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DLN: 93493068001003

囫

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)

OMB No 1545-0047

Open to Public

| C Name of organization COMMUNITY SERVICES FOR CHILDREN INC Doing Business As Number and street (or P O box if mail is not delivered to 1520 HANOVER AVENUE City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18109 F Name and address of principal officer JANER ERVIN 1520 HANOVER AVENUE | o street address) Room/suite | | 220472 ephone nu 0)437-6 | mber | | |
|--|---|---|---|---|--|--|
| Doing Business As Number and street (or P O box if mail is not delivered to 1520 HANOVER AVENUE City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18109 F Name and address of principal officer JANE R ERVIN 1520 HANOVER AVENUE | o street address) Room/suite | E Tele | phone nu 0)437-6 | mber 5000 | | |
| Doing Business As Number and street (or P O box if mail is not delivered to 1520 HANOVER AVENUE City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18109 F Name and address of principal officer JANE R ERVIN 1520 HANOVER AVENUE | o street address) Room/suite | E Tele | phone nu 0)437-6 | mber 5000 | | |
| Number and street (or P O box if mail is not delivered to 1520 HANOVER AVENUE City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18109 F Name and address of principal officer JANE R ERVIN 1520 HANOVER AVENUE | o street address) Room/suite | | • | | | |
| return n pending F Name and address of principal officer JANE R ERVIN 1520 HANOVER AVENUE | o street address) Room/suite | G Gros | ss receipts s | \$ 44,321,690 | | |
| return City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18109 F Name and address of principal officer JANE R ERVIN 1520 HANOVER AVENUE | | - | | | | |
| F Name and address of principal officer JANE R ERVIN 1520 HANOVER AVENUE | | | | | | |
| F Name and address of principal officer JANE R ERVIN 1520 HANOVER AVENUE | T | | | | | |
| JANE R ERVIN 1520 HANOVER AVENUE | | _ | | | | |
| 1520 HANOVER AVENUE | | H(a) Is this a gro | up return | | | |
| ALLENTOWN DA 19100 | | affiliates? | | ⊤Yes ▼ No | | |
| ALLENTOWN,PA 18109 | | H(b) Are all affiliat | es include | ed? | | |
| | | If "No," atta | ch a lıst | (see instructions) | | |
| npt status | 7(a)(1) or 527 | H(c) Group exem | nption nui | mber 🟲 | | |
| e: ► WWW CSCINC ORG | | | | | | |
| ganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨 | | L Year of formation | 1981 M | State of legal domicile PA | | |
| Summary | | | | | | |
| Briefly describe the organization's mission or most signific | cant activities | | | | | |
| PREPARE YOUNG CHILDREN AND THEIR FAMILIES TO | O SUCCEED IN LEARN | ING AND IN LIFE | | | | |
| | | | | | | |
| | | | | | | |
| Check this box 🔭 if the organization discontinued its op | erations or disposed of | more than 25% of | ıts net as | sets | | |
| Number of voting members of the governing body (Part VI | (, line 1a) | | 3 | 2: | | |
| Number of independent voting members of the governing b | body (Part VI, line 1b) | | 4 | 2 | | |
| Total number of individuals employed in calendar year 20 | 11 (Part V, line 2a) . | | 5 | 33 | | |
| Total number of volunteers (estimate if necessary) | | | 6 | 1,20 | | |
| Total unrelated business revenue from Part VIII, column | (C), line 12 | | 7a | (| | |
| Net unrelated business taxable income from Form 990-T , | , lıne 34 | | 7b | (| | |
| | | Prior Year | | Current Year | | |
| Contributions and grants (Part VIII, line 1h) \cdot . \cdot | 45,67 | 4,233 | 43,924,516 | | | |
| Program service revenue (Part VIII, line 2g) | | | 0 | C | | |
| Investment income (Part VIII, column (A), lines 3, 4, a | and 7d) | 4 | 8,511 | 12,817 | | |
| | | 25 | 4,787 | 348,89 | | |
| - , , , , , , , , , , , , , , , , , , , | | 45 97 | 7 5 3 1 | 44,286,226 | | |
| | | | | 7,764,030 | | |
| | | ,,,, | | 7,701,030 | | |
| | • | | | | | |
| 5–10) | 17, column (7,7,7 mics | 13,86 | 4,746 | 13,272,720 | | |
| Professional fundraising fees (Part IX, column (A), line | 11e) | | 560 | C | | |
| Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 261,538 | ¥ | | | | | |
| Other expenses (Part IX, column (A), lines 11a-11d, 1 | 1f-24e) | 23,25 | 22,525,491 | | | |
| Total expenses Add lines 13-17 (must equal Part IX, | column (A), line 25) | 44,87 | 5,322 | 43,562,241 | | |
| Revenue less expenses Subtract line 18 from line 12 | <u> </u> | 1,10 | 2,209 | 723,985 | | |
| | | | rrent | End of Year | | |
| | | | | | | |
| | | | | 16,282,263 | | |
| | | | | 7,253,485 | | |
| | 20 | 8,29 | 5,969 | 9,028,778 | | |
| lties of perjury, I declare that I have examined this return, inc | | | | | | |
| ***** | | 2012.02.0 | ο | | | |
| Signature of officer | | 2013-03-0 Date | 0 | | | |
| JANE R ERVIN CEO/PRESIDENT | | - | | | | |
| I - IMPLE R ERVIN CEU/PRESIDENT | | | | | | |
| Type or print name and title | | | | | | |
| Type or print name and title | ate Ch | eck if Drana | rer's tayna | er identification number | | |
| Type or print name and title | sel | f (see i | nstructions) | ver identification number | | |
| Preparer's Day Control of the Da | sel | | nstructions) | | | |
| | Briefly describe the organization's mission or most signification of the prepare young CHILDREN AND THEIR FAMILIES To the Check this box if the organization discontinued its open Number of voting members of the governing body (Part VI) Number of independent voting members of the governing Total number of individuals employed in calendar year 20 Total number of volunteers (estimate if necessary) | Briefly describe the organization's mission or most significant activities PREPARE YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEARN Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of volunteers (estimate if necessary) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, line 34 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 3, 4, and 7d) | Briefly describe the organization's mission or most significant activities PREPARE YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEARNING AND IN LIFE Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, line 34 . Prior Year Contributions and grants (Part VIII, line 1h) | Breffy describe the organization's mission or most significant activities PREPARE YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEARNING AND IN LIFE Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net as Number of voting members of the governing body (Part VI, line 1a) | | |

903 CHESTNUT STREET

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$. $\,$.

EMMAUS, PA 18049

if self-employed), address, and ZIP + 4

Phone no 🕨 (610) 967-1200

| | 990 (2 | O11) Page |
|--|---|--|
| Par | Ш | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III |
| | Briefly | Check if Schedule O contains a response to any question in this Part III |
| AND THA ^T VULN CHIL AND CHIL FAMI | MUNIT IN LIFI FAMI IERABI D CAR * SUBS D CAR LIES I | Y SERVICES FOR CHILDREN (CSC) PREPARES YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEARNING FOUNDED IN 1981, CSC IS COMMITTED TO ENSURING THAT CHILDREN ENTER SCHOOL READY TO LEARN AND LIES ARE EQUIPPED TO HELP SUPPORT THEIR CHILDREN CSC PROVIDES * EARLY EDUCATION FOR THE MOST E CHILDREN AND THEIR FAMILIES THROUGH HEAD START, EARLY HEAD START, AND PREK COUNTS PROGRAMS, * EQUALITY IMPROVEMENT SERVICES AND GRANTS IN 13 COUNTIES THROUGH THE PA NORTHEAST REGIONAL KEY, SIDIES TO CHILD CARE PROVIDERS THAT PROVIDE ACCESS TO SERVICES TO LOWINCOME FAMILIES THOUGH INFORMATION SERVICES OF LEHIGH COUNTY COLLECTIVELY, CSC SERVES MORE THAN 40,000 CHILDREN AND NOTHE LEHIGH VALLEY AND 11 OTHER COUNTIES OF NORTHEASTERN PENNSYLVANIA CSC IS THE SOLE PROVIDER TART (SINCE 1965) AND EARLY HEAD START (SINCE 1996) IN NORTHAMPTON AND LEHIGH COUNTIES |
| | | |
| 2 | the pri | organization undertake any significant program services during the year which were not listed on prefer Form 990 or 990-EZ? |
| 3 | | ," describe these new services on Schedule O e organization cease conducting, or make significant changes in how it conducts, any program |
| • | servic | es? |
| | | ," describe these changes on Schedule O |
| 4 | expens | be the organization's program service accomplishments for each of its three largest program services, as measured by ses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of and allocations to others, the total expenses, and revenue, if any, for each program service reported |
| 4a | PROVI POVER WITHO DEVEL EACH HAVIN OR AB BABY! PRESC 1,600 MONT! PREVE (99%) TO DA THIRT RECEI INTEG CHILD INVOL' SOCIA FOOD, |) (Expenses \$ 11,016,877 including grants of \$) (Revenue \$) START/PREK & EARLY HEAD START OF THE LEHIGH VALLEYHEAD START/PRE K, AND EARLY HEAD START OF THE LEHIGH VALLEY IS OUR NATION'S PREMIER PER OF DEVELOPMENTAL AND EDUCATIONAL SERVICES TO PREGNANT WOMEN, BABIES, TODDLERS, PRESCHOOLERS AND THEIR FAMILIES WHO LIVE IN YAND STRUGGIE TO MEET THE BASIC NEEDS OF LIFE WE SEEK OUT THE NEEDEDST OF FAMILIES, THOSE AT OR BELOW 100% OF POVERTY, WHO UIT OUR INTERVENTION MAY NOT SUCCEED IN LEARNING AND IN LIFE WE PROVIDE HIGH QUALITY EARLY EDUCATION AND COMPREHENSIVE FAMILY DYPMENT SERVICES SPECIFICALLY, OUR MISSION IS TO ENSURE THAT EACH CHILD CAN REACH THEIR FULL POTENTIAL, IS READY FOR SCHOOL AND THAT FAMILY IS SUCCESSFUL THOUGH CHILDREN ENTER THE PROGRAM WELL BEHIND THEIR PEERS, OVER 95% OF HS/PRE K CHILDREN EXIT THE PROGRAM FAMILY IS SUCCESSFUL THOUGH CHILDREN ENTER THE PROGRAM WELL BEHIND THEIR PEERS, OVER 95% OF HS/PRE K CHILDREN EXIT THE PROGRAM FAMILY IS SUCCESSFUL THOUGH CHILDREN ENTER THE PROGRAM WELL BEHIND THEIR PEERS, OVER 95% OF HS/PRE K CHILDREN EXIT THE PROGRAM FAMILY IS SUCCESSFUL ACADEMIC FUTURE NINETY-FOUND (94%) ARE ACHIEVING AT DVE THEIR AGE LEVEL IN MATH, SCIENCE AND LITERACY SKILLS NINETY-FIVE(95%)OF PREGNANT ENROLLEES IN EHS DELIVERED A HEALTHY, FULL TERM ON A DAILY BASIS WE PROVIDE DEVELOPMENTAL EXPERIENCES TO AT LEAST 201 INFANTS AND TODDLERS (EHS) AND 1,201 (HEAD START/(PRE K) HOLDERS IN CONJUNCTION WITH COMPREHENSIVE HEALTH, NUTRITION, DISABILITY SERVICES AND FAMILY SERVICES TO THEM AS WELL THIS YEAR OVER CHILDREN AND FAMILIES PRECEIVED VITAL EARLY EDUCATION SERVICESON A VARIETY OF SCHEDULES FAMILIES PARTICIPATING IN THE PROGRAM HAD INTO SERVICESON A VARIETY OF SCHEDULES FAMILIES PARTICIPATING IN THE PROGRAM HAD INTO SERVICESON A VARIETY OF SCHEDULES FAMILIES PARTICIPATING IN THE PROGRAM HAD INTO SERVICESON A VARIETY OF SCHEDULES FAMILIES PARTICIPATING IN THE PROGRAM HAD WITH HEALTH SCREENINGS AND INMOVING FALL FARING MEDICAL PROVING PREVENTIVE DEATLAL CARE PROVING PREVENTIVE HEALTH STATUS |
| 4b | (Code |) (Expenses \$ 19,234,065 including grants of \$) (Revenue \$) |
| | PROGETHAN CARE CITIZE INCLU FAMILI | DIZED CHILD CARE SERVICES FOR LOW INCOMESUBSIDIZED CHILD CARE SERVICES FOR LOW INCOME FAMILIES WHO ARE WORKING OR ARE IN TRAINING AMS HELP MAKE CHILD CARE MORE AFFORDABLE AND PROVIDE A SAFE EARLY CHILDHOOD OR SCHOOL AGE EXPERIENCE FAMILIES WHOSE INCOME IS LESSIVED ON THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR THE SUBSIDY EACH FAMILY IS REQUIRED TO PAY A PORTION OF THE COST OF THE CHILD BASED ON THEIR FAMILY INCOME REQUIREMENTS FOR THE PROGRAM INCLUDE WORKING OR IN TRAINING AT LEAST 20 HOURS PER WEEK, MUST BE NO OF THE US, AND MUST PROVIDE VERIFICATION OF NEED FOR CHILD CARE AND OF EMPLOYMENT AND OF TRAINING PARENT SERVICES TO FAMILIES DE FAMILY COUNSELING (APPROXIMATELY 2,500 CALLS) ON THE QUALITY CHILD CARE PROGRAMS AVAILABLE BASED ON A PARENT CHOICE MODEL ALL ES MAY SELECT A PROVIDER THAT BEST MEETS THEIR CHILD'S NEEDS OTHER SERVICES INCLUDE THE PROCESSING OF OVER 2,500 APPLICATIONS LLY, DETERMINING ELIGIBILITY FOR OVER 2,900 FAMILIES ENROLLED, PROVIDING AFFORDABLE CHILD CARE TO OVER 10,000 CHILDREN PROVIDER SES INCLUDE SUBSIDY PAYMENTS TO OVER 1,400 PROVIDERS TOTALING APPROXIMATELY \$18 MILLION ANNUALLY |
| 4c | (Code |) (Expenses \$ 10,445,546 including grants of \$ 7,764,029) (Revenue \$) |
| | REGIO ACTIV. NORTH NORTH AND II COLLE ACTIV. ACTIV. ACTIV. INFAND TEARN STAND WERE LEARN NEWSI HIGHE ENGAC ENGAC AND S OF PA' | LEARNING AND SCHOOL AGE QUALITY INITIATIVES (NORTHEAST REGIONAL KEY)EARLY LEARNING AND SCHOOL AGE QUALITY INITIATIVES (NORTHEAST NAL KEY)THE NORTHEAST REGIONAL KEY IS RESPONSIBLE FOR COORDINATING AND ADMINISTERING A VARIETY OF PROFESSIONAL DEVELOPMENT TIES, QUALITY IMPROVEMENT ACTIVITIES AND FINANCIAL AWARDS AND GRANTS FOR MORE THAN 1,500 PROGRAMS IN NORTHEASTERN PENNSYLVANIA THEAST REGIONAL KEY PROVIDES SERVICES TO REGULATED PROGRAMS IN BERKS, BUCKS, CARBON, LACKAWANNA, LEHIGH, LUZERNE, MONROE, IAMPTON, PIKE, SCHUYLKILL, SUSQUEHANNA, WAYNE AND WYOMING COUNTIES ACCOMPLISHMENTS IN THE LAST PROGRAM YEAR INCLUDE -DEVELOPED IPLEMENTED A NORTHEAST REGION QUALITY IMPROVEMENT PLAN FOR PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE IN PARTNERSHIP WITH SES AND PROFESSIONAL DEVELOPMENT ORGANIZATIONS -OFFERED APPROXIMATELY 62 COLLEGE COURSES AND 962 PROFESSIONAL DEVELOPMENT TIES- 113 CHILDREN RECEIVED ECMH CONSULTATION SERVICES -MORE THAN 18,353 TEACHERS AND DIRECTORS ATTENDED PROFESSIONAL DEVELOPMENT TIES- 113 CHILDREN RECEIVED ECMH CONSULTATION SUPPORT-196 PROGRAMS PARTICIPATED IN HEALTH AND SAFETY CONSULTATIONS-19 PROGRAMS RECEIVED "NOT SHOULD SUPPORT-196 PROGRAMS PARTICIPATED IN ON-SITE STARS TECHNICAL ASSISTANCE-26 PROGRAMS PARTICIPATED IN SCHOOL SELEPHONE CONSULTATION TO ASSIST PROGRAMS PARTICIPATED IN SCHOOL SELEPHONE CONSULTATION TO ASSIST PROGRAMS IN MEETING THE STARS STANDARDS -THE REYSTONE STARS PROGRAM PROMOTES QUALITY IN EARLY LING AND SCHOOL AGE PROGRAMS PROGRAMS IN MEETING THE STARS STANDARDS -THE REYSTONE STARS PROGRAM PROMOTES QUALITY IN EARLY LARD SHOULD SELEPHONE CONSULTATION TO ASSIST PROGRAMS IN KEYSTONE STARS SERVING MORE THAN 35,803 CHILDREN DAIL" -EARLY LEARNING AND SCHOOL AGE PROGRAMS IN KEYSTONE STARS SERVING MORE THAN 35,803 CHILDREN DAIL" -EARLY LEARNING AND SCHOOL AGE PROGRAMS IN KEYSTONE STARS SERVING MORE THAN 35,803 CHILDREN DAIL" -EARLY LEARNING AND SCHOOL AGE PROGRAMS AND SCHOOL AGE PROGRAMS IN KEYSTONE STARS SERVING MORE THAN 35,803 CHILDREN DAIL" -EARLY LEARNING AND SCHOOL AGE PROGRA |
| 4d | Othe | program services (Describe in Schedule O) |

