt			e,
b	historical treas	•	5 116, to report in its revenue statement a public exhibition, education, or research ir s			•	
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	luded in Form 990, Part X			► \$		
2	If the organizat	•	orical treasures, or other similar assets fo S 116 relating to these items	r financ	ıal gaın, provid	e the	
а	Revenues inclu	ıded ın Form 990, Part VIII, line 1			▶ \$		

Assets included in Form 990, Part X

Part :	III Organizations Maintaining Co	llections of Art,	<u>, His</u> t	<u>tori</u>	<u>cal Tr</u>	easu	res, or O	the	<u>r Simila</u>	<u>r Asse</u>	ts (co	ontinued)
	Using the organization's accession and other items (check all that apply)	records, check any	of the	e foll	lowing tl	hat ar	e a significa	ant u	se of its co	ollection	ו	
a	Public exhibition		d	Γ	Loan o	rexcl	hange progr	ams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and explai	ın how	vthey	y furtheı	r the c	organization	's ex	empt purp	ose in		
	During the year, did the organization solicit c assets to be sold to raise funds rather than t			,					ılar	Г	Yes	Г No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an am						n answere	d "Y	es" to Fo	rm 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribut	ions o	or other ass	ets r	not	Γ	Yes	┌ No
b 1	If "Yes," explain the arrangement in Part XIV	' and complete the f	followi	ıng ta	able		Г			A mou	ınt	
c	Beginning balance							1c				
_	Additions during the year							1d				
	Distributions during the year							1e				
_	Ending balance							1f				
	Did the organization include an amount on Fo	orm 990, Part X, line	21?				L	I		Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV		_							,		
Pari			า า ans	were	ed "Yes	s" to I	Form 990.	Par	t IV, line	10.		
		(a)Current Year		Prior			vo Years Back		Three Years)Four Y	ears Back
1a	Beginning of year balance	100,625			100,625							
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	100,625			100,625							
2	Provide the estimated percentage of the yea	r end balance held a	ıS									
a	Board designated or quasi-endowment 🕨	%										
b 1	Permanent endowment 🕨 100 000 % %											
c ·	Term endowment 🕨 %											
3a /	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	are held	and a	dministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
	(ii) related organızatıons If "Yes" to 3a(ıı), are the related organızatıoı					•		•		3a(ii) 3b	<u> </u>	No I
	Describe in Part XIV the intended uses of the	•						•		טכ	L	L
Part						90. Pa	art X. line	10				
	Description of investment	<u>, </u>		(a)	Cost or (other	(b)Cost or o	ther	(c) Accum deprecia		(d) Bo	ok value
1a	and						220	,565				229,565
	uildings		'				7,291		1	544,330		5,747,250
	easehold improvements		•				7,291	, , , 000	1,	JTT, JJU		J, 1 + 1 , Z J U
	quipment		•				2,336	802	1 (911,688		425,114
	• •		•	<u> </u>			2,330	•	1,	,11,000		
_ A ()							0.0	1400		l l		8U 7U6
	ther	rm 990 Part Y colum	10 (B)	line	10(c))			,408	▶			80,408 6,482,337

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Ident if ier

Part XI, Line 8 - Other Adjustments

Part V, Line 4

Pa	ITT XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,237,102
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,483,402
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-246,300
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	60,038
9	Total adjustments (net) Add lines 4 - 8	9	60,038
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-186,262
Pa	rt XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	43,297,140
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	60,038
3	Subtract line 2e from line 1	3	43,237,102
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,237,102
	T XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per F	
1	Total expenses and losses per audited financial statements	1	43,483,402
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	43,483,402
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	43,483,402
Pa	rt XIV Supplemental Information		
Рa	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P rt V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete ditional information		

Return Reference

Description of Intended Use of

Endowment Funds

Explanation

TO PROMOTE OVERALL MISSION OF THE ORGANIZATION

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DLN: 93493019007121

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization **Employer identification number** COMMUNITY SERVICES FOR CHILDREN INC

						23-2204725								
Pa	rt I Fundraising Ac Form 990-EZ file	t ivities. Complet				to Form 990, Part IV	, line 17.							
1	Indicate whether the orga	nızatıon raısed funds	through a	any of the	following activities Ch	eck all that apply								
а	Mail solicitations		_		Solicitation of noi									
ь	<u> </u>				f Solicitation of government grants									
С	Phone solicitations			a	_									
d	☐ In-person solicitation	s			·									
2a	Did the organization have or key employees listed in	_		· •		· ·	Г _{Yes} Г No							
b	If "Yes," list the ten highe to be compensated at leas													
			(iii)	Dıd	1									
			fundrais			(v) A mount paid to	(vi) A mount paid to							
	(i) Name of individual		custo	•	(iv) Gross receipts	(or retained by) fundraiser listed in	(or retained by)							
	or entity (fundraiser)		contribu		from activity	col (i)	organization							
			Yes No			.,								
Tota	al			>										
3	List all states in which t	he organization is reg	gistered o	rlicense	d to solicit funds or has	been notified it is exem	pt from registration or							

Pa	rt I	Fundraising Events. Commore than \$15,000 on Form					reporte	∌d
		· · ·	(a) Event #1	(b) Event #2	(c) O ther Events	(Add col	al Even (a) thre	
			(event type)	(event type)	(total number)			
Revenue	1 2	Gross receipts Less Charitable	60,80	3			60	,803
₩.	3	contributions Gross income (line 1 minus line 2)	60,80	3			60	,803
	4	Cash prizes						
	5	Non-cash prizes						
nse	6	Rent/facility costs						
Expenses	7	Food and beverages						
Direct	8	Entertainment						
۵	9	Other direct expenses .	30,57	4			30	,574
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)	🛌		30	,574
	11	Net income summary Combine I	ines 3, column d, and line	10		-	30	,229
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more	e than	
—		\$13,000 ON FORM 330 EZ, II	(a) Bingo	(b) Pull tabs/Instant	(d) Total gaming			
Revenue				bingo/progressive bingo		(Add col	(a) thro	ough
	1	Gross revenue						
မှ	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
₫	5	Other direct expenses						
	6	Volunteer labor	│	│	∀es			
	7	Direct expense summary Add line	es 2 through 5 in column	(d)				
	8	Net gaming income summary Con	nbine lines 1. column d. a	nd line 7				
	1 -	The gamming meeting barminary con					Yes	No
9 a		ter the state(s) in which the organiz the organization licensed to operate	, ,			· 9a		
b	If"	'No," Explain						
10a b		re any of the organization's gaming 'Yes," Explain	licenses revoked, suspe	nded or terminated during	the tax year?	10a		
11		es the organization operate gaming	activities with nonmont	are?				
12	Is	the organization a grantor, beneficia	ary or trustee of a trust or	a member of a partners h	ıp or other entity	11		
	for	med to administer charitable gamin	g [,]			. 12		