including grants of \$ (Expenses \$ 40,696,488 Total program service expenses►\$

) (Revenue \$

| CHECKIIST OF REGULE CO SCHEDULE | art IV | Checklist o | f Required | Schedule |
|---------------------------------|--------|-------------|------------|----------|
|---------------------------------|--------|-------------|------------|----------|

| | · | | 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 (see instructions)? 🕏 | 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 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1 | 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | 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. | 11b | | No |
| C | 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. | 11c | | No |
| d | 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. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | | No |
| f | 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 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | No |
| 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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? If "Yes," complete Schedule F, Part II and IV. | 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 and IV | 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? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 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 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

| 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 \blacksquare | 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 | | N o |
| 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 | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV | 28c | | N o |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M | 30 | | No |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 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? <i>If</i> "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 |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | No |
| 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 | | No |
| 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 | | No |
| 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 | |
| | | F | orm 99 0 | (2011) |

| | · |
|--------|---|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance |

| | Check if Schedule O contains a response to any question in this Part V | | | |
|----|---|-----|-----|-----|
| | | | Yes | No |
| а | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | | | |
| | | | | |
| | 1a 1,191 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | | | |
| _ | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| a | 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? | 2b | | No |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 110 |
| а | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| - | year? | За | | Νo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| a | 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 or securities account)? | 4a | | No |
| h | · | | | 110 |
| b | If "Yes," enter the name of the foreign country ► | | | |
| | See mad actions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts | | | |
| a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | | 5b | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| - | organization solicit any contributions that were not tax deductible? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts |] | | |
| | were not tax deductible? | 6b | | |
| | 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 | Yes | |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | ,,, | 103 | |
| _ | file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | 71 | | |
| y | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | | |
| | Form 1098-C? | 7h | | |
| | 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 | | |
| | | ð | | |
| _ | Sponsoring organizations maintaining donor advised funds. | _ | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
|) | 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 | | | |
| 1 | | | | |
| | Section 501(c)(12) organizations. Enter Grass unsame from members or shareholders | | | |
| | Gross income from members or shareholders | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| _ | | | | |
| | 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 | | | |
| 3 | year Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| a | Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue | | | |
| | qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization | 13a | | |
| | allocated to each state | TOG | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the aggregate amount of reserves on hand | | | |
| - | 13c | | | |
| la | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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.

Check if Schedule O contains a response to any question in this Part VI . . .

| Se | ction A. Governing Body and Management | | | | | | | |
|-----|--|-----|-----|-----|--|--|--|--|
| | | | Yes | No | | | | |
| | | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | | | | | |
| 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 | | No | | | | |
| 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 | | No | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | Νo | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Νo | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 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 | | | | |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | | | | | |
| ке | venue Code.) | | Yes | No | | | | |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | 165 | No | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 100 | | 110 | | | | |
| _ | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | | |
| | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | | | | | |
| 13 | 13 Did the organization have a written whistleblower policy? | | | | | | | |
| 14 | Did 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? | | | | | | | |
| а | 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 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | |
| 16a | 16a | | No | | | | | |
| b | taxable entity during the year? | | | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply
 - ✓ Own website ✓ Another's website ✓ Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 VICE PRESIDENT OF FINANCE

1520 HANOVER AVENUE

ALLENTOWN, PA 18109 (610)437-6000

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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, if any 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) Name and Title | (B) Average hours per week (describe hours | Position more unles an | on (d e thai | c) o no n one son er ar | t che e bo: is bo nd a stee) | eck x, oth | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related |
|--------------------------------------|--|--|-----------------|-------------------------------------|--|------------------|---------------|--|--|--|
| | for related organizations in Schedule O) | Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director | | Former | | , | organizations | | | |
| (1) JULIANNA TIMMCKE SECRETARY | 5 00 | х | | Х | | | | 0 | 0 | 0 |
| (2) GERALD R BEAVER DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| (3) DONALD M BERNHARD DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| (4) IRIS M CINTRON DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| (5) EDWARD DONLEY MEMBER EMERITUS | 2 00 | х | | | | | | 0 | 0 | 0 |
| (6) MICHELLE POWERS DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (7) MARLENE FOWLER DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (8) BARBARA K FRAUST CHAIR | 5 00 | Х | | Х | | | | 0 | 0 | 0 |
| (9) GLENN GUANOWSKY ESQ DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (10) ELSBETH HAYMON DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (11) MELANIE A WURSTA DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (12) DIANE SCOTT DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (13) FRANK T SMITH DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| (14) MICHANA L JOHNSON DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (15) MARY S COLON DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| (16) JARRETT R PATTON MD DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| (17) DAVID RABAUT DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | _ | | | | | | | | | | | |
|--|--|-----------------------------------|--|----------|--------------|---------------------------------|---------------|--------------------|------------|--------|--|--------------------------------|
| (A) Name and Title | (B) Average hours per week (describe hours | mor unles ar | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation compensation from the organization (W- 2/1099-MISC) (W- 2/1099-MISC) (E) Reportable compensation compensation (W- organization (W- 2/1099-MISC)) | | | | | | | | (F) Estima nount of ompens from t ganization | other ation he on and |
| | for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | MISC | o | rganiza | |
| (18) ANDREA BRADY TREASURER | 5 00 | х | | х | | | | 0 | (| | | 0 |
| (19) ELIZABETH T BUGAIGHIS DIRECTOR | 2 00 | х | | | | | | 0 | (| | | 0 |
| (20) THOMAS DAUB DIRECTOR | 2 00 | х | | | | | | 0 | (|) | | 0 |
| (21) KATHRYN E LEBER DIRECTOR | 2 00 | х | | | | | | 0 | (| | | 0 |
| (22) JAMIE UEBERROTH DIRECTOR | 2 00 | х | | | | | | 0 | (|) | | 0 |
| (23) RAY FEDERICI VICE-CHAIR | 5 00 | х | | х | | | | 0 | (| | | 0 |
| (24) MARILYN MENDEZ-MALDONADO DIRECTOR | 2 00 | х | | | | | | 0 | (| | | 0 |
| (25) JANE ERVIN CEO/PRESIDENT | 40 00 | | | х | | | | 105,874 | (| | | 12,296 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-Total | <u> </u> | L | <u> </u> | <u> </u> | <u> </u> | | <u> </u> ▶ | | | | | |
| c Total from continuation sheets t | | | | | | | F | | | | | |
| d Total (add lines 1b and 1c) . | | | | | | | F | 105,874 | 0 | | | 12,296 |
| Total number of individuals (inclusion) \$100,000 of reportable compens | | | | | ted a | above) |) who | received more tha | n | | | |
| | | | | | | | | | _ | | Yes | No |
| 3 Did the organization list any form on line 1a? If "Yes," complete Sch | | | | | ey eı | mploy • | ee, o | or highest compens | ı | 3 | | No |
| 4 For any individual listed on line 1 | a, is the sum of | reporta | able c | omp | oens | ation | and | other compensatior | n from the | \neg | | |

| | | | |
|---|--|---|------|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i> | 3 | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | No |

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 Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------------|---------------------|
| ALVIN H BUTZ INC PO BOX 509 ALLENTOWN, PA 181050509 | CONSTRUCTION SERVICES | 3,517,246 |
| NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND ROAD BETHELEHEM, PA 18020 | PROFESSIONAL DEVELOPMENT | 436,203 |
| COMPUTER MANAGEMENT ASSOCIATES 7599 BETH-BATH PIKE BATH, PA 18014 | COMPUTER & IT MANAGEMENT SERVICES | 429,864 |
| USI INSURANCE SERVICES PO BOX 3716 NORFOLK, VA 235143417 | INSURANCE SERVICES | 415,861 |
| KREMMER'S CAFE & CATERING LLC 1901 SOUTH 12TH STREET ALLENTOWN, PA 18103 | FOOD SERVICES | 355,385 |
| 2 Total number of independent contractors (including but not limited to those listed above |) who received more than | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►12

| rait v | <u> </u> | Statement of Revenue | | | | |
|--|--------------|---|----------------------|--|---|---|
| 10 | | Fodouskad common de | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| 쁄쁄 | 1a | Federated campaigns 1a | - | | | |
| E E | b | Membership dues 1b | | | | |
| 3,€ | c | Fundraising events 1c | | | | |
| 差岩 | d | Related organizations 1d | | | | |
| % <u>=</u> | e | Government grants (contributions) 1e 43,256,502 | • | | | |
| 흜 | l f | All other contributions, gifts, grants, and 1f 668,014 | - | | | |
| きを | ' | similar amounts not included above | - | | | |
| 울롱 | g | Noncash contributions included in | | | | |
| Contributions, gifts, grants and other similar amounts | h | Innes 1a-1f \$ Total. Add lines 1a-1f | 43,924,516 | | | |
| ပ္က | | | 13,321,310 | | | |
| <u>a</u> | | Business Code | | | | |
| E E | 2a | | | | | |
| æ | b | | | | | |
| <u>-</u> | c | | | | | |
| ž | d | | | | | |
| ፠ | e | | | | | |
| Program Serwce Revenue | f | All other program service revenue | | | | |
| Ś | ' | An other brodigin service revenue | | | | |
| <u>~</u> | g | Total. Add lines 2a−2f | | | | |
| | 3 | Investment income (including dividends, interest | | | | |
| | | and other similar amounts) | 12,817 | | | 12,817 |
| | 4 | Income from investment of tax-exempt bond proceeds \dots | | | | |
| | 5 | Royalties | | | | |
| | | (ı) Real (ıı) Personal | | | | |
| | 6a | Gross rents | | | | |
| | ь | Less rental | 1 | | | |
| | _c | expenses Rental income | - | | | |
| | | or (loss) | - | | | |
| | d | Net rental income or (loss) | | | | |
| | _ | (i) Securities (ii) Other Gross amount | - | | | |
| | 7a | from sales of | | | | |
| | | assets other than inventory | | | | |
| | ь | Less cost or other basis and | | | | |
| | | sales expenses | | | | |
| | С | Gain or (loss) | | | | |
| | d | Net gain or (loss) | | | | |
| | 8a | Gross income from fundraising | | | | |
| Ę | | events (not including | | | | |
| 듄 | | \$ of contributions reported on line 1c) | | | | |
| è | | See Part IV, line 18 | | | | |
| Other Revenue | | a 62,345 | _ | | | |
| ŧ | Ь | Less direct expenses b 35,464 | - | | | |
| 0 | C | Net income or (loss) from fundraising events | 26,881 | | | 26,881 |
| | 9a | Gross income from gaming activities | | | | |
| | | See Part IV, line 19 | | | | |
| | ь | Less direct expenses b | 1 | | | |
| | | Net income or (loss) from gaming activities | | | | |
| | 10a | Gross sales of inventory, less | | | | |
| | | returns and allowances . | | | | |
| | ь | Less cost of goods sold b |] | | | |
| | С | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a | MISCELLANEOUS 61160 | 322,012 | 322,012 | | |
| | ь | | | | | |
| | c | | | | | |
| | d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d | | | | |
| | | Iotal. Add files 11a-11d | 322,012 | | | |
| | 12 | Total revenue. See Instructions | | 222.042 | _ | 30.600 |
| | I | | 44,286,226 | 322,012 | 0 | 39,698 |

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|--|-----------------------|---------------------------------------|-------------------------------------|-----------------------------------|
| 1 | Grants and other assistance to governments and organizations | | | , | <u>'</u> |
| | in the United States See Part IV, line 21 | 7,376,982 | 7,376,982 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 387,048 | 387,048 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 118,170 | 106,353 | 11,817 | |
| 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 | 8,997,656 | 7,852,350 | 998,100 | 147,206 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 287,496 | 247,482 | 35,723 | 4,291 |
| 9 | Other employee benefits | 2,758,699 | 2,518,255 | 209,177 | 31,267 |
| 10 | Payroll taxes | 1,110,699 | | 123,647 | 18,355 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 79,545 | 7,420 | 61,458 | 10,667 |
| b | Legal | 4,414 | | 4,414 | |
| c | Accounting | 22,425 | | 22,425 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 90 | | 90 | |
| g | Other | 118,575 | 101,925 | 16,650 | |
| 12 | Advertising and promotion | 25,156 | 11,266 | 8,878 | 5,012 |
| 13 | Office expenses | 269,101 | 190,997 | 60,680 | 17,424 |
| 14 | Information technology | 503,597 | 129,430 | 370,215 | 3,952 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 664,606 | 335,918 | 328,688 | |
| 17 | Travel | 156,309 | 154,776 | 1,533 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 57,900 | 52,197 | 4,505 | 1,198 |
| 20 | Interest | 72,417 | 29 | 72,388 | |
| 21 | Payments to affiliates | 10,479 | 8,100 | 2,084 | 295 |
| 22 | Depreciation, depletion, and amortization | 489,842 | 416,177 | 73,665 | |
| 23 | Insurance | 77,019 | 2,848 | 74,171 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | CHILD CARE SUDSIDY | 17,939,612 | 17,939,612 | | |
| b | PROFESSIONAL DEVELOPMEN | 1,031,918 | 1,027,540 | 4,378 | |
| c | MISCELLANEOUS | 1,002,486 | 861,086 | 119,529 | 21,871 |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 43,562,241 | 40,696,488 | 2,604,215 | 261,538 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | rm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,109,113 2.995.117 1 1 2 2 3 4,891,018 3 2,308,830 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 7 8 9 45.322 9 57,113 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis *Complete* 14,258,180 10a Part VI of Schedule D 10a 10b 4,067,090 b Less accumulated depreciation 10,356,944 10c 10,191,090 713,181 730,113 11 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 17,115,578 16 16 16,282,263 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 6,241,738 3,775,355 17 17 Accounts payable and accrued expenses . 18 18 19 20,700 19 32,000 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1,857,171 23 3,446,130 24 Unsecured notes and loans payable to unrelated third parties 700,000 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 8,819,609 26 7,253,485 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 7,326,079 27 Unrestricted net assets 7,108,145 869,265 28 1,820,008 28 Temporarily restricted net assets Fund 29 100,625 29 100,625 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 8.295.969 33 9,028,778 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 17,115,578 16.282.263 34

| Pal | Check if Schedule O contains a response to any question in this Part XI | | | | |
|-----|---|---------|----|------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 44,2 | 286,22 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 562,24 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 7 | 723,98 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 8,2 | 295,969 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 8,82 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 9,0 | 28,77 |
| Par | The contains a response to any question in this Part XII | | | ୮ | |
| 1 | Accounting method used to prepare the Form 990 | | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot . | | 2a | | No |
| 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 t 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 is on a separate basis, consolidated basis, or both | ssued | | | |
| | Separate basis Consolidated basis Both consolidated and separated 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? | 9 | За | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | Yes | |

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As Filed Data -

DLN: 93493068001003

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection Employer identification number

| COMM | UNITY | SERVICES FOR CHILDREN INC | | | | | | |
|------|----------|--|-------------------------------|-------------|-----------|--------|--|--|
| | | | 23-2204725 | | | | | |
| | rt I | Reason for Public Charity Status (All organizations must complete this par | | tions | | | | |
| The | rganı: | zation is not a private foundation because it is (For lines 1 through 11, check only one box) |) | | | | | |
| 1 | Г | A church, convention of churches, or association of churches section 170(b)(1)(A)(i). | | | | | | |
| 2 | Γ | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | |
| 3 | Γ | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | |
| 4 | Γ | A medical research organization operated in conjunction with a hospital described in sectio hospital's name, city, and state | on 170(b)(1)(A) | (iii). Ente | r the | | | |
| 5 | Γ | An organization operated for the benefit of a college or university owned or operated by a go | overnmental unit | t describe | - d ın | | | |
| _ | _ | section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | |
| 6 | _ | A federal, state, or local government or governmental unit described in section 170(b)(1)(A | | | | | | |
| 7 | | An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II) | al unit or from th | e general | public | | | |
| 8 | \vdash | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | | | | | | |
| 9 | <u>'</u> | An organization that normally receives (1) more than 331/3% of its support from contribut | ions membersh | ın fees ai | nd arns | c c | | |
| , | , | receipts from activities related to its exempt functions—subject to certain exceptions, and | · · | - | _ | ,,, | | |
| | | its support from gross investment income and unrelated business taxable income (less sec | | | | | | |
| | | acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I | | om busin | .3303 | | | |
| 10 | _ | An organization organized and operated exclusively to test for public safety. See section 50 | • | | | | | |
| | <u>'</u> | An organization organized and operated exclusively for the benefit of, to perform the function | | u aut tha | nurnoo | f | | |
| 11 | ı | one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated | 9(a)(2) See sec 11h | • | a)(3). | Check | | |
| е | Γ | By checking this box, I certify that the organization is not controlled directly or indirectly be other than foundation managers and other than one or more publicly supported organization section 509(a)(2) | | | | | | |
| f | | If the organization received a written determination from the IRS that it is a Type I, Type II check this box | | oporting o | rganız | ation, | | |
| g | | Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons? | | | | | | |
| | | (i) a person who directly or indirectly controls, either alone or together with persons descri | bed in (ii) | | Yes | No | | |
| | | and (III) below, the governing body of the the supported organization? | | 11g(i) | | | | |
| | | (ii) a family member of a person described in (i) above? | | 11g(ii) | | | | |
| | | (iii) a 35% controlled entity of a person described in (i) or (ii) above? | | 11g(iii) | | | | |
| h | | Provide the following information about the supported organization(s) | | | | | | |
| | | | | | | | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | Is the organizat col (i) lis your gove | col (i) listed in | | Is the organization in col (i) listed in your governing | | cify the on in your t? | (vi) Is the organizati col (i) orga in the U | on in anized | (vii) A mount of support? |
|---|-------------|---|--|-------------------|-----|--|-----|---------------------------------|--|-----------------|---------------------------------|
| | | instructions)) | Yes | No | Yes | No | Yes | No |] | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| - | under Part III. II ti | <u>ie organization</u> | rails to quality u | nder the tests | iistea below, pie | ease comp | iete | Part III.) |
|-----|---|------------------------|-----------------------|---------------------|----------------------------------|-----------------|---------|------------------|
| | ection A. Public Support endar year (or fiscal year beginning | | 1 (1) 2000 | () 2000 | (1) 2010 | () 201 | Т | |
| | ın) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | _ | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not include any "unusual | 38,374,53 | 40,677,639 | 43,054,486 | 45,674,233 | 43,924 | 1,516 | 211,705,409 |
| | 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 | 20 274 5 | 10.677.630 | 42.054.406 | 45 674 222 | 42.02 | 1 546 | 244 705 400 |
| 4 | Total. Add lines 1 through 3 | 38,374,53 | 40,677,639 | 43,054,486 | 45,674,233 | 43,92 | 1,516 | 211,705,409 |
| 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 | | | | | | | |
| 6 | (f) Public Support. Subtract line 5 | | | | | | | |
| Ü | from line 4 | | | | | | | 211,705,409 |
| S | ection B. Total Support | | | | | | | |
| Cal | endar year (or fiscal year | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | | (f) Total |
| 7 | beginning in) A mounts from line 4 | 38,374,535 | 40,677,639 | 43,054,486 | 45,674,233 | 43,924 | _ | 211,705,409 |
| 8 | Gross income from interest, | 30,374,333 | 40,077,033 | 43,034,400 | +3,074,233 | 73,327 | ,,,,,,, | 211,703,409 |
| 0 | dividends, payments received | | | | | | | |
| | on securities loans, rents, | 88,682 | 62,600 | 24,541 | 18,701 | 12 | ,817 | 207,341 |
| | royalties and income from | | | | | | | |
| _ | similar sources Net income from unrelated | | + | | | | | |
| 9 | business activities, whether or | | | | | | | |
| | not the business is regularly | | | | | | | |
| | carried on | | | | | | | |
| 10 | Other income (Explain in Part | | | | | | | |
| | IV) Do not include gain or loss from the sale of capital | 37,023 | 89,372 | 127,769 | 217,497 | 322 | ,012 | 793,673 |
| | assets | | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | | 212,706,423 |
| | through 10) | | | | | | | 212,700,423 |
| 12 | Gross receipts from related activi | ties, etc (See ins | structions) | | | 12 | | 352,827 |
| 13 | First Five Years If the Form 990 is | s for the organizat | tion's first, second, | third, fourth, or f | ifth tax year as a | 501(c)(3) o | rganı | zation, ▶□ |
| | check this box and stop here | | | | | | | -1 |
| S | ection C. Computation of Pu | blic Support | Percentage | | | | | |
| 14 | Public Support Percentage for 201 | 11 (lıne 6 column | (f) divided by line | 11 column (f)) | | 14 | | 99 530 % |
| 15 | Public Support Percentage for 201 | 10 Schedule A, P | art II, line 14 | | | 15 | | 99 600 % |
| 16a | 33 1/3% support test—2011. If th | e organization di | d not check the box | on line 13, and l | line 14 is 33 1/3% | or more, cl | neck t | |
| _ | and stop here. The organization qu | | | | | | | ▶ ▽ |
| b | 33 1/3% support test—2010. If the box and stop here. The organization | | | | a, and line 15 is 1 | 33 1/3% or | more, | check this |
| 17a | 10%-facts-and-circumstances tes | | | - | ne 13.16a.or16h | and line 14 | 1 | |
| | is 10% or more, and if the organiz | | | | | | | |
| | in Part IV how the organization me | | | | | | | . — |
| | organization | 1 2010 TELL | | | . 10 10- 10t | | | ► □ |
| D | 10%-facts-and-circumstances tes 15 is 10% or more, and if the orga | | | | | | | |
| | Explain in Part IV how the organiz | | | | | | | , |
| | supported organization | | | | - | • | • | ► □ |
| 18 | Private Foundation If the organiza | ition did not chec | k a box on line 13, | 16a, 16b, 17a o | r 17b, check this | box and see | : | <u>.</u> – |
| | ınstructions | | | | | | | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

| 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. Also complete this part for any additional information. (See instructions). |
|---------|--|
| | |
| | Facts And Circumstances Test |
| | |
| | Explanation |
| | |
| | |
| | |
| | |