Indicate the percentage of gaming activity operated in The organization's facility An outside facility Inter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address If "ves," enter the amount of gaming revenue received by the organization receives gaming revenue? If "ves," enter the amount of gaming revenue received by the organization If "ves," enter name and address Name Address Caming manager information Name Gaming manager compensation Small Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license?	Yes No
b An outside facility	
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the organization F \$ and the amount of gaming manager information Name F Baming manager information Name F Description of services provided F Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name ► Address ► L5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ C If "Yes," enter name and address Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address Name Address Address Gaming manager information Name Gaming manager compensation S Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
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Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ C If "Yes," enter name and address Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶\$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ C If "Yes," enter name and address Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶\$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Gaming manager compensation ▶\$ Director/officer	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming livense?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$ C If "Yes," enter name and address Name	
amount of gaming revenue retained by the third party \$ If "Yes," enter name and address Name	
Address Addres	
Address Addres	
Address Gaming manager information Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Name Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Gaming manager compensation Description of services provided Director/officer	
Gaming manager compensation Description of services provided Director/officer	
Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Description of services provided F Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
retain the state gaming license?	
17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent In the organization's own exempt activities during the tax year ▶ \$	

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DLN: 93493019007121 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspect ion

Employer identification number

COMMUNITY SERVICES FOR CHILI	OREN INC						
	23-2204725						
Part I General Information	n on Grants and	l Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as:	sistance?					√Yes Γι
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50							83
3 Enter total number of other orga	inizations	<u></u> .	<u> </u>	· · · · · · ·	· · · · ·	<u> </u>	125

Ident if ier

Return Reference

Part III	Grants and Other Assistance to Individuals in the United State	s. Complete if the organization	answered "Yes" to Form	n 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.			

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	•		•	•	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Explanation

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Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 CSC, Inc. is responsible for financial and programmatic monitoring of sponsored project funds awarded to CSC that are subcontracted to another institution, organization, or individual (sub-recipient). For subcontracts that include any federal funds, sub-recipients are required to make an annual disclosure of any audit findings. As a recipient of federal sponsored projects, CSC must comply with the guidelines outlined in OMB Circular A-133. CSC is required by federal regulation to monitor expenses of federal funds awarded to the organization that are sub-contracted to another institution, organization, or individual. To provide the monitoring required by federal regulations and to ensure good stewardship of sponsored projects, CSC will review all sub-recipient expenditures for allowability, allocability, reasonableness, and proper compliance. CSC will follow the requirements of Office of Management and Budget Circular A-122, Cost Principles for Non-Profit Organizations (OMB A-122), Circular A-110 Uniform Administrative Requirement for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations, Subpart C, Procurement Standards, Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations (OMB A-133), and other applicable federal regulations with respect to monitoring its sub-recipients of federal awards. CSC is accountable for responsibly entering into subcontracts and for appropriately monitoring those sub-recipients. For sub-recipients who expend \$500,000 or more per year of federal awards, CSC will also comply with the audit requirements of OMB A-133. There are specific financial and administrative regulations governing the management of federal grants and contracts. As such, sub-recipients with whom CSC contracts to work on federal grants and contracts are also governed by the same regulations. Penalties for noncompliance include adverse audit findings, financial liabilities on current and past awards and loss of e

Software ID:

Software Version:

EIN: 23-2204725

Name: COMMUNITY SERVICES FOR CHILDREN INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Par	t 11, Grants and	<u>a Other Assistance</u>	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH VALLEY CHILDREN'S CENTER INC 1501 LEHIGH STREET STE 208 ALLENTOWN,PA 18103	23-1908158	501 (C) 3	344,168				kEYSTONE STARS GRANT
BERKS COUNTY INTERMEDIATE UNITPO BOX 16050 READING,PA 19612	23-1740825	SCHOOL	139,290				kEYSTONE STARS GRANT
KNO WLEDGE LEARNING CORPORATION600 GRANT STREET PITTSBURGH,PA 15219	06-1097006		154,010				kEYSTONE STARS GRANT
BETHLEHEM AREA SCHOOL DISTRICT3144 LINDEN STREET BETHELEHEM,PA 18017	24-0862592	SCHOOL	72,450				kEYSTONE STARS GRANT
CHILD DEVELOPMENT INC 420 UNIVERSITY DRIVE SCHUYKILL HAVEN,PA 18509	23-2212539	501 (C) 3	72,355				kEYSTONE STARS GRANT
NORTHEASTERN CHILD CARE SERVICES INC1356 N WASHINGTON AVE SCRANTON,PA 18509	23-2541114	501 (C) 3	119,944				kEYSTONE STARS GRANT
A CHILD'S WORLD DEVELOPMENT CENTER 2001 S EASTON ROAD DOYLESTOWN,PA 18901	23-2741196		129,520				kEYSTONE STARS GRANT
UNITED WAY OF THE GREATER LEHIGH VALLEY 2200 AVENUE A 3RD FLOOR BETHLEHEM,PA 18017	23-2657933	501 (C) 3	117,463				kEYSTONE STARS GRANT
CHILD DEVELOPMENT COUNCIL OF NORTHEAST PA9 E MARKET STREET WILKESBARRE,PA 18701	23-1875342	501 (C) 3	79,265				kEYSTONE STARS GRANT
COUNTY OF LACKAWANNA 99 GLENMAURA NATIONAL BUILDING MOOSIC,PA 18507	24-6000729	GOVT - COUNTY	68,490				kEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) **KEYSTONE STARS** KURIOUS KIDS CHILDRENS 05-0525381 501 (C) 3 CENTER LLC7540 WIDSOR GRANT 78,660 DRIVE ALLENTOWN, PA 18195 23-2021066 501 (C) 3 **KEYSTONE STARS** SALEM ST PAUL LUTHERAN CHURCHPO BOX 168 GRANT 91,551 KRESGEVILLE, PA 18333 THE FAMILY YMCA OF 24-0795636 501 (C) 3 **KEYSTONE STARS EASTON - PHILLIPSBURG** GRANT 20,495 1225 W LAFAYETTE ST EASTON, PA 18042 MULBERRY CHILD CARE 04-3056834 501 (C) 3 **KEYSTONE STARS** CENTERS INC65 GENERAL GRANT 122,765 WARREN BLVD MALVERN, PA 19355 **KEYSTONE STARS** SUSQUEHANNA COUNTY 23-2473551 501 (C) 3 CARESPO BOX 277 GRANT 51,250 MONTROSE, PA 18801 UNITED WAY OF 24-0824164 501 (C) 3 **KEYSTONE STARS** LACKAWANNA COUNTY615 GRANT 67,500 JEFFERSON AVE SCRANTON, PA 18501 TOYS & TYKES INC910 OAK 23-2542312 **KEYSTONE STARS** STREET GRANT 30,916 SCRANTON, PA 18508 LITTLE PEOPLE DAY CARE 20-3727706 **KEYSTONE STARS** NORTH INC1325 GRANT 49,610 FAIRMONT STREET WHITEHALL, PA 18052 **KEYSTONE STARS** ACE cHILD CARE CENTER 03-0429841 INC240 SWAMP ROAD GRANT 23,875 DOYLESTOWN, PA 18901 23-1655375 501 (C) 3 **KEYSTONE STARS** UNITED WAY OF BERKS COUNTY501 WASHINGTON GRANT 50,500 STREET READING, PA 19603

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 23-2691523 *KEYSTONE STARS* EARLY CARE AND 501 (C) 3 EDUCATION COALITION GRANT 50.000 OF PIKE COUNTY 101 POCONO DRIVE MILFORD.PA 18337 THE CUDDLE ZONE 23-2830744 501 (C) 3 **KEYSTONE STARS** GRANT LEARNING CENTER445 62,604 ALLENTOWN DRIVE ALLENTOWN, PA 18109 *kEYSTONE STARS* HANDS OF WYOMING 20-3192736 501 (C) 3 COUNTY41 PHILADELPHIA GRANT 75,000 AVETUNKHANNOCK, PA 18657 20-8908359 **KEYSTONE STARS** aCTIVE LEARNING GRANT cENTERS LLC9999 10,995 HAMILTON BLVD BREINIGSVILLE, PA 18031 24-0831490 501 (C) 3 **KEYSTONE STARS** UNITED WAY OF WYOMING VALLEY41 PHILADELPHIA GRANT 57,500 AVE TUNKHANNOCK, PA 18657 SAUCON VALLEY 23-1897985 501 (C) 3 **KEYSTONE STARS** COMMUNITY CENTER INC GRANT 35,380 323 NORTHAMPTON STREET HELLERTOWN, PA 18055 LIVE AND LEARN SMILE 23-2850426 **KEYSTONE STARS** GRANT CENTER INC326 W MAIN 54,790 STREET BIRDSBORO, PA 19508 23-2965334 **KEYSTONE STARS** BERKSHIRE LEARNING **CENTES INC2250** GRANT 57,815 RIDGEWOOD ROAD READING, PA 19610 WAYNE COUNTY 24-6000758 501 (C) 3 **KEYSTONE STARS** CHILDREN'S COALITION GRANT 50,500 648 WEST PARK STREET HONESDALE, PA 18431 POCONO HEALTHY 36-4491978 501 (C) 3 **KEYSTONE STARS** COMMUNITIES ALLIANCE GRANT 50,500 PO BOX 112 STROUDSBURG, PA 18360

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) **KEYSTONE STARS VOLUNTEERS OF AMERICA** 23-1494809 501 (C) 3 OF PENNSYLVANIA730 GRANT 52,165 UNION STREET ALLENTOWN, PA 18101 501 (C) 3 23-1352211 **KEYSTONE STARS** ST JOSEPH REGIONAL **HEALTH NETWORK12TH** GRANT 64,920 WALNUT READING, PA 19604 BETHLEHEM YMCA420 E 24-0795635 501 (C) 3 **KEYSTONE STARS BROAD STREET** GRANT 31,500 BETHLEHEM, PA 18018 YMCA OF READING AND 23-1244009 501 (C) 3 **KEYSTONE STARS** BERKS COUNTYPO BOX GRANT 37,560 1622 READING, PA 19603 23-1714246 501 (C) 3 **KEYSTONE STARS** ECUMENICAL **ENTERPRISES INC1075** GRANT 42,539 MEMORIAL HIGHWAY DALLAS, PA 18612 **KEYSTONE STARS** ABC KIDDIE KAMPUS INC 23-2623665 701 S MAIN STREET GRANT 60,515 OLD FORGE, PA 18518 MARYWOOD UNIVERSITY 24-0795453 501 (C) 3 **KEYSTONE STARS** 2300 ADAMS AVE GRANT 41,910 SCRANTON, PA 18509 LPCC INC2940 NAZARETH 23-2653303 **KEYSTONE STARS** ROAD GRANT 45,875 EASTON, PA 18045 24-0799342 **KEYSTONE STARS** DAY NUSERY 501 (C) 3 ASSOCIATION332 GRANT 42,250 JEFFERSON AVE SCRANTON, PA 18510 501 (C) 3 23-0734200 **KEYSTONE STARS** ALLENTOWN JEWISH COMMUNITY CENTER702 GRANT 18,205 NORTH 22ND STREET ALLENTOWN, PA 18104

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) ALMOST HOME LTD611 23-2703573 **KEYSTONE STARS** MONTGOMERY AVENUS GRANT 17,240 BOYEROTWN, PA 19512 COUNTRY CHARM EARLY 23-2915265 **KEYSTONE STARS** LEARNING CENTERPO BOX GRANT 41,128 73 24 RITTENHOUSE PLACE DRUMS, PA 18222 NORTH POCONO 23-1987582 501 (C) 3 **KEYSTONE STARS** PRESCHOOL INCRD6 PO GRANT 41,025 BOX 6409 MOSCOW, PA 18444 ANGELA H BAYER22 LEE 07-8564525 **KEYSTONE STARS** LANE GRANT 5,190 STROUDSBURG, PA 18360 23-2755143 **KEYSTONE STARS** BANGOR PRESCHOOL INC 221 S 4TH ST GRANT 37,105 BANGOR, PA 18013 26-2488610 **KEYSTONE STARS** BARBARA KRISTIANSEN 832 EASTON ROAD GRANT WARRINGTON, PA 18976 01-0703290 **KEYSTONE STARS** wee wons incROUTE 423 POCONO PINES, PA 18350 GRANT 31,755 23-2726996 501 (C) 3 **KEYSTONE STARS** the association for employee services 1150 E MOUNTAIN GRANT 40,300 DRIVE WILKESBARRE, PA 18702 NORTHWEST CHILDREN'S 23-2896131 **KEYSTONE STARS** GRANT CENTRE INC6301 ROUTE 36,465 309 NEW TRIPOLI, PA 18066 23-2046281 **KEYSTONE STARS** HOLY CROSS EVANGELICAL LUTHERAN GRANT 12,620 CHURCH695 JOHNSON ROAD NAZARETH, PA 18064

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) **KEYSTONE STARS** BJ KIDS INC6190 KELLERS 25-1868508 CHURCH ROAD GRANT 25,115 PLUMSTEADVILLE, PA 18949 THE SCHOOLHOUSE 23-2865298 **KEYSTONE STARS** DAYCARE CENTER INC270 GRANT 29,295 S RIVER STREET PLAINS, PA 18705 C J DEVINE INC5391 41-2085707 **KEYSTONE STARS** ANDREA DRIVE GRANT 32,632 ALLENTOWN, PA 18106 501 (C) 3 NATIVITY CHILD CARE 23-2701933 **KEYSTONE STARS** CENTER INC1501 N 13TH GRANT 32,880 STREET READING, PA 19604 33-1000248 **KEYSTONE STARS** MIRACLES 3 INCPO BOX 48 MARSHALLS CREEK, PA GRANT 49,610 18335 CAHILL INCRD 6 BOX 6376 23-3080941 **KEYSTONE STARS** EAST STROUDSBURG, PA GRANT 14,745 18301 UNITED NEIGHBORHOOD 24-0795389 501 (C) 3 **KEYSTONE STARS** CENTERS OF NORTHEAST GRANT 30,220 452 ALDER ST SCRANTON, PA 18505 24-0795389 501 (C) 3 OPPORTUNITY HOUSE430 **KEYSTONE STARS** N 2ND STREET GRANT 31,500 READING, PA 19601 **KEYSTONE STARS** CAROUSEL FARM'S 23-2133769 **EDUCATION CENTER225** GRANT 43,590 GRENOBLE ROAD IVYLAND, PA 18974 23-3070472 **KEYSTONE STARS** PREMIER CHILD CARE CENTER INC3853 ALLEN GRANT 27,873 STREET EMMAUS, PA 18049