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493068001003

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Supplemental Financial Statements

Open to Public

| temal | Revenue Service | orm 990. F See separate instructions. | | Inspection |
|--------|--|---|-----------------|-----------------------------------|
| | me of the organization MMUNITY SERVICES FOR CHILDREN INC | | | oyer identification number 204725 |
| Pa | organizations Maintaining Donor Actions organization answered "Yes" to Form 99 | | | |
| | <u> </u> | (a) Donor advised funds | (Ł |) Funds and other accounts |
| L | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| ŀ | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advi- funds are the organization's property, subject to the | 3 | or advis | ed Yes No |
| 5 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit | | | |
| Pai | t III Conservation Easements. Complete | ıf the organızatıon answered "Yes" to | o Form | 990, Part IV, line 7. |
| L 2 | Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year | on or pleasure) Preservation of an Preservation of a c | ertified | |
| | casement on the last day of the tax year |] | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| c | Number of conservation easements on a certified his | toric structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) ac | cquired after 8/17/06 | 2d | |
| 3 | Number of conservation easements modified, transfe | rred, released, extinguished, or terminate | d by the | e organization during |
| | the taxable year 🛌 | | | |
| ı | Number of states where property subject to conserva | ation easement is located . | | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | the periodic monitoring, inspection, hand | — Iling of v | riolations, and Yes No |
| 5 | Staff and volunteer hours devoted to monitoring, insp | ecting and enforcing conservation easem | ents du | ring the year ► |
| , | Amount of expenses incurred in monitoring, inspectir | ng, and enforcing conservation easements | during | the year |
| | ▶ \$ | | | |
| 3 | Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$? | (d) above satisfy the requirements of sec | tion | ┌ Yes |
| • | In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen | he footnote to the organization's financial | | |
| ar | Complete if the organization answered " | | or Oth | er Similar Assets. |
| La | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin | for public exhibition, education or research | h in furt | |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | oublic exhibition, education, or research ir | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ |
| | (ii) Assets included in Form 990, Part X | | | ► \$ |
| 2 | If the organization received or held works of art, histo | | r financ | |
| | following amounts required to be reported under SFA | S 116 relating to these items | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ |

b Assets included in Form 990, Part X

| Part | •••• Organizations Maintaining Co | llections of Art | t, His | tori | <u>cal Tr</u> | easu | res, or Ot | <u>her</u> | Similar | Asse | ts (co | ntınued) |
|--------|--|------------------------|---------|---------|---------------|---------|---------------------------------|------------|-------------------------|----------|------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ne foll | lowing t | hat are | e a significar | nt us | e of its co | llection | I | |
| а | Public exhibition | | d | Γ | Loan | or exch | ange progra | ms | | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ıın hov | w the | y furthe | r the o | rganızatıon's | exe | empt purpo | ose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than to | | | | | | | | lar | Г | Yes | ┌ No |
| Par | Escrow and Custodial Arrang Part IV, line 9, or reported an ar | | | | | | answered | "Ye | es" to For | m 990 | , | |
| 1a | Is the organization an agent, trustee, custoo included on Form 990, Part X? | ian or other interme | edıary | for c | ontribu | tions o | r other asse | ts n | ot | Г | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | / and complete the | follow | /ıng ta | able | | | | | A | | |
| _ | Da mana a balanca | | | | | | <u> </u> | lc | | Amou | nτ | |
| c d | Beginning balance | | | | | | | ld | | | | |
| e | Additions during the year Distributions during the year | | | | | | <u> </u> | le l | | | | |
| f | Ending balance | | | | | | _ | Lf | | | | |
| 2a | Did the organization include an amount on Fo | orm 990 Part V lin | o 212 | | | | | | | | Yes | |
| | If "Yes," explain the arrangement in Part XI\ | | 6 21. | | | | | | | , | 103 | , 140 |
| | rt V Endowment Funds. Complete | | n and | WO re | ad "Vas | s" to F | orm 990 I | Dart | TV line | 10 | | |
| - C | Endowment i unus: complete | (a)Current Year | | Prior \ | | | | | hree Years I | | Four Y | ears Back |
| 1a | Beginning of year balance | 100,625 | | | 100,625 | | 100,625 | | | ,625 | <u>'</u> | |
| b | Contributions | | | | | | | | | | | |
| С | Investment earnings or losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | 100,625 | | | 100,625 | | 100,625 | | 100 | ,625 | | |
| 2 | Provide the estimated percentage of the yea | r end balance held | as | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | | |
| b | Permanent endowment 🕨 | | | | | | | | | | | |
| c | Term endowment ▶ | | | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiz | ation | that a | are held | d and a | dmınıstered | for t | he | | | |
| | organization by | | | | | | | | 1 | - 41 | Yes | No |
| | (i) unrelated organizations | | | • | | | | • | | 3a(i) | | No |
| | (ii) related organizations | | | | | | | • | | 3a(ii) | <u> </u> | No |
| ь 4 | Describe in Part XIV the intended uses of the | • | | | | | | • | | 3b | | |
| | t VI Land, Buildings, and Equipme | | | | | 0 | | | | | | |
| ГСП | | int. See roini 93 | 70, гс | | | | (I-) (Ctt- | | (-) A | | | |
| | Description of property | | | | Cost or o | | (b)Cost or oth basis (other) | | (c) Accumu depreciat | | (d) Boo | ok value |
| 1a | Land | | | | | | 229,5 | 65 | | | | 229,565 |
| Ь | Buildings | | | | | | 11,804,0 | 96 | 2,08 | 33,099 | | 9,720,997 |
| c I | Leasehold improvements | | | | | | | | | | | |
| d I | Equipment | | | | | | 2,224,5 | 519 | 1,98 | 33,991 | | 240,528 |
| _e | Other | <u> </u> | | | | | | | | | | |
| Tota | I. Add lines 1a-1e <i>(Column (d) should equal Fo</i> | orm 990, Part X, colui | mn (B) |), line | 10(c).) | | | | 🕨 | | 10 | 0,191,090 |
| | | | | | | | | | Sched | ule D (F | orm 9 | 90) 2011 |

| Pari VIII Investments—Other Securities. See | Form 990, Part X, line 1. | |
|--|---------------------------|--|
| (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | (5)200. Talab | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests | | |
| Other | | |
| Other | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |
| | | 12 |
| Part VIII Investments—Program Related. See | Porm 990, Part X, line | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | - | Cost or end-or-year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | • | |
| Part IX Other Assets. See Form 990, Part X, lir | ne 15. | |
| (a) Descrip | otion | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | 25.) | |
| | | |
| Part X Other Liabilities. See Form 990, Part X | (, line 25. | |
| | | |
| Part X Other Liabilities. See Form 990, Part X | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |

| -01 | Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | nts | |
|-----|--|------------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 44,286,226 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 43,562,241 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 723,985 |
| 4 | Net unrealized gains (losses) on investments | 4 | 8,824 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 8,824 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 732,809 |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 44,295,050 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 8,824 |
| 3 | Subtract line 2e from line 1 | 3 | 44,286,226 |
| 4 | Amounts 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) 4b | | |
| C | Add lines 4a and 4b | 4 c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 44,286,226 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | |
| 1 | Total expenses and losses per audited financial statements | 1 | 43,562,241 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | | |
| ь | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 43,562,241 |
| 4 | Amounts 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 | | |
| b | 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 | 43,562,241 |
| Par | t XIV Supplemental Information | | |
| | | | |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|-----------------------------|------------------|--|
| DESCRIPTION OF INTENDED USE | PART V, LINE 4 | TO PROMOTE OVERALL MISSION OF THE ORGANIZATION |
| OF ENDOWMENT FUNDS | | |

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As Filed Data -

DLN: 93493068001003

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2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

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

Open to Public Inspection

| | ne of the organization MMUNITY SERVICES FOR (| CHILDREN INC | | | | E | mployer ider | ntification number |
|---------|---|---|--------------------------------------|---|---|---------------------------|--|--|
| | | | | | | 2 | 3-2204725 | |
| Pa | rtI Fundraising Ac | tivities. Complet | e if the o | organiza | tion answered "Yes" | to Form 9 | 90, Part IV | , line 17. |
| 1 | Indicate whether the organ | nization raised funds | through | any of the | following activities Ch | eck all that | apply | |
| а | Mail solicitations | | | е | ☐ Solicitation of no | n-governme | nt grants | |
| b | ☐ Internet and e-mail so | licitations | | f | ☐ Solicitation of go | vernment gı | ants | |
| c | Phone solicitations | | | g | Special fundraisi | ng events | | |
| d | In-person solicitations | S | | | | | | |
| 2a b | Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas | Form 990, Part VII st paid individuals o |) or entity r entities | / in conne (fundraise | ection with professional ers) pursuant to agreem | fundraising ents under | services? which the fui | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundrais custo cont contrib | Did ser have ody or rol of outions? | (iv) Gross receipts from activity | (or reta | unt paid to ined by) er listed in (i) | (vi) A mount paid to (or retained by) organization |
| | | | Yes | No | | | | |
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| Tota | al | | | | | | | |
| 3 | List all states in which the licensing | organization is regi | stered or | licensed t | o solicit funds or has b | een notified | it is exempt | from registration or |
| | | | | | | | | |

Schedule G (Form 990 or 990-EZ) 2011

| , | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|---|--|--|--|--------------------------|--|
| | | | | (b) Evene #2 | (c) Other Events | (Add col (a) through |
| | | | GALA (event type) | (event type) | (total number) | col (c)) |
| g | 1 | Gross receipts | 62,345 | 5 | | 62,345 |
| Kevenkie | 2 | Less Charitable | , | | | , |
| ₽ | _ | contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 62,345 | 5 | | 62,345 |
| | 4 | Cash prizes | | | | |
| ္ျ | 5 | Non-cash prizes | | | | |
| Expenses | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| 턴 스 스 | 8 | Entertainment | | | | |
| ਙੋ | 9 | Other direct expenses . | 35,464 | 1 | | 35,464 |
| | 10 | Direct expense summary Add lir | nes 4 through 9 ın column | n(d) | | (35,464) |
| | 11 | Net income summary Combine I | ines 3 and 10 in column (| d) | | 26,881 |
| art | HII | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | | "Yes" to Form 990, Pa | rt IV, line 19, or rep | orted more than |
| | | | | | | _ |
| (eveniue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
| Kevelkie | 1 (| Gross revenue | | | (c) Other gaming | (Add col (a) through |
| | | Gross revenue | | | (c) Other gaming | (Add col (a) through |
| | 2 | | | | (c) Other gaming | (Add col (a) through |
| Expenses | 3 | Cash prizes | | | (c) Other gaming | (Add col (a) through |
| Expenses | 2 ° 3 4 | Cash prizes | | | (c) Other gaming | (Add col (a) through |
| Expenses | 2 (3) 4) 5 (| Cash prizes Non-cash prizes Rent/facility costs Other direct expenses | | bingo/progressive bingo | | (Add col (a) through |
| Expenses | 2 (3) 4) 5 (| Cash prizes Non-cash prizes Rent/facility costs | | | (c) Other gaming Yes No | (Add col (a) through |
| Expenses | 2 (3 4 5 6) | Cash prizes Non-cash prizes Rent/facility costs Other direct expenses | Г Yes | F Yes | ☐ Yes | (Add col (a) through |
| Expenses | 2 (3 4 5 (6) 7 7 | Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line | | F Yes | Г Yes | (Add col (a) through col (c)) |
| Expenses | 2 (3 4 5 (6) 7 7 | Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor | | F Yes | Г Yes | (Add col (a) through col (c)) |
| Olfect Expenses | 2 (3 4 5 (6) 7 8 Ente | Cash prizes | Yes No s 2 through 5 in column (nbine lines 1 and 7 in column (ation operates gaming action) | T Yes T No d) | ☐ Yes ☐ No | (Add col (a) through col (c)) |
| Direct Expenses | 2 (3 4 5 (6) 7 8 Enter Is the | Cash prizes | Yes No s 2 through 5 in column (abine lines 1 and 7 in column ation operates gaming activities in each | Tyes | ☐ Yes ☐ No | (Add col (a) through col (c)) |
| Direct Expenses | 2 (3 4 1 5 () 6 1 1 1 1 1 1 1 1 1 | Cash prizes | Yes | Tyes No India no control of these states? | ☐ Yes | (Add col (a) through col (c)) |
| b | 2 (3 4 1 5 (6 1 1 1 1 1 1 1 1 1 | Cash prizes | Yes No s 2 through 5 in column (nbine lines 1 and 7 in column ation operates gaming activities in each | TyesNo d) tivitiesh of these states? | Г Yes Г No | (Add col (a) through col (c)) |

| Sche | dule G (Form 990 or 990-EZ) 20 | 11 | | | Page 3 |
|---------|--|---|--------------------------------------|--------------------|---------------|
| 11 | Does the organization operate ga | aming activities with nonmembers? . | | Г _{Yes} Г | - No |
| 12 | Is the organization a grantor, be | neficiary or trustee of a trust or a mem | per of a partnership or other entity | | |
| | formed to administer charitable (| gamıng? | | · · · · F Yes F | - No |
| 13 | Indicate the percentage of gamii | ag activity operated in | | 1 1 | |
| a | | | | 13a | |
| b | | | | | |
| 14 | | f the person who prepares the organiza | | | |
| | Name ► | | | | |
| | Address ► | | | | |
| | revenue? | ntract with a third party from whom the | | | - No |
| | | ed by the third party 🟲 \$ | | | |
| С | If "Yes," enter name and address | S | | | |
| | Name 🟲 | | | | |
| | Address ► | | | | |
| 16 | Gaming manager information | | | | |
| | Name 🟲 | | | | |
| | Gaming manager compensation I | \$ \$ | | | |
| | Description of services provided | > | | | |
| 17 a | | Employee er state law to make charitable distribu | | · · · | - No |
| b | Enter the amount of distributions | required under state law distributed to | o other exempt organizations or sp | | - |
| _ | | activities during the tax year > \$ | | hadala C / | |
| Par | t IV Complete this part to property instructions.) | provide additional information for | responses to quuestion on Sc | nedule G (see | |
| | Identifier | ReturnReference | Explana | tion | |
| | | • | • | | |

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Schedule I

(Form 990)

Department of the Treasury

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

OMB No 1545-0047

DLN: 93493068001003

Inspection

Internal Revenue Service Name of the organization Employer identification number COMMUNITY SERVICES FOR CHILDREN INC 23-2204725 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

| Part III | Grants and Other Assistance to Individuals in the United States | . Complete if the organization answered "Yes" to Form 9 | 90, 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 |
|--------------------------------|---------------------------------|-----------------------------|--------------------------------------|--|---------------------------------------|
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|-------------------|------------------|---|
| PROCEDURE FOR | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 CSC, INC IS RESPONSIBLE FOR FINANCIAL AND PROGRAMMATIC MONITORING OF |
| MONITORING GRANTS | | SPONSORED PROJECT FUNDS AWARDED TO CSC THAT ARE SUBCONTRACTED TO ANOTHER INSTITUTION, |
| IN THE U S | | 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 ELIGIBILITY TO RECEIVE FUTURE AWARDS |

Software ID: Software Version:

EIN: 23-2204725

Name: COMMUNITY SERVICES FOR CHILDREN INC

| (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 INC1501 LEHIGH STREET STE 208 ALLENTOWN,PA 18103 | 23- 1908158 | 501 (C) 3 | 259,155 | | | | KEYSTONE STARS GRANT |
| BERKS COUNTY INTERMEDIATE UNITPO BOX 16050 READING, PA 19612 | 23- 1740825 | SCHOOL | 99,586 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| KNOWLEDGE UNIVERSE EDUCATION LLC 224 N 17TH STREET ALLENTOWN,PA 18104 | 06- 1097006 | | 138,923 | | | | KEYSTONE STARS GRANT |
| BETHLEHEM AREA SCHOOL DISTRICT 3144 LINDEN STREET BETHLEHEM,PA 18017 | 24- 0862592 | SCHOOL | 111,141 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| CHILD DEVELOPMENT INC 2880 POTTSVILLE- MINERSVILLE MINERSVILLE,PA 17954 | 23- 2212539 | 501 (C) 3 | 89,978 | | | | KEYSTONE STARS GRANT |
| NORTHEASTERN CHILD CARE SERVICES INC1356 N WASHINGTON AVE SCRANTON,PA 18509 | 23- 2541114 | 501 (C) 3 | 56,106 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| A CHILD'S WORLD DEVELOPMENT CENTER2001 S EASTON ROAD DOYLESTOWN, PA 18901 | 23- 2741196 | | 74,150 | | | | KEYSTONE STARS GRANT |
| UNITED WAY OF THE GREATER LEHIGH VALLEY 2200 AVENUE A 3RD FLOOR BETHLEHEM, PA 18017 | 23- 2657933 | 501 (C) 3 | 104,200 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| CHILD DEVELOPMENT COUNCIL OF NORTHEAST PA9 E MARKET STREET WILKESBARRE, PA 18701 | 23- 1875342 | 501 (C) 3 | 89,978 | | | | KEYSTONE STARS GRANT |
| COUNTY OF LACKAWANNA99 GLENMAURA NATIONAL BUILDING | 24- 6000729 | | 67,230 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|-------------------------------------|--|---|---|--|
| KURIOUS KIDS CHILDRENS CENTER LLC5172 NEW YORK STREET WHITEHALL,PA 18052 | 05- 0525381 | 501 (C) 3 | 38,300 | | | | KEYSTONE STARS GRANT |
| SCHOOLHOUSE LEARNING CENTER INC PO BOX 877 TRUMBAUERSVILLE, PA 18970 | 23- 2479947 | | 63,770 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| THE FAMILY YMCA OF EASTON - PHILLIPSBURG1225 W LAFAYETTE ST EASTON, PA 18042 | 24- 0795636 | 501 (C) 3 | 54,712 | | other) | | KEYSTONE STARS GRANT |
| MULBERRY CHILD CARE CENTERS INC 90 GEORGE STREET READING, PA 19605 | 04- 3056834 | 501 (C) 3 | 84,958 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| LIFE SPAN DAY CARE INC2100 QUAKER POINT DRIVE QUAKERTOWN, PA 18951 | 22- 2616028 | 501 (C) 3 | 45,180 | | | | KEYSTONE STARS GRANT |
| UNITED WAY OF LACKAWANNA COUNTY615 JEFFERSON AVE SCRANTON, PA 18501 | 24- 0824164 | 501 (C) 3 | 53,500 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| TOYS & TYKES INC 245 MERIDIAN AVENUE SCRANTON,PA 18504 | 23- 2542312 | | 76,700 | | | | KEYSTONE STARS GRANT |
| LITTLE PEOPLE DAY CARE NORTH INC1325 FAIRMONT STREET WHITEHALL, PA 18052 | 20- 3727706 | | 35,270 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| KINDERCARE LEARNING CENTER 1340 W WYOMISSING BLVD WEST LAWN,PA 19609 | 63- 0941966 | | 41,710 | | | | KEYSTONE STARS GRANT |
| UNITED WAY OF BERKS COUNTY501 WASHINGTON STREET READING, PA | 23- 1655375 | 501 (C) 3 | 50,000 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| EARLY CARE AND EDUCATION COALITION OF PIKE COUNTY101 POCONO DRIVE MILFORD, PA 18337 | 23- 2691523 | 501 (C) 3 | 50,000 | | | | KEYSTONE STARS GRANT |
| THE CUDDLE ZONE LEARNING CENTER 445 ALLENTOWN DRIVE ALLENTOWN,PA 18109 | 23- 2830744 | 501 (C) 3 | 49,355 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| DEBORAH ANN RIZZO21 N FIFTH STREET WEST HAZELTON,PA 18202 | 23- 2744359 | | 11,490 | | | | KEYSTONE STARS GRANT |
| ACTIVE LEARNING CENTERS LLC9999 HAMILTON BLVD BREINIGSVILLE,PA 18031 | 20- 8908359 | | 19,290 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| UNITED WAY OF WYOMING VALLEY41 PHILADELPHIA AVE TUNKHANNOCK,PA 18657 | 24- 0831490 | 501 (C) 3 | 50,000 | | | | KEYSTONE STARS GRANT |
| SAUCON VALLEY COMMUNITY CENTER INC323 NORTHAMPTON STREET HELLERTOWN,PA 18055 | 23- 1897985 | 501 (C) 3 | 37,560 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| LIVE AND LEARN SMILE CENTER INC 326 W MAIN STREET BIRDSBORO, PA 19508 | 23- 2850426 | | 51,300 | | | | KEYSTONE STARS GRANT |
| BERKSHIRE LEARNING CENTES INC2250 RIDGEWOOD ROAD READING, PA | 23- 2965334 | | 53,250 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| WAYNE COUNTY CHILDREN'S COALITION648 WEST PARK STREET HONESDALE,PA 18431 | 24- 6000758 | I 501 (C) 3 | 50,000 | | | | KEYSTONE STARS GRANT |
| POCONO HEALTHY COMMUNITIES ALLIANCEPO BOX 112 STROUDSBURG, PA 18360 | 36- 4491978 | 1 501763 | 50,000 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| VOLUNTEERS OF AMERICA OF PENNSYLVANIA730 UNION STREET ALLENTOWN,PA 18101 | 23- 1494809 | 501 (C) 3 | 62,270 | | | | KEYSTONE STARS GRANT |
| ST JOSEPH REGIONAL HEALTH NETWORK12TH WALNUT READING.PA 19604 | 23- 1352211 | 501 (C) 3 | 62,185 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| BETHLEHEM YMCA 420 E BROAD STREET BETHLEHEM,PA 18018 | 24- 0795635 | 1 501 (C) 3 | 18,555 | | | | KEYSTONE STARS GRANT |
| YMCA OF READING AND BERKS COUNTYPO BOX 1622 READING, PA 19603 | 23- 1244009 | 501 (C) 3 | 60,373 | | | | KEYSTONE STARS GRANT |

| (a) Name and address of organization | (b) EIN | (c) IRC Code section | (d) A mount of cash grant | (e) A mount of non-cash | (f) Method of valuation | (g) Description of | (h) Purpose of grant |
|--|----------------|-------------------------|---------------------------|-------------------------|-------------------------------------|------------------------|-------------------------|
| or government | | ıf applicable | cush grant | assistance | (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| ECUMENICAL ENTERPRISES INC 1075 MEMORIAL HIGHWAY DALLAS,PA 18612 | 23- 1714246 | 501 (C) 3 | 48,596 | | | | KEYSTONE STARS GRANT |
| ABC KIDDIE KAMPUS INC701 S MAIN STREET OLD FORGE, PA 18518 | 23- 2623665 | | 36,530 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| MARYWOOD UNIVERSITY2300 ADAMS AVE SCRANTON,PA 18509 | 24- 0795453 | I 501 (C) 3 | 39,450 | | | | KEYSTONE STARS GRANT |
| LPCC INC2940 NAZARETH ROAD EASTON,PA 18045 | 23- 2653303 | | 39,325 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| DAY NUSERY ASSOCIATION332 JEFFERSON AVE SCRANTON,PA 18510 | 24- 0799342 | 501 (C) 3 | 34,010 | | | | KEYSTONE STARS GRANT |
| ENRICHMENT WORKSHOP FOR CHILDREN2075 BYEBERRY ROAD STE 102 BENSALEM, PA 19020 | 23- 2467678 | 501 (C) 3 | 72,030 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| HILDEBRANDT LEARNING CENTER INC420 SOUTH 10TH STREET EMMAUS,PA 18049 | 23- 3097342 | | 26,101 | | | | KEYSTONE STARS GRANT |
| COUNTRY CHARM EARLY LEARNING CENTERPO BOX 73 24 RITTENHOUSE PLACE DRUMS PA 18222 | 23- 2915265 | | 52,715 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| NORTH POCONO PRESCHOOL INC RD6 PO BOX 6409 MOSCOW, PA 18444 | 23- 1987582 | 501 (C) 3 | 50,796 | | | | KEYSTONE STARS GRANT |
| LANGHORNE TERRACE BAPTIST CHURCH1271 MAPLE AVENUE LANGHORNE, PA 19047 | 23- 1946407 | | 56,790 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| BANGOR PRESCHOOL INC221 S 4TH ST BANGOR, PA 18013 | 23- 2755143 | | 37,755 | | | | KEYSTONE STARS GRANT |
| SUSQUEHANNA COUNTY CARESPO BOX 277 MONTROSE, PA 18801 | 23- 2473551 | 501 (C) 3 | 50,000 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| THE FAMILY YMCA OF LOWER BUCKS COUNTY601 S OXFORD VALLEY ROAD FAIRLESS HILLS, PA 19030 | 23- 1433890 | 501 (C) 3 | 63,405 | | outer) | | KEYSTONE STARS GRANT |
| MAGIC COTTAGE LLC128 APPLETREE DRIVE LEVITTOWN,PA 19055 | 23- 2038769 | | 31,895 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| UNITED NEIGHBORHOOD CENTERS OF NORTHEAST425 ALDER STREET SCRANTON,PA 18505 | 24- 0795389 | 501 (C) 3 | 13,739 | | | | KEYSTONE STARS GRANT |
| WILKES-BARRE DATA OPERATIONS CENTER ASSOCIATION1150 EAST MOUNTAIN DRIVE WILKES BARRE, PA 18702 | 23- 2726996 | 501 (C) 3 | 51,804 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| THE PERCEPTION TRAINING CENTER INC1265 B LAUREL ROAD POTTSVILLE,PA 17901 | 23- 3032737 | | 37,780 | | | | KEYSTONE STARS GRANT |
| THE SCHOOLHOUSE DAYCARE CENTER INC 270 S RIVER STREET PLAINS PA 18705 | 23- 2865298 | | 28,050 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| DEBBETT INC CHILDRENS CENTER OF WIND GAP WIND GAP,PA 18091 | 23- 2915330 | 501 (C) 3 | 7,845 | | | | KEYSTONE STARS GRANT |
| KINGSST MARYS DEVELOPMENT DC CENTER INC134 S WASHINGTON STREET WILKES BARRE,PA 18701 | 23- 2841535 | 1 501763 | 39,915 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| MIRACLES 3 INCPO BOX 48 MARSHALLS CREEK, PA 18335 | 33- 1000248 | | 51,190 | | | | KEYSTONE STARS GRANT |
| CAHILL INCRD 6 BOX 6376 EAST STROUDSBURG,PA 18301 | 23- 3080941 | | 21,550 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| THE CHILDERN'S LC 7001 SOUTH ROUTE 309 COOPERSBURG,PA 18036 | 26- 3250016 | | 27,830 | | | | KEYSTONE STARS GRANT |
| NORTHWEST CHILDREN'S CENTER 6301 ROUTE 309 NEW TRIPOLI, PA 18066 | 23- 2896131 | | 37,020 | | | | KEYSTONE STARS GRANT |