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization (b) EIN (c) IRC Code section organization (d) Amount of cash organization (e) Amount of non-cash assistance (a) Amount of non-cash assistance (d) Amount of non-cash assistance (e) Amount of non-cash assistance (f) Method of pon-cash assistance (f) Method of pon-c

organization or government	(5) 2111	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LIFE SPAN145 MAIN STREET PENNSBURG,PA 18073	22-2616028	501 (C) 3	130,171				KEYSTONE STARS GRANT
GRETCHEN DARLINGTON 11 VILLAGE CENTER DRIVE READING,PA 19607	23-2700095		29,200				KEYSTONE STARS GRANT
KINGSST MARYS DEVELOPMENT DC CENTER INCPO BOX 348 WILKES BARRE,PA 18703	23-2841535	501 (C) 3	36,300				KEYSTONE STARS GRANT
SPRING GARDEN CHILDRENS CENTER INC 401 W BERWICK STREET EASTON,PA 18042	24-6002399	501 (C) 3	32,755				KEYSTONE STARS GRANT
LITTLE ACRES LEARNING CENTER INC1434 MOUNT COBB ROAD JEFFERSON TOWNSHIP, PA 18436	20-4446413		25,460				KEYSTONE STARS GRANT
THE LEARNING LOCOMOTION384 SUNSET AVE BANGOR, PA 18013	23-2966142		28,915				KEYSTONE STARS GRANT
CHILDREN CENTRAL LLC 882 TO WN CENTER LANGHORNE, PA 19047	26-4591703	501 (C) 3	21,495				kEYSTONE STARS GRANT
LONGSWAMP uNITED CHURCH OF CHRIST200 CLAY ROAD MERTZTOWN,PA 19539	23-2417193	501 (C) 3	30,000				KEYSTONE STARS GRANT
CHILDREN'S DEVELOPMENT PROGRAM INC501 W BROAD STREET QUAKERTOWN,PA 18951	23-1981629		16,075				KEYSTONE STARS GRANT
KEYSTONE COLLEGEONE COLLEGE GREEN LA PLUME,PA 18440	24-0795441	501 (C) 3	24,818				KEYSTONE STARS GRANT

(h) Purpose of grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) DW DAYCARE LLC1308 26-0836801 **KEYSTONE STARS** HIGHLAND AVENUS GRANT 29,265 FORT WASHINGTON, PA 19034 501 (C) 3 ALBRIGHT COLLEGEPO 23-1352615 **KEYSTONE STARS** BOX 15234 GRANT 36,300 READING, PA 19612 THE PERCEPTION 23-3032737 **KEYSTONE STARS** TRAINING CENTER INC GRANT 27,140 1265 B LAUREL BLVD POTTSVILLE, PA 17901 CREATION PLAYSTATION 23-2965239 **KEYSTONE STARS** INC1336 W MINOR STREET GRANT 28,175 EMMAUS, PA 18049 23-2903661 **KEYSTONE STARS** THE SUNSHINE STATION 501 (C) 3 476 ROUTES 6 209 GRANT 61,370 MILFORD, PA 18337 SAYRE CHILD CENTER349 24-0795681 501 (C) 3 **KEYSTONE STARS** GRANT **HAMILTON AVE** 29,970 BETHLEHEM, PA 18017 23-7199273 **KEYSTONE STARS** FRIEDENS EVANGELICAL 501 (C) 3 LUTHERAN CHURCH1076 GRANT 31,620 MEMORIAL HWY OLEY, PA 19547 FIRST IMPRESSIONS 86-1123478 **KEYSTONE STARS** CHILD CARE INC131 W GRANT 32,120 MAIN STREET MACUNGIE, PA 18062 **KEYSTONE STARS** MILFORD HILL DAY CARE 23-2708632 INCPO BOX 1209 GRANT 26,795 MILFORD, PA 18337 ALLENTOWN YMCA & YWCA 23-1365989 501 (C) 3 **KEYSTONE STARS** GRANT 425 S 15TH STREET 27,845 ALLENTOWN, PA 18102

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) A mount of cash (a) Name and address of **(b)** EIN (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant valuation or assistance organization ıf applıcable arant cash non-cash assistance (book, FMV, appraisal, or government assistance other) BLOOM EARLY EDUCATION 30-0248531 **KEYSTONE STARS CENTERS INC162** GRANT 18,900 FERGUSEN AVE SHAVERTOWN, PA 18708 **CURIOUS KIDS INC102** 65-1165275 **KEYSTONE STARS** GRANT STEWARD LANE 26,195 CHALFONT, PA 18914 **DEBORAH ANN RIZZO17** 23-2744359 **KEYSTONE STARS** ORCHARD LANE GRANT 14,540 SUGAR LOAF, PA 18249 23-3049021 501 (C) 3 **KEYSTONE STARS** ST GABRIELS GOOD SHEPHERD LEARNING CTR GRANT 22,300 1198 BEN FRANKLIN HIGHWAY DOUGLASVILLE, PA 19518 KATHLEEN E BUNNELL425 23-2918439 **KEYSTONE STARS** CENTER STREET ROAD GRANT 13.055 CLARKS SUMMIT, PA 18411 THIRD STREET ALLIANCE 24-0795639 501 (C) 3 **KEYSTONE STARS** FOR WOMEN & CHILDREN GRANT 21,870 41 N 3RD STREET EASTON, PA 18042 23-3026680 501 (C) 3 **KEYSTONE STARS** ROSE MEKEEL CHILD CARE CENTEREAST GRANT 21,810 STROUDSBURG UNIVERSITY EAST STROUDSBURG, PA 18301 DIVINE LEARNING CENTER 56-2631504 **KEYSTONE STARS** LLC1118 MENGES AVE GRANT 9,390 ALLENTOWN, PA 18103 JERUSELUM LUTHERAN 25-1207913 501 (C) 3 **KEYSTONE STARS** CHURCH252 DOCK STREET GRANT 20,045 SCHUYLKILL HAVEN, PA 17972 TOUCHING THE FUTURE 41-2038925 **KEYSTONE STARS** LLC3142 PRICETOWN GRANT 32,300 ROAD FLEETWOOD, PA 19522