| (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, | (g) Description of non-cash | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------|--|---|-----------------------------------|------------------------------------|
| or government | | паррпсавіе | | assistance | appraisal, other) | assistance | or assistance |
| CAROUSEL FARM'S EDUCATION CENTER226 GRENOBLE RD WARMINSTER,PA 18974 | 23- 2133769 | | 40,121 | | | | KEYSTONE STARS GRANT |
| WEE WONS INCPO BOX 776 POCONO PINES,PA 18350 | 01- 0703290 | | 33,500 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| JUST CHILDREN BENSALEMS INC 2354 GALLOWAY ROAD BENDSALEM, PA 19020 | 23- 2853369 | | 30,750 | | | | KEYSTONE STARS GRANT |
| GRETCHEN DARLINGTON11 VILLAGE CENTER DRIVE READING, PA 19607 | 23- 2700095 | | 31,175 | | | | KEYSTONE STARS GRANT |

| (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 | valuation (book, FMV, | (g) Description of non-cash | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|--------------------------|-----------------------------------|------------------------------------|
| | | | | | appraisal, other) | assistance | |
| PARK AVENUE KIDS KORNER LLC 3880 PARK AVENUE NEFFS,PA 18065 | 02- 0728174 | | 10,995 | | | | KEYSTONE STARS GRANT |
| SPRING GARDEN CHILDRENS CENTER INC401 W BERWICK STREET EASTON, PA | 24- 6002399 | 501 (C) 3 | 31,720 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| LITTLE ACRES LEARNING CENTER INC1186 REAR CHURCH STREET MOSCOW, PA 18444 | 20- 4446413 | | 12,600 | | | | KEYSTONE STARS GRANT |
| THE LEARNING LOCOMOTION384 SUNSET AVE BANGOR, PA 18013 | 23- 2966142 | | 35,040 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| JESSICA GEIST TYKE NUSERY SCHOOL ALLENTOWN,PA 18103 | 20- 1772891 | | 10,380 | | | | KEYSTONE STARS GRANT |
| LONGSWAMP UNITED CHURCH OF CHRIST200 CLAY ROAD MERTZTOWN,PA | 23- 2417193 | 501 (C) 3 | 37,440 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| CHILDREN'S DEVELOPMENT PROGRAM INC501 W BROAD STREET QUAKERTOWN, PA 18951 | 23- 1981629 | | 42,868 | | | | KEYSTONE STARS GRANT |
| KEYSTONE COLLEGE ONE COLLEGE GREEN LA PLUME,PA 18440 | 24- 0795441 | 501 (C) 3 | 20,935 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| DW DAYCARE LLC 1308 HIGHLAND AVENUS FORT WASHINGTON, PA 19034 | 26- 0836801 | | 33,995 | | | | KEYSTONE STARS GRANT |
| ALBRIGHT COLLEGE PO BOX 15234 READING, PA 19612 | 23- 1352615 | 501 (C) 3 | 48,080 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| ST JOHN'S EVANGELICAL LUTHERAN CHURCH 200 S BROAD STREET NAZARETH,PA 18064 | 24- 0800685 | 1 501763 | 35,230 | | | | KEYSTONE STARS GRANT |
| CREATION PLAYSTATION INC 1336 W MINOR STREET EMMAUS,PA 18049 | 23- 2965239 | | 77,220 | | | | KEYSTONE STARS GRANT |

| (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, | (g) Description of non-cash | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|-------------------------------------|-----------------------------------|------------------------------------|
| | | | | | appraisal, other) | assistance | |
| HOLY CROSS EVANGELICAL LUTHERAN CHURCH 609 JOHNSON STREET NAZARETH,PA 18064 | 23- 2046281 | 501 (C) 3 | 9,450 | | | | KEYSTONE STARS GRANT |
| SAYRE CHILD CENTER349 HAMILTON AVE BETHLEHEM,PA 18017 | 24- 0795681 | 501 (C) 3 | 43,115 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| FRIEDENS EVANGELICAL LUTHERAN CHURCH 1076 MEMORIAL HWY OLEY,PA 19547 | 23- 7199273 | 1 5017(*) 3 | 34,655 | | | | KEYSTONE STARS GRANT |
| THE CHILDRENS GARDEN61 KUNKLE DRIVE EASTON.PA 18042 | 23- 3070472 | | 41,170 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| MILFORD HILL DAY CARE INCPO BOX 1209 MILFORD, PA 18337 | 23- 2708632 | | 29,818 | | | | KEYSTONE STARS GRANT |
| NATIVITY CHILD CARE CENTER INC1501 NORTH 13TH STREET READING, PA 19604 | 23- 2701933 | 501 (C) 3 | 28,290 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| BLOOM EARLY EDUCATION CENTERS INC162 FERGUSEN AVE SHAVERTOWN,PA 18708 | 30- 0248531 | | 23,410 | | | | KEYSTONE STARS GRANT |
| CURIOUS KIDS INC 102 STEWARD LANE CHALFONT, PA 18914 | 65- 1165275 | | 29,635 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| THE GINGERBREAD HOUSE515 OLDS BLVD FAIRLESS HILLS,PA 19030 | 23- 3043574 | | 33,420 | | | | KEYSTONE STARS GRANT |
| ST GABRIELS GOOD SHEPHERD LEARNING CTR1198 BEN FRANKLIN HIGHWAY DOUGLASVILLE,PA 19518 | 23- 3049021 | 501 (C) 3 | 22,300 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| KATHLEEN E BUNNELL425 CENTER STREET ROAD CLARKS SUMMIT, PA 18411 | 23- 2918439 | | 13,055 | | | | KEYSTONE STARS GRANT |
| THIRD STREET ALLIANCE FOR WOMEN & CHILDREN41 N 3RD STREET EASTON, PA 18042 | 24- 0795639 | 501 (C) 3 | 27,600 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| ROSE MEKEEL CHILD CARE CENTEREAST STROUDSBURG UNIVERSITY EAST STROUDSBURG, PA 18301 | 23- 3026680 | 1 501763 | 23,870 | | | | KEYSTONE STARS GRANT |
| JMF INC138 MILL ROAD QUAKERTOWN, PA 18951 | 23- 3012640 | | 26,720 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| TOUCHING THE FUTURE LLC3142 PRICETOWN ROAD FLEETWOOD,PA 19604 | 41- 2038925 | | 23,089 | | | | KEYSTONE STARS GRANT |
| JUST CHILDREN DEVELOPMENT CENTER INC2607 NESHAMINY INTERPLEX TREVOSE,PA 19053 | 23- 2359349 | | 23,875 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| CHRISTIAN LIFE CENTER OF ASSEMBLIES3100 GALLOWAY ROAD BENSALEM, PA 19020 | 23- 2617944 | 501 (C) 3 | 13,055 | | | | KEYSTONE STARS GRANT |
| MIDDLE BUCKS INSTITUTE OF TECHNOLOGY MIDDLE BUCKS PRESCHOOL JAMISON, PA 18929 | 23- 1701582 | SCHOOL | 9,960 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| GREATER PITTSON YMCA10 N MAIN STREET WILKESBARRE, PA 18701 | 24- 0796039 | | 12,600 | | | | KEYSTONE STARS GRANT |
| NORTHAMPTON AREA COMMUNITY COLLEGE3835 GREEN POND ROAD BETHLEHEM, PA 18020 | 23- 6417444 | SCHOOL | 44,835 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| THE ART LEARNING CENTER INC3225 N 5TH ST EAST STROUDSBURG, PA 18301 | 23- 2820467 | | 23,410 | | | | KEYSTONE STARS GRANT |
| WEE CARE FOUNDATIONS LLC WEE CARE FOUNDATIONS DALLAS PA 18612 | 20- 1416135 | | 8,633 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| TOT TIME CHILD DEVELOPMENT CENTER INCPO BOX 796 PLYMOUTH MEETING,PA 19462 | 23- 2772590 | | 12,600 | | | | KEYSTONE STARS GRANT |
| PTA PENNSYLVANIA CONGRESSBUSHKILL ELEMENTARY SCHOOL NAZARETH,PA 18064 | 23- 7380842 | SCHOOL | 12,475 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| ALLENTOWN YMCA & YWCA425 SOUTH 15TH STREET ALLENTOWN,PA 18102 | 23- 1365989 | 501 (C) 3 | 8,489 | | | | KEYSTONE STARS GRANT |
| FIRST IMPRESSIONS CHILD CARE CENTER II131 W MAIN STREET MACUNGIE, PA 18062 | 86- 1123478 | 501 (C) 3 | 27,275 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| MEL MEG CORPORATION INC 80 WOOD STREET WILKES BARRE,PA 18702 | 23- 3009027 | | 9,390 | | | | KEYSTONE STARS GRANT |
| EARLY BLOOMERS INC36 S 6TH STREET ALLENTOWN,PA | 23- 2694289 | 1 501 (C) 3 | 11,955 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| KID'S EXPRESS INC385 BLUE VALLEY DR BANGOR, PA 18013 | 23- 2694289 | | 34,055 | | , | | KEYSTONE STARS GRANT |
| LIVE & LEARN STATION INC135 S 5TH ST READING, PA 19602 | 23- 2940801 | | 21,405 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| GROWING YEARS CHILD CARE CENTER INCROUTE 93 CONYNGHAM, PA 18219 | 23- 2830588 | | 17,950 | | | | KEYSTONE STARS GRANT |
| MT TOP KIDS INC1 MARIAN COURT MOUNTAIN TOP,PA 18707 | 23- 2495351 | | 6,360 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| ST JOSEPH'S HILL EVANGELICAL LUTHERAN244 KOCH ROAD BOYERTOWN,PA 19512 | 23- 6269853 | 1 501763 | 9,445 | | | | KEYSTONE STARS GRANT |
| HORWITH RENTALS LLC481 MAUCH CHUNK ROAD COPLAY, PA 18037 | 20- 2316970 | | 31,435 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| EARLY BEGINNINGS LLC13 S 4TH STREET READING, PA 19602 | 84- 0482428 | | 9,000 | | | | KEYSTONE STARS GRANT |
| DUCK DUCK GOOSE CHILD CARE INC 1218 CANAL STREET NORTHAMPTON, PA 18067 | 80- 0602268 | | 6,300 | | | | KEYSTONE STARS GRANT |

| - | | | | | | | |
|--|----------------|--|------------------------------|--|---|---|--|
| (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 |
| COMMUNITY EDUCATIONAL CENTER5151 COLD SPRING DOYLESTOWN,PA 18902 | 23- 2825876 | | 24,250 | | | | KEYSTONE STARS GRANT |
| EMILIE UNITED METHODIST CHURCH7300 NEW FALLS ROAD LEVITTOWN,PA | 23- 1534662 | 501 (C) 3 | 14,175 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| READING AREA COMMUNITY COLLEGE10 S 2ND STREET READING, PA 19602 | 23- 1745816 | SCHOOL | 14,125 | | | | KEYSTONE STARS GRANT |
| ACE ONE INC240 W SWAMP ROAD DOYLESTOWN, PA 18901 | 26- 1890957 | | 22,160 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| KID QUEST INC319 METSGER WAY CHALFONT,PA 18914 | 23- 3087523 | | 26,905 | | | | KEYSTONE STARS GRANT |
| GRACE EDUCATION INC108 ALEXANDER COURT WARMINSTER, PA 18974 | 20- 3857100 | | 19,325 | | | | KEYSTONE STARS GRANT |

| (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, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| KNS ENTERPRISES INC4316 ROOSEVELT ST WHITEHALL,PA 18052 | 23- 2801348 | | 12,540 | | other) | | KEYSTONE STARS GRANT |
| INFANT CARE AT COVENANT CHURCH INC550 MADISON AVENUE SCRANTON, PA 18510 | 23- 3073719 | 501 (C) 3 | 20,865 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| FRECKLES & FRILLS INC101 PITTSTON AVE SCRANTON, PA 18505 | 23- 2981780 | | 29,890 | | | | KEYSTONE STARS GRANT |
| LOIS ROTHROCK SWIFTWATER DAY CARE CENTER SWIFTWATER,PA 18022 | 23- 2182473 | | 7,815 | | | | KEYSTONE STARS GRANT |

| (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, | (g) Description of non-cash | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------|--|---|-----------------------------------|------------------------------------|
| or government | | паррисавіс | | assistance | appraisal, other) | assistance | or assistance |
| ANNA M VELEZ 2862 ADIRONDAK DR BLAKESLEE,PA 18610 | 23- 2872639 | | 18,205 | | | | KEYSTONE STARS GRANT |
| CREATIVE CRITTERS INC234 MIFFLIN AVENUE SCRANTON,PA 18503 | 23- 3054185 | | 11,020 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| GEORGE SCHOOL CHILDREN'S CENTERPO BOX 4188 GEORGE SCHOOL, PA 18940 | 33- 1044968 | | 7,088 | | | | KEYSTONE STARS GRANT |
| CHURCH OF THE GOOD SHEPHERD 321 5TH STREET MILFORD, PA 18337 | 23- 2018594 | 1 501 (C) 3 | 26,031 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| SYD ENTERPRISES 119 PHEASANT RUN NEWTO WN, PA 18940 | 47- 0877676 | | 25,990 | | | | KEYSTONE STARS GRANT |
| DEVON L RAAD296 SUSQUEHANNA TRAIL ALLENTOWN,PA 18104 | 16- 1764002 | | 24,110 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| MYRTIS'S PRESCHOOL AND CREATIVE LEARNING523 OLD WILLOW AVE HONESDALE,PA 18431 | 23- 2965343 | | 9,450 | | | | KEYSTONE STARS GRANT |
| TOBYHANNA ARMY DEPOT11 HAP ARNOLD BLVD TOBYHANNA,PA | 24- 0811317 | 501 (C) 3 | 48,100 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| LAM LLC25 COMMERCE DR READING, PA 19610 | 20- 3265368 | | 16,890 | | | | KEYSTONE STARS GRANT |
| JERUSALEM LUTHERAN CHURCH252 DOCK STREET SCHUYKILL,PA 17972 | 25- 1207913 | 501 (C) 3 | 23,010 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| SHINING STARS75 NORTH MOUNTAIN BLVD MOUNTAIN TOP, PA 18707 | 23- 2695353 | | 16,960 | | | | KEYSTONE STARS GRANT |
| YOUR CHILDREN FIRST INC4 CHIPMUNK DRIVE FLEETWOOD, PA 19522 | 23- 2969519 | | 31,830 | | | | KEYSTONE STARS GRANT |

| (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 CARBON COMMUNITY COLLEGE4525 EDUCATION PARK DRIVE SCHNECKSVILLE,PA 18078 | 23- 1670163 | SCHOOL | 64,955 | | , | | KEYSTONE STARS GRANT |
| THREE STAGES DAY CARE & LEARNING CORP4 FAIRVIEW AVNUE MOUNT POCONO,PA | 23- 3086867 | | 6,900 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| CALVARY FULL GOSPEL CHURCH 676 LINCOLN HIGHWAY FAIRLESS HILLS,PA 19030 | 23- 2091484 | 1 501763 | 16,405 | | | | KEYSTONE STARS GRANT |
| FIRST FRIENDS INC 938 TO WNE CENTER DOYLESTO WN, PA 18901 | 23- 2519420 | | 16,830 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| KEYSTONE KIDS CLUB LTDPO BOX 7172 LANGHORNE,PA 19047 | 23- 2849785 | | 17,090 | | | | KEYSTONE STARS GRANT |
| MALLARD MEADOWS RESIDENTIAL CENTER INC186 BELMONT TURNPIKE WAYMART,PA 18472 | 30- 0120280 | | 13,970 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| JOLLY'S TODDLERS DAY CARE275 2ND STREET PIKE SOUTHAMPTON,PA 18966 | 23- 2323907 | | 51,625 | | | | KEYSTONE STARS GRANT |
| KAREN CORRIGAN 839 TERRACE STREET HONESDALE, PA 18341 | 45- 0558266 | | 9,350 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| ALMOST HOME LTD 611 MONTGOMERY AVENUE BOYERTOWN,PA 19512 | 23- 2703573 | | 20,330 | | oulet) | | KEYSTONE STARS GRANT |
| KIDS COUNTRY INC REILLY BUILDING RTE 940 POCONO SUMMIT, PA 18346 | 23- 2641439 | | 13,975 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| KOL EMET1360 OXFORD VALLEY ROAD YARLEY,PA 19067 | 22- 2596919 | 501 (C) 3 | 15,953 | | | | KEYSTONE STARS GRANT |
| SHINING STARS EARLY LEARNING ACADEMYPO BOX 794 POCONO SUMMIT, PA 18705 | 27- 1802254 | | 6,300 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| MILLENNIUM CHILD DAYCARE CENTER INC626 MADISON AVE JERMYN, PA 18433 | 61- 1486840 | | 29,720 | | | | KEYSTONE STARS GRANT |
| LEHIGH VALLEY MARTIAL ARTS INC 544 JUBILEE STREET EMMAUS,PA | 23- 2976928 | | 37,125 | | | | KEYSTONE STARS GRANT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | ` ' | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|-----|---|---|--|
| FIRST FREE METHODIST CHURCH107 MILANVILLE ROAD BEACH LAKE, PA 18405 | 24- 6023867 | I 501 (C) 3 | 12,195 | | | | KEYSTONE STARS GRANTKEYSTONE STARS GRANT |
| HILL STREET CHILDREN'S CENTER INC417 LINCOLN AVENUE WALNUTPORT,PA 18088 | 23- 2022518 | 1 501 (0)3 | 18,430 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| JUST CHILDREN - BRIDGETO WN47 BRIDGETO WN PIKE TREVOSE, PA 19053 | 23- 2407872 | | 18,295 | | | | KEYSTONE STARS GRANT |
| DORANT INC383 THE HIDEOUT LAKE AREIL, PA 18436 | 13- 4315347 | | 10,935 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| JUST CHILDREN OF AMERICA HILLTOWN LLC 4030 BETHLEHEM PIKE TELFORD, PA 18969 | 56- 2513206 | | 14,340 | | | | KEYSTONE STARS GRANT |
| INGLESIA BAUTISTA BETANIA164 DOUGLASS ST READING, PA 19601 | 23- 2799716 | 501 (C) 3 | 15,355 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| THE WONDER KIDS LTD6955 WEAVERSVILLE ROAD NORTHAMPTON, PA 18067 | 23- 3086201 | | 16,655 | | | | KEYSTONE STARS GRANT |
| LITTLE JEMS CHIDREN INC1 COSTA COURT LANGHORNE, PA 19047 | 23- 2954724 | | 14,400 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| LITTLE RAYS DAY CARE INC28 N MAIN STREET BANGOR, PA 18013 | 23- 3092709 | | 11,255 | | | | KEYSTONE STARS GRANT |
| LOWER BUCKS COMMUNITY CENTER INC9300 NEW FALLS ROAD LEVITTOWN,PA 19054 | 23- 1679601 | 501 (C) 3 | 13,995 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| BETHANY CHILDREN'S HOME INC1863 BETHANY ROAD WOMELSDORF, PA 19567 | 23- 2467068 | 501 (C) 3 | 19,675 | | | | KEYSTONE STARS GRANT |
| TOBYHANNA KIDS INC471 STERLING ROAD TOBYHANNA,PA 18466 | 23- 2985152 | | 12,600 | | | | KEYSTONE STARS GRANT |

| (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 | valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|--|---|--|
| NEXT LEVEL CORP 2532 BERYL AVENUE WHITEHALL, PA 18052 | 33- 1091000 | | 6,300 | | other) | | KEYSTONE STARS GRANT |
| TEDDY BEAR DAY CARE CENTER4623 LEHIGH DRIVE WALNUTPORT, PA 18088 | 23- 2417863 | | 6,300 | | | | KEYSTONE STARS GRANT |

| (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 | valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|--|---|--|
| DEBRA CLEFFI GIGGLES KIDS CLUB BETHLEHEM,PA 18020 | 23- 2893936 | | 6,300 | | other) | | KEYSTONE STARS GRANT |
| THROUGH OUR EYES INC65 N SCOTT STREET CARBONDALE,PA 18407 | 23- 3003794 | | 14,400 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| YVETTE ACEVEDONORMA ALBINOBABIES IN MOTION READING, PA 19601 | 84- 1683526 | | 9,390 | | | | KEYSTONE STARS GRANT |
| DINGMANS NEW LIFE CHRISTIAN FELLO WSHIPPO BOX 665 DINGMANS FERRY, PA | 23- 2982037 | 501 (C) 3 | 12,466 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| PAM & PAM'S LATCHKEY KID PROGRAM INC 5629 BENSALEM BLVD BENSALEM, PA 19020 | 23- 2894485 | | 19,192 | | | | KEYSTONE STARS GRANT |
| PENNCO INSTITUTE INC 3815 OTTER STREET BRISTOL,PA 19007 | 23- 1891908 | | 13,800 | | | | KEYSTONE STARS GRANTKEYSTONE STARS GRANT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | ` ' | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|-----|---|---|--|
| NORMA ALEXANDRA RIZO1014 SOUTH 7TH STREET ALLENTOWN,PA 18103 | 26- 2468418 | | 5,800 | | | | KEYSTONE STARS GROUPKEYSTONE STARS GRANT |
| TOTAL CHILD CARE SOLUTIONS48 CHURCHVILLE LANE SOUTHAMPTON, PA 18966 | 20- 8176176 | 1 501763 | 16,285 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| PHILADELPHIA CHRISTIAN CENTER INC2990 STREET ROAD BENSALEM,PA 19020 | 23- 2712247 | 501 (C) 3 | 14,745 | | | | KEYSTONE STARS GRANT |
| FIRST CHILDREN'S ACADEMY520 STREET ROAD SOUTHAMPTON,PA | 26- 3095045 | | 5,670 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| KAREN FAUST JEFFREY FAUST DOLORES FAUST 51 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 | | 24,538 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| RIGHT STEPS INC29 TANYARD ROAD RICHBORO,PA 18954 | 20- 1742780 | | 22,840 | | | | KEYSTONE STARS GRANT |
| RISING STARS DAY CARE INC6 FRANKLIN ST PO BOX 237 LAWRENCEVILLE,PA 16929 | 20- 1994480 | | 26,775 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| SATELLITE INTERNATIONAL INC 621 KUTCHER ROAD SOUTHAMPTON,PA 18966 | 23- 2898500 | | 31,150 | | , | | KEYSTONE STARS GRANT |
| CATHOLIC SOCIAL SERVICES - WILKES BARRE33 E NORTHAMPTON STREET WILKES BARRE, PA 18701 | 24- 0818341 | | 12,650 | | | | KEYSTONE STARS GRANT |