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization (b) EIN (c) IRC Code section organization (d) Amount of cash (e) Amount of non-cash assistance organization (d) Amount of cash (e) Amount of non-cash assistance organization (d) Amount of cash (e) Amount of non-cash assistance organization (d) Amount of cash (e) Amount of non-cash assistance organization (d) Amount of cash (e) Amount of non-cash assistance organization (d) Amount of cash (e) Amount of non-cash assistance organization (d) Amount of cash (e) Amount of non-cash assistance organization (d) Amount of cash (e)
organization or government	, ,	ıf applıcable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
KMP LLC433 THORNHURST ROAD BEAR CREEK TOWNSHIP, PA 18702	65-1209589		25,570				kEYSTONE STARS GRANT
VILLA DAYCARE CENTER INC140 E WASHINGTON STREET SHENANDOAH,PA 17976	23-2989243		7,845				kEYSTONE STARS GRANT
A STEP AHEAD LLC768 S ROUTE 183 RD SCHUYKILL HAVEN,PA 17972	54-2132658		26,110				KEYSTONE STARS GRANT
NORTHAMPTON AREA COMMUNITY COLLEGE 3835 GREEN POND ROAD BETHLEHEM,PA 18020	23-6417444	SCHOOL	43,291				kEYSTONE STARS GRANT
THE ART LEARNING CENTER INC3225 N 5TH ST EAST STROUDSBURG,PA 18301	23-2820467		25,910				kEYSTONE STARS GRANT
ECLECTIC MANAGEMENT CORPORATIONPO BOX 64 CARBONDALE,PA 18407	23-2585754		13,400				kEYSTONE STARS GRANT
TOT TIME CHILD DEVELOPMENT CENTER INCPO BOX 796 PLYMOUTH MEETING, PA 19462	23-2772590		9,450				kEYSTONE STARS GRANT
JOCELYN KREIG3716-3718 LAWRENCE AVENUS MOOSIC,PA 18507	23-2657920		20,905				kEYSTONE STARS GRANT
BUSHKILL ELEMENTARY SCHOOL PTA960 BUSHKILL CENTER RD NAZARETH,PA 18064	23-7380842	501 (C) 3	18,355				kEYSTONE STARS GRANT
DOYLESTOWN HOSPITAL 595 W STATE STREET DOYLESTOWN,PA 18901	23-1352174	501 (C) 3	79,840				KEYSTONE STARS GRANT

(h) Purpose of grant

t II, Grants an	<mark>id Other Assistanc</mark> e	e to Governments	and Organization	ıs in the United Sta	ites	
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
23-3009027		11,710				kEYSTONE STARS GRANT
23-2694289	501 (C) 3	11,255				kEYSTONE STARS GRANT
23-2694289		21,990				kEYSTONE STARS GRANT
23-2940801		21,450				kEYSTONE STARS GRANT
23-2830588		18,725				kEYSTONE STARS GRANT
23-2495351		19,315				kEYSTONE STARS GRANT
23-6269853	501 (C) 3	17,865				kEYSTONE STARS GRANT
20-2316970		25,215				kEYSTONE STARS GRANT
84-0482428		6,900				KEYSTONE STARS GRANT
23-2964994		15,690				kEYSTONE STARS GRANT
	(b) EIN 23-3009027 23-2694289 23-2694289 23-2940801 23-2830588 23-2495351 23-6269853 20-2316970 84-0482428	(b) EIN (c) IRC Code section if applicable 23-3009027 23-2694289 23-2694289 23-2940801 23-2830588 23-2495351 23-6269853 501 (C) 3	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant 23-3009027 11,710 23-2694289 501 (C) 3 11,255 23-2694289 21,990 23-2940801 21,450 23-2830588 18,725 23-2495351 19,315 23-6269853 501 (C) 3 17,865 20-2316970 25,215 84-0482428 6,900 23-2964994 6,900	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance 23-3009027 11,710 23-2694289 501 (C) 3 11,255 23-2694289 21,990 23-2940801 21,450 23-2830588 18,725 23-2495351 19,315 23-6269853 501 (C) 3 20-2316970 25,215 84-0482428 6,900 23-2964994 6,900	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 23-3009027 11,710 11,710 23-2694289 501 (C) 3 11,255 23-2694289 21,990 23-2940801 23-2830588 18,725 23-2495351 19,315 23-6269853 501 (C) 3 17,865 20-2316970 25,215 84-0482428 6,900 23-2964994 6,900	If applicable grant cash assistance (bok, FMV, appraisal, other) coherence c

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) **KEYSTONE STARS** TRINITY EPISCOPAL 23-1352492 501 (C) 3 CHURCH200 S 2ND STREET GRANT 13,570 POTTSVILLE, PA 17901 **EMILILIE UNITED** 23-1534662 501 (C) 3 **KEYSTONE STARS** GRANT METHODIST CHURCH7300 14,175 **NEW FALLS ROAD** LEVITTOWN, PA 19055 23-1745816 SCHOOL **KEYSTONE STARS** READING AREA COMMUNITY COLLEGE 10 S GRANT 17,070 2ND STREET READING, PA 19602 KIDDIE KAPERS INC37 W 23-3069204 **KEYSTONE STARS** PATTERSON ST GRANT 15,690 LANSFORSD, PA 18232 **KEYSTONE STARS** FIRST FREE METHODIST 24-6023867 501 (C) 3 CHURCH OF BEACHPONPO GRANT 18,550 BOX8 BEACH LAKE, PA 18405 23-2788910 **KEYSTONE STARS** NANNY ROSE INC218 MAIN STREET GRANT 9,390 DURYEA, PA 18642 23-2801348 **KEYSTONE STARS** KNS ENTERPRISES INC 4316 ROOSEVELT ST GRANT 23,535 WHITEHALL, PA 18052 INFANT CARE AT 23-3073719 501 (C) 3 **KEYSTONE STARS** COVENANT CHURCH INC GRANT 15,760 550 MADISON AVENUE SCRANTON, PA 18510 **KEYSTONE STARS ENDLESS MOUNTAIN** 20-0180530 LEARNING CENTER305 GRANT 9,390 CHURCH STREET NEW MILFORD, PA 18834 30-0244065 **KEYSTONE STARS** CHRISTINE BEHM'S DAY CARE LLC1905 CHUCK GRANT 17,235 WAGON DRIVE AUBURN, PA 17922

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNA M VELEZ2862 ADIRONDAK DR BLAKESLEE,PA 18610	23-2872639		18,150				kEYSTONE STARS GRANT
CREATIVE CRITTERS INC 234 MIFFLIN AVENUE SCRANTON,PA 18503	23-3054185		17,900				kEYSTONE STARS GRANT
YMCA OF CARBONDALE82 N MAIN STREET CARBONDALE,PA 18407	24-0795515	501 (C) 3	23,098				kEYSTONE STARS GRANT
CHURCH OF THE GOOD SHEPHERD321 5TH STREET MILFORD,PA 18337	23-2018594	501 (C) 3	14,920				kEYSTONE STARS GRANT
ENRICHMENT WORKSHOP FOR CHILDREN5500 nESHAMING bLVD BENSALEM,PA 19020	23-2467678		86,635				kEYSTONE STARS GRANT
DEVON L RAAD296 SUSQUEHANNA TRAIL ALLENTOWN,PA 18104	16-1764002		20,345				kEYSTONE STARS GRANT
MYRTIS'S PRESCHOOL AND CREATIVE LEARNING523 OLD WILLOW AVE HONESDALE,PA 18431	23-2965343		13,060				kEYSTONE STARS GRANT
TOBYHANNA ARMY DEPOT 11 HAP ARNOLD BLVD TOBYHANNA,PA 18466	24-0811317	501 (C) 3	38,135				kEYSTONE STARS GRANT
LAM LLC25 COMMERCE DR READING, PA 19610	20-3265368		13,740				KEYSTONE STARS GRANT
FAMILY YMCA EASTON PHILIPSBURG1225 W LAFAYETTE STREET EASTON,PA 18042	24-0795636	501 (C) 3	18,040				kEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) A mount of cash (a) Name and address of **(b)** EIN (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant ıf applicable or assistance organization arant cash valuation non-cash assistance (book, FMV, appraisal, or government assistance other) **KEYSTONE STARS** PARK AVENUE KIDS 02-0728174 CORNER LLC3880 PARK GRANT 14,085 AVENUE NEFFS, PA 18065 YOUR CHILDREN FIRST INC 23-2969519 **KEYSTONE STARS** GRANT 4 CHIPMUNK DRIVE 19,595 FLEETWOOD, PA 19522 LEHIGH CARBON 23-1670163 SCHOOL **KEYSTONE STARS** COMMUNITY COLLEGE4525 GRANT 50.540 EDUCATION PARK DRIVE SCHNECKSVILLE, PA 18078 SAEED FAMILY 23-3066070 **KEYSTONE STARS** CORPORATION165 GRANT 21,990 SUTHERLAND DRIVE MOUNTAIN TOP, PA 18707 FEASTERVILL COMMUNITY 23-1579385 501 (C) 3 **KEYSTONE STARS** CHURCH15 W STREET GRANT 27,575 ROAD TREVOSE, PA 19052 23-6464581 **KEYSTONE STARS** MILFORD UNITED 501 (C) 3 METHODIST CHURCH206 E GRANT 10,693 **ANN STREET** MILFORD, PA 18337 FIRST FRIENDS INC938 23-2519420 **KEYSTONE STARS** TOWNE CENTER GRANT 10,493 DOYLESTOWN, PA 18901 23-1614218 501 (C) 3 **KEYSTONE STARS** EVANGELICAL LUTHERAN CHURCH OF THE NATIVITY GRANT 16,730 4004 W TILGHMAN ST ALLENTOWN, PA 18104 GEORGE SCHOOL 33-1044968 501 (C) 3 **KEYSTONE STARS** CHILDREN'S CENTERPO GRANT 9,450 BOX 112 GEORGE SCHOOL, PA 18940 MALLARD MEADOWS 30-0120280 **KEYSTONE STARS** RESIDENTIAL CENTER INC GRANT 13,945 186 BELMONT TURNPIKE WAYMART, PA 18472

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) **KEYSTONE STARS** JOLLY'S TODDLERS DAY 23-2323907 CARE275 2ND STREET GRANT 44,240 PIKE SOUTHAMPTON, PA 18966 45-0558266 **KEYSTONE STARS** KAREN JAGGARS839 TERRACE STREET GRANT 8,300 HONESDALE, PA 18341 23-2087191 **KEYSTONE STARS** BERKS COUNTY WOMEN IN CRISIS645 PENN STREET GRANT 8,380 READING, PA 19601 KIDS COUNTRY INCREILLY 23-2641439 501 (C) 3 **KEYSTONE STARS BUILDING RTE 940** GRANT 12,600 POCONO SUMMIT, PA 18346 KINDERCARE LEARNING **KEYSTONE STARS** 63-0941966 CENTER3651 STREET GRANT 78,535 ROAD BENSALEM, PA 19020 22-2596919 **KEYSTONE STARS** KOLEMET1360 OXFORD VALLEY ROAD GRANT 10,715 YARLEY, PA 19067 LA PETITE ACADEMY2000 43-1243221 **KEYSTONE STARS** HORIZON DRIVE GRANT 13,315 CHALFONT, PA 18914 MILLENNIUM CHILD 61-1486840 **KEYSTONE STARS** DAYCARE CENTER INC626 GRANT 19,555 MADISON AVE JERMYN, PA 18433 **KEYSTONE STARS** CHILD FIRST CH CARE & 83-0448045 LRNG CENTER LLCRR 1 PO GRANT 12,600 BOX 1056 CRESCO,PA 18326 23-2976928 **KEYSTONE STARS** LEHIGH VALLEY MARTIAL ARTS INC544 JUBILEE GRANT 23,485 STREET EMMAUS, PA 18049

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) LAND OF CHILDREN INC **KEYSTONE STARS** 30-0191414 1011 FOSTER STREET GRANT 12,600 FEASTERVILLE, PA 19053 LANGHORNE TERRACE 23-1946407 501 (C) 3 **KEYSTONE STARS** GRANT BAPTIST CHURCH1271 58,915 MAPLE AVENUE LANGHORNE, PA 19047 23-1464000 **KEYSTONE STARS** KIDZKORNER LLCRR 6 PO BOX 9229 GRANT 11,425 MOSCOW, PA 18444 16-1764320 **KEYSTONE STARS** JOYFUL NOISE CHILD LEARNING INC65 TEXAS GRANT 9,450 PALMYRA HWY HAWLEY, PA 18428 **KEYSTONE STARS** CAREER INSTITUTE OF 23-1661367 TECHNOLOGY5335 GRANT 8,893 KESSLERSVILLE RD EASTON, PA 18040 DORANT INC383 THE 13-4315347 **KEYSTONE STARS** HIDEOUT GRANT 10,935 LAKE AREIL, PA 18436 23-2968482 **KEYSTONE STARS** KRIS BOSSERTRR 1 PO BOX 1428 GRANT 9,360 GOULDSBORO, PA 18424 RAINBOW HILL SCHOOL 23-2282280 **KEYSTONE STARS** INC397 SHICKSHINNY GRANT 10,925 LAKE ROAD SCHICKSHINNY, PA 18655 **KEYSTONE STARS** INGLESIA BAUTISTA 23-2799716 BETANIA164 DOUGLASS GRANT 12,650 ST READING, PA 19601 LEARNING BLOCKS INC260 20-1316749 **KEYSTONE STARS** GRANT **VETRANS WAY** 5,670 WARMINSTER, PA 18974

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) **KEYSTONE STARS** LITTLE JEMS CHIDREN INC 23-2954724 1305 STATE ROAD GRANT 12,600 CROYDON, PA 19021 LITTLE RAYS DAY CARE 23-3092709 **KEYSTONE STARS** GRANT INC28 N MAIN STREET 18,390 BANGOR, PA 18013 23-1679601 **KEYSTONE STARS** LOWER BUCKS 501 (C) 3 COMMUNITY CENTER INC GRANT 7,292 9300 NEW FALLS ROAD LEVITTOWN, PA 19054 23-1476327 501 (C) 3 **KEYSTONE STARS** LOWER BUCKS COUNTY HOSPITAL501 BATH ROAD GRANT 19,445 BRISTOL, PA 19007 MAGIC COTTAGE LLC128 23-2038769 **KEYSTONE STARS** APPLETREE DRIVE GRANT 47,555 LEVITTOWN, PA 19055 MULCHAY EDUCATIONAL 20-8338741 **KEYSTONE STARS** SERVICES INC1600 MYER GRANT 24,305 WA Y JAMISON, PA 18929 23-2985152 **KEYSTONE STARS** TOBYHANNA KIDS INC471 STERLING ROAD GRANT 9,390 TOBYHANNA, PA 18466 NESHAMINY ELEMENTARY 23-2388936 SCHOOL **KEYSTONE STARS** SCHOOL AGE CHILD CARE GRANT 20.775 7 SCHOOL LANE TREVOSE, PA 19047 CHRISTIAN LIFE 23-2302463 501 (C) 3 **KEYSTONE STARS** ASSEMBLYRR 13 po box GRANT 10,693 2186A STROUDSBURG, PA 18360 **ROSEMARY MALOCU609 W** 23-3061080 **KEYSTONE STARS** WASHINGTON ST GRANT 9,390 SHENANDOAH, PA 17976

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) CAMP SPEERS ELJABAR 22-1897170 **KEYSTONE STARS** 501 (C) 3 YMCA143 NICHECRONK RD GRANT 9,295 DINGMANS FERRY, PA 18328 NEXT LEVEL CORP2532 33-1091000 **KEYSTONE STARS BERYL AVENUE** GRANT 11,710 WHITEHALL, PA 18052 23-2982037 501 (C) 3 **KEYSTONE STARS** DINGMANS NEW LIFE CHRISTIAN FELLOWSHIP GRANT 8,640 PO BOX 665 DINGMANS FERRY, PA 18328 **KEYSTONE STARS** PAM & PAM'S LATCHKEY 23-2894485 KID PROGRAM INC5629 GRANT 26,455 BENSALEM BLVD BENSALEM, PA 19020 PENNCO INSTITUTE INC 23-1891908 **KEYSTONE STARS** 3815 OTTER STREET GRANT 15,345 BRISTOL, PA 19007 75-3014332 PRECIOUS ONES DAYCARE **KEYSTONE STARS** LLC260 ROUTE 247 GRANT 6,900 GREENFIELD TOWNSHIP, PA 18407 HUSH LITTLE ANGELS LLC 75-3235099 **KEYSTONE STARS** 413 UNION BLVD GRANT 12,600 ALLENTOWN, PA 18109 CITYSPACE457 WALLEN 23-2574568 501 (C) 3 **KEYSTONE STARS** STREET GRANT 7,845 ALLENTOWN, PA 18102 23-3028308 **KEYSTONE STARS** ALL MY CHILDREN LLC118 ALLENTOWN ROAD GRANT 9,450 SOUDERTON, PA 18964 501 (C) 3 23-2712247 **KEYSTONE STARS** PHILADELPHIA CHRISTION CENTER INC2990 STREET GRANT 16,545 ROAD BENSALEM, PA 19020

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) A mount of cash (a) Name and address of **(b)** EIN (e) A mount of non-(f) Method of (g) Description of organization ıf applıcable grant cash valuation non-cash assistance or government (book, FMV, appraisal, assistance

or government			assistance	other)	
PRIMROSE CHILDCARE563 MOUNTAIN HOME ROAD READING,PA 19608	26-2101139	5,670			kEYSTONE STARS GRANT
THREE STAGES DAY CARE AND LEARNING CENTER LLC4 FAIRVIEW AVE MOUNT POCONO,PA 18344	23-3086867	7,500			kEYSTONE STARS GRANT
AMY PYSHER885 POINT PHILLIPS ROAD BATH,PA 18014	23-2320455	7,285			kEYSTONE STARS GRANT
KAREN FAUST JEFFREY FAUST DOLORES FAUST51 1/2 MIFFLIN ST PINE GROVE,PA 17963	23-3073811	7,088			kEYSTONE STARS GRANT
RADCLIFF LEARNING CENTER1011 RADCLIFF STREET BRISTOL,PA 19007	23-3073825	22,585			kEYSTONE STARS GRANT
RENE SNYDER JENY MILLER JOANNE SNYDER7584 KERNSVILLE ROAD OREFIELD, PA 18069	23-2732261	38,100			kEYSTONE STARS GRANT
RIGHT STEPS INC29 TANYARD ROAD RICHBORO,PA 18954	20-1742780	17,248			kEYSTONE STARS GRANT
RISING STARS DAY CARE INC6 FRANKLIN ST PO BOX 237 LAWRENCEVILLE, PA 16929	20-1994480	13,590			kEYSTONE STARS GRANT
SATELLITE INTERNATIONAL INC9090 OLD BUSTLETON aVENUS PHILADELPHIA,PA 19115	23-2898500	36,590			kEYSTONE STARS GRANT
MONIC LYNN RULAVAGE 610 E WASHINGTON ST PORT CARBON,PA 17965	23-2867106				 kEYSTONE STARS GRANT

(h) Purpose of grant

orassistance

Form 990,Schedule I, Part	t II, Grants and	d Other Assistance	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOLHOUSE LEARNING CENTER INC21 N MAIN STREET TRUMBAUERSVILLE, PA 18970	23-2479947		93,215				KEYSTONE STARS GRANT
SCOTT & MONIC CASTONE 202 E MAIN STREET PEN ARGYL,PA 18072	23-2882040		15,630				KEYSTONE STARS GRANT
TABOR CHILDREN'S HOUSE INC601 N BRITAIN ROAD DOYLESTOWN,PA 18901	23-2539505	501 (C) 3	50,069				KEYSTONE STARS GRANT
TEDDY BEAR COLLEGE5285 BENSALEM BLVD BENSALEM,PA 19020	23-2823305		10,825				KEYSTONE STARS GRANT
THE FAMILY YMCA OF LOWER BUCKS COUNTY200 NORTH PENNSYLVANI AVENUS MORRISVILLE,PA 19067	23-1433890		39,300				KEYSTONE STARS GRANT
TIM LOVE1121 E BROAD STREET TAMAQUA,PA 18252	23-2905827		12,600				KEYSTONE STARS GRANT
TINY TOTS LEARNING CENTER1897 ROUTE 212 QUAKERTOWN,PA 18951	20-1964189		14,798				KEYSTONE STARS GRANT
TRINITY LUTHERAN CHURCH19 S 5TH STREET PERKASIE,PA 18944	23-1463049	501 (C) 3	6,300				KEYSTONE STARS GRANT
TWO EL INC852 ELBOW LANE WARRINGTON,PA 18976	23-2437360		40,730				KEYSTONE STARS GRANT
UPPER BUCKS YMCA151 S 14TH STREET QUAKERTOWN,PA 18951	23-1713382	501 (C) 3	19,915				KEYSTONE STARS GRANT

<u>Form 990,Schedule I, Pa</u>	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINCHESTER ROAD DAY CENTER LLC3436 WINCHESTER ROAD ALLENTOWN,PA 18104	23-1914709	501 (C) 3	11,895				KEYSTONE STARS GRANT
YOUTH SERVICES ALTERNATIVE1398 SATE ROAD 903 JIM THORPE,PA 18229	55-0875797	501 (C) 3	7,845				KEYSTONE STARS GRANT
QUALITY CHILD CARE COALITION OF BUCKS COUNTY705 N SHADY RETREAT ROAD DOYLESTOWN,PA 18901	56-2373044	501 (C) 3	62,345				KEYSTONE STARS GRANT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493019007121

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

	Employer identification number
COMMUNITY SERVICES FOR CHILDREN INC	
	23-2204725

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		1 Annually as part of the Single Audit, the Vice President of Finance ensures the completion of the required 990 and Single Audit and its accompanying schedules. 2 The 990 and Single Audit is distributed electronically to the Audit and Finance Committee of the Board of Directors one week prior to the Exit Conference Meeting with the Independent Auditor which is scheduled annually. 3 The Independent Auditor reviews in detail the 990 and Single Audit with the Audit and Finance Committee. 4 The Audit and Finance Committee will review both documents and recommend approval to the Board of Directors. 5 After approval of the Audit and Finance Committee, the Single Audit and 990 will be distributed electronically to all Board Members one week prior to the Board meeting. 6 The Treasurer of the Board of Directors will review the Single Audit and the 990 with the Board of Directors highlighting for the Board Members significant changes. 7 The Board of Directors will approve the Single Audit and 990 prior to submission to the IRS, funding sources and the Single Audit Clearing House.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Conflict of Interest Policy for Members and Officers of the Board of Directors GENERAL PRINCIPALS Conflict of interest is generally present when a Director has the opportunity to influence decisions in ways that could lead to personal benefit or improper advantage, resulting in the compromse or appearance of compromise of judgment and ability to carry out his or her duties as a member of the Board of Directors. CSC Board members and officers are prohibited from using their positions on CSC's Board of Directors to gain advantage in any way for themselves, family, friends, or business associates. CSC Board members are prohibited from having a financial conflict of interest with the Agency Financial conflicts may include the following. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement. A compensation arrangement with the Organization or with any entity or individual with which the Organization is negotiating a transaction arrangement. CSC Board members are prohibited from receiving compensation is negotiating a transaction arrangement. CSC Board members are prohibited from receiving compensation for serving on the Board or providing services to the Agency for compensation Compensation includes direct and indirect remuneration, as well as gifts or favors that are not insubstantial. CSC Board members and members of their immediate families are prohibited from being employed by the Agency (Immediate family parents and grandparents, spouses, siblings, mothers, fathers, sisters, brothers, sons, and daughters-in-law, children, grandchildren of 1 No member of the Community Services for Children, Inc Board of Directors, or any of its committees. 2 Board members shall act solely in the interest of the Organization without regard for personal interests. 3 A Board member shall annually, after reviewing the Organization without regard for personal interests. 3 A Board member shall annually, after reviewing the Organization without regard for personal interests. 3 A

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		The objective of CSC's Executive Compensation plan is to provide reasonable and competitive compensation for the position of the CEO/President. The plan is consistent with market-based compensation practices. It provides a total compensation program which recognizes individual performance, as well as overall agency performance. The original letter of employment and associated contract will establish compensation and benefits for the CEO/President at the time of initial employment. The terms and conditions may be amended over time. A Competitive Benchmark Studies - Market surveys of comparable positions using industry specific data will be used to establish the salary range for the CEO/President position. Under the requirements of the Head Start Standards, competitive benchmark studies must be conducted every three years for all positions. CSC employs the services of an independent compensation firm to provide this service. Comparability studies are conducted for every position in the pay plan, including the CEO/President. The comparability data involves compensation levels in similarly situated organizations for functionally comparable positions. The data from the survey is used to establish salary ranges for all positions which are reviewed by the Human Resources Committee of the Board of Directors. Based on their review, the Human Resources Committee makes a recommendation to the full Board for approval. B Annual Reviews - Each year, the Executive Committee of the Board of Directors will evaluate the performance of the CEO/President. The assessment of performance will be based on individual accomplishments, overall organizational performance and analysis of key metrics. The Executive Committee will present its findings and recommendations in a Board session, without the CEO present. The Executive Committee will make a recommendation to the full Board. C Business Expenses - When incurring business expenses, the CEO/President will exercise discretion and good business judgment with respect to expenses. They wil

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		Community Services for Children provides the documents are available for public inspection and copying upon request. The charge for copying will be \$1 for the first page and \$15 for each additional page. Postage will also be required of the requester.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Community Services for Children provides the following documents for public inspection and copying upon request. The charge for copying will be \$1 for the first page and \$15 for each additional page. Postage will also be required of the requester. All documents submitted with Form 1023, -All documents the IRS required this organization to submit in support of its application for tax-exempt status, -The exemption ruling letter issued by the IRS, -Form 990 without Schedule B, and -Annual Report, including audited financial statement. Requests for any of these documents must be received in writing with a specific document indicated. The organization will respond within 15 business days after receipt of money indicated.

Additional Data

Software ID: Software Version:

EIN: 23-2204725

Name: COMMUNITY SERVICES FOR CHILDREN INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	ı services			
(Code) (Expenses \$	215,154 including grants of \$) (Revenue \$)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	che	')		T	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)		
JULIANNA TIMMCKE Secretary	2 00	×		х				0	0	0
GERALD R BEAVER	2 00	х		Х				0	0	0
DONALD M BERNHARD	2 00	×						0	0	0
DIRECTOR PAMELA DENT	2 00	X						0	0	0
DIRECTOR EDWARD DONLEY	200								0	0
member emeritus	2 00	Х						0	0	0
MICHELLE pOWERS DIRECTOR	2 00	x						0	0	0
MARLENE FOWLER DIRECTOR	2 00	×						0	0	0
BARBARA K FRAUST chair	4 00	х		х				0	0	0
GLENN GUANOWSKY ESQ DIRECTOR	2 00	Х						0	0	0
ELSBETH HAYMON DIRECTOR	2 00	×						0	0	0
MELANIE A WURSTA DIRECTOR	2 00	×						0	0	0
DIANE SCOTT DIRECTOR	2 00	х						0	0	0
PAT SIMON DIRECTOR	2 00	Х						0	0	0
FRANK T SMITH DIRECTOR	2 00	х						0	0	0
kelley marrero POLICY COUNCIL REPRESENT	2 00	х						0	0	0
TINA THOMPSON POLICY COUNCIL REPRESENT	2 00	х						0	0	0
MICHANA L JOHNSON DIRECTOR	2 00	х						0	0	0
HENRY ODI DIRECTOR	2 00	×						0	0	0
JARRETT R PATTON DIRECTOR	2 00	Х						0	0	0
DAVID RABAUT DIRECTOR	2 00	х						0	0	0
ANDREA BRADY TREASURER	2 00	х		х				0	0	0
ELIZABETH T BUGAIGHIS DIRECTOR	2 00	Х						0	0	0
THOMAS DAUB DIRECTOR	2 00	Х						0	0	0
HELEN CARROLL VICE PRESIDENT - FINANCE	40 00			х				98,974	0	17,835
JANE ERVIN ceo/president	40 00			×				94,400	0	10,154

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Average Position (check all						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
PAULA MARGRAF EXECUTIVE VICE PRESIDENT	40 00				х			91,909	0	17,300

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CHILD CARE SUDSIDY	18,293,414	18,293,414		
PRO FESSIO NA L DEVELO PMEN	985,753	981,066	4,687	
PROGRAM/CLASSROOM SUPPL	837,915	828,380	9,501	34
VEHICLE FLEET	371,138	371,138		
MISCELLANEOUS	87,790	84,501	2,317	972