| (a) Name and address of organization | (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, | (g) Description of non-cash | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------|--|-------------------------------------|-----------------------------------|------------------------------------|
| or government | | | | | appraisal, other) | assistance | |
| CREATIVE LEARNING CENTER OF LV INC1315 TATAMY ROAD EASTON, PA 18045 | 57- 1178821 | | 14,145 | | | | KEYSTONE STARS GRANT |
| SCOTT & MONIC CASTONE 202 E MAIN STREET PEN ARGYL, PA 18072 | 23- 2882040 | | 14,685 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| TEDDY BEAR COLLEGE5285 BENSALEM BLVD BENSALEM, PA 19020 | 23- 2823305 | | 12,540 | | | | KEYSTONE STARS GRANT |
| HUSH LITTLE ANGELS LLC1036 N GODFREY STREET ALLENTOWN,PA 18109 | 75- 3235099 | | 13,200 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| LOTS OF LOVE LEARNING CENTER 4800 E STREET ROAD TREVOSE, PA 190536658 | 57- 1171300 | | 14,920 | | | | KEYSTONE STARS GRANT |
| CJ DEVINE BROOKSIDE LLC 5391 ANDREA DRIVE ALLENTOWN,PA | 30- 0517748 | | 13,315 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| ENDLESS MOUNTAIN LEARNING CENTER INCPO BOX 762 NEW MILFORD, PA 18834 | 20- 0180530 | | 25,258 | | | | KEYSTONE STARS GRANT |
| TWO EL INC852 ELBOW LANE WARRINGTON,PA 18976 | 23- 2437360 | | 36,404 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| CHANDLER HALL HEALTH SERVICES INC99 BARCLAY ST NEWTOWN, PA 18940 | 23- 2365124 | 501 (C) 3 | 12,370 | | | | KEYSTONE STARS GRANT |
| FOGELSVILLE ALC LLCACTIVE LEARNING CENTER ALLENTOWN, PA 18106 | 27- 1275358 | | 5,670 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| YOUTH SERVICES ALTERNATIVE1398 SATE ROAD 903 JIM THORPE, PA 18229 | 55- 0875797 | 501 (C) 3 | 8,595 | | | | KEYSTONE STARS GRANT |
| LEHIGH KIDZ ACADEMY621 E BROAD STREET BETHLEHEM,PA 18018 | 27- 0543448 | | 6,300 | | | | KEYSTONE STARS GRANT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | ` ' | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|-------------------------------------|-----|---|---|--|
| KIDS PLAY TODAY LLC837 ROUTE 6 UNIT 5 SHOHOLA,PA 18458 | 26- 0283686 | | 9,825 | | | | KEYSTONE STARS GRANT |
| DISCOVER YEARS INCPO BOX 1379 ALBRIGHTSVILLE,PA 18210 | 23- 3053895 | | 5,640 | | | | KEYSTONE STARS GROUPKEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| LITTLE BEAR CUB CARE INC100 E LUDLOW STREET SUMMIT HILL,PA 182501233 | 32- 0254925 | | 5,040 | | | | KEYSTONE STARS GRANT |
| PENNRIDGE FULL GOSPEL TABERNACLE720 BLOOMING GLEN ROAS BLOOMING GLEN, DA 18911 | 23- 1735117 | 501 (C) 3 | 14,120 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|--|
| PAT & BUD INC240 WASHINGTON STREET EAST STROUDSBURG, PA 18301 | 23- 2868517 | | 9,390 | | | | KEYSTONE STARS GRANT |
| NANNY ROSE INC 218 SOUTH MAIN STREET DURYEA, PA 18642 | 23- 2788910 | | 10,455 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| | | | | | | | KEYSTONE STARS GRANT |
| ALL STAR CHILDCARE ACADEMY LLC 3000 PENN VALLEY AVENUE BRISTOL, PA 19007 | 14- 1985875 | | 13,200 | | | | KEYSTONE STARS GRANT |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| LISA BLAKE316 MAIN STREET BROWNDALE,PA 18421 | 23- 3070818 | | 6,755 | | | | KEYSTONE STARS GRANT |
| EFFORT UNITED METHODIST CHURCHPO BOX 545 EFFORT PA 18330 | 23- 2262920 | | 14,449 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| TRINITY CENTER FOR CHILDREN INC 200 S 2ND STREET POTTSVILLE, PA 17901 | 51- 0538195 | 1 501 (C) 31 | 5,790 | | | | KEYSTONE STARS GRANT |
| | | | | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| SALEM ST PAUL LUTHERAN CHURCH PO BOX 168 KREGSGEVILLE, PA 18333 | 23- 2021066 | 1 501763 | 98,013 | | | | KEYSTONE STARS GRANT |
| DOYLESTOWN HOSPITAL595 W STATE ROAD BENSALEM, PA 19020 | 23- 1352174 | 1 501763 | 73,980 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|-------------------------------------|--|---|---|--|
| HANDS OF WYOMING COUNTY 41 PHILADELPHIA AVE EASTON,PA 18042 | 20- 3192736 | 501 (C) 3 | 56,000 | | | | KEYSTONE STARS GRANT |
| QUALITY CHILD CARE COALITION OF BUCKS COC/O PAT MILLR YARDEY.PA 19067 | 56- 2373044 | 501 (C) 3 | 50,000 | | | | KEYSTONE STARS GRANT |

| | _,, - | | | | | | |
|---|----------------|--|------------------------------|--|---|---|---|
| (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 |
| CHRISTINE BEHM'S DAY CARE LLC 19085 CHUCKWAGON DRIVE AUBURN,PA 17922 | 57- 1196825 | | 43,280 | | | | KEYSTONE STARS GRANT |
| LEHIGH VALLEY HEALTH NETWORK LVH CHILDRENS CENTER ALLENTOWN,PA | 23- 1689692 | 501 (C) 3 | 38,580 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| TABOR CHILDREN'S HOUSE INC601 N BRITAIN ROAD DOYLESTOWN, PA 18901 | 23- 2539505 | | 38,360 | | | | KEYSTONE STARS GRANT |
| PREMIER CHILD CARE CENTER INC 3853 ALLEN STREET EMMAUS.PA 18049 | 23- 2779167 | | 34,665 | | | | KEYSTONE STARS GRANT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | • • | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|-----|---|---|------------------------------------|
| LITTLE PEOPLE DAY CARE INC280 HANOVER STREET WILKES BARRE,PA 18702 | 23- 2837236 | | 30,670 | | | | KEYSTONE STARS GRANT |
| NESACCNESHAMINY ELEM SCHOOL AGE JOSEPH FERDERBAR ELEM SCHOOL FEASTERVILLE,PA 19053 | 23- 2388936 | SCHOOL | 29,052 | | | | KEYSTONE STARS GRANT |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| BOYERTOWN AREA YMCA301 WEST SPING STREET BOYERTOWN,PA 19512 | 23- 2510418 | 501 (C) 3 | 25,410 | | | | KEYSTONE STARS GROUP |
| KMP INCWEE CARE NUSERY BEAR CREEK,PA 18702 | 65- 1209589 | | 23,905 | | | | KEYSTONE STARS GROUP |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| A CHILDREN'S PLACE LEARNING CENTER719 ROBLE ROAD ALLENTOWN,PA 18109 | 01- 0556935 | | 23,420 | | | | KEYSTONE STARS GROUP |
| WILSON SCHOOL DISTRICTSHILOH HILLS CENTER READING, PA | 22- 1667988 | SCHOOL | 23,165 | | | | KEYSTONE STARS GROUP |

| (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, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|--|---|------------------------------------|
| BJ KIDS INCKIDDE ACADEMY OF PLMSTEADVILLE DOYLESTOWN, PA 18902 | 25- 1868508 | | 20,785 | | other) | | KEYSTONE STARS GROUP |
| ST MICHAEL EVANGELICAL LUTHERAN CHURCH NATIVITY LUTHERAN ALLENTOWN,PA 18104 | 27- 4469211 | 501 (C) 3 | 19,925 | | | | KEYSTONE STARS GROUP |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| SPRING ROSE CHILDCARE INC 563 MOUNTAIN HOME ROAD READING, PA 19608 | 26- 2101139 | | 18,900 | | | | KEYSTONE STARS GROUP |
| CJ DEVINE INC 1255 CEDAR CREST BLVD ALLENTOWN,PA 18103 | 41- 2085707 | | 17,265 | | | | KEYSTONE STARS GROUP |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| DAWN TOOLAN157 BROOKLYN STREET CARBONDALE,PA 18407 | 20- 8686602 | | 17,240 | | | | KEYSTONE STARS GROUP |
| POCONO COMMUNITY CHURCH2770 MEMORIAL BLVD TOBYHANNA,PA 18466 | 45- 0497822 | | 16,530 | | | | KEYSTONE STARS GROUP |

| (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 |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| UPPER BUCKS YMCA 401 FAIRVIEW AVENUE QUAKERTOWN, PA 18951 | 23- 1713382 | 501 (C) 3 | 15,370 | | | | KEYSTONE STARS GROUP |
| OHEV SHALOM OF BUCKS COUNTY944 2ND ST PIKE RICHBORO, PA 18954 | 23- 1994877 | 501 (C) 3 | 15,310 | | | | KEYSTONE STARS GROUP |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| MCSM ENTERPRISES INC NAZARETH AREA DAY CARE BETHLEHEM, PA 18020 | 20- 1689246 | | 14,665 | | | | KEYSTONE STARS GROUP |
| THE KREIG INSTITIUTE3716- 3718 LAWRENCE AVENUE MOOSIC PA 18507 | 23- 2657920 | | 14,660 | | | | KEYSTONE STARS GROUP |

| (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 |
|---|----------------|--|------------------------------|--|---|---|--|
| MILLIES CREATIVE LEARNINF CENTER 100 S THIRD STREET EASTON,PA 18042 | 27- 0542669 | | 14,370 | | | | KEYSTONE STARS GROUP |
| APPLE OF HIS EYE EARLY LEANING CENTERLIFE ACADEMY ALLENTOWN,PA 18109 | 23- 3070814 | | 14,145 | | | | KEYSTONE STARS GROUP |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| OPERATION SMART START1100 BLUE VALLEY DRIVE PEN ARGYL, PA 18072 | 26- 0213149 | | 13,275 | | | | KEYSTONE STARS GROUP |
| EARLY ADVENTURES CHILD CARE4949 LIBERTY LANE ALLENTOWN,PA 18106 | 77- 0705608 | | 13,230 | | | | KEYSTONE STARS GROUP |

| (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 | valuation (book, FMV, | (g) Description of non-cash | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|--------------------------|-----------------------------------|------------------------------------|
| | | | | | appraisal, other) | assistance | |
| ALLENTOWN JEWISH COMMUNITY CENTER702 NORTH 22ND STREET ALLENTOWN,PA 18104 | 23- 0734200 | | 13,140 | | | | KEYSTONE STARS GROUP |
| ECLECTIC MANAGEMENT INC 69 N MAIN STREET CARBONDALE,PA 18407 | 23- 2585754 | | 13,000 | | | | KEYSTONE STARS GROUP |

| (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 |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| CATHOLIC YOUTH CENTER INC YOUTH CENTER DAY CARE WILKES BARRE,PA 18701 | 23- 7227221 | 501 (C) 3 | 11,813 | | | | KEYSTONE STARS GROUP |

Schedule K

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493068001003

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

COMMUNITY SERVICES FOR CHILDREN INC

Employer identification number

23-2204725

| | | | | | | | | | | 23-220 | 4725 | | | |
|----------|--|----------------------|--------------------|--------------------|-----------------|---------------------|------------------------|-------------------|----------------|----------|----------|------------------------|----------------|----------------|
| : | art I Bond Issues | | | | | | | | | | | | | |
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) | Description | of Purpose | (g) De | feased | Beh |)On nalf of suer | | Pool ancing |
| | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | LEHIGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY | | | | 5,000,00 | | ONLEY CHIL | UCTION OF DREN | | x | | X | | x |
| В | LEHIGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY | | | | 3,790,00 | <u>,</u> THE Ε. | ARLY HEAD T/TODDLER | | | x | | Х | | х |
| Р | art II Proceeds | • | | • | | ' | | | | | | | <u>'</u> | • |
| | | | | | Α_ | | В | | | С | | | D | |
| 1 | A mount of bonds retired | | | | | | | | | | | | | |
| _2 | A mount of bonds defeased | | | | | | | | | | | | | |
| _3 | Total proceeds of issue | | | 500,000 3,790,000 | | | | | | | | | | |
| 4 | Gross proceeds in reserve fund | | | | | | | | | | | | | |
| _5 | Capitalized interest from proce | | | | | | | | | | | | | |
| <u>6</u> | Proceeds in refunding escrow | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | | | | | | |
| 8 | Credit enhancement from proc | | | | | | | | | | | | | |
| 9 | Working capital expenditures f | | | | | | | | | | | <u> </u> | | |
| 10 | | ceeds | | | 5 | 5,000,000 3,790,000 | | | | | | | | |
| 11 | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | 1 | | | | | | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | | No | Yes | 3 | No |
| 14 | | | | | | Х | | Х | | | | | | |
| 15 | Were the bonds issued as part | of an advance refu | ındıng ıssue? | | | Х | | Х | | | | | \bot | |
| 16 | Has the final allocation of proc | | | X | | Х | | | | | | | | |
| 17 | allocation of proceeds? | | and records to sup | pport the final | X | | Х | | | | | | | |
| Pā | rt IIII Private Business U | se | | | | | | | | | | | | |
| | | | A Vac | Na | <u> </u> | B | | C | N- | - | D | NI- | | |
| | Was the organization a partner | r in a narthership o | ra member of an | IIC which owned | Yes | No | Yes | No | Yes | | No | Yes | ' + | No |
| 1 | was the organization a partner | m a partileisiiip, 0 | n a member or all | LLC, willell owned | 1 | | 1 | 1 | | | | I | | |

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

| | t III Private Business Use (Continued) | | | | | _ | ı | | | |
|-----|---|------------|-----|-----|--|------------|----------|---------|-----|------|
| | | | Yes | No | Yes | B No | Yes | C No | Yes | D No |
| a | Are there any management or service contracts that may result in private | business | 165 | 140 | 165 | 140 | res | 140 | 165 | 140 |
| | use? | | | | | | | | | |
| b | If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fin property? | | | | | | | | | |
| c | Are there any research agreements that may result in private business us financed property? | e of bond- | | | | | | | | |
| d | If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper | | | | | | | | | 1 |
| | Enter the percentage of financed property used in a private business use to other than a section 501(c)(3) organization or a state or local government. | | | | | . I | | | | |
| 5 | Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government | | | | | | | | | |
| 5 | Total of lines 4 and 5 | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to erpost-issuance compliance of its tax-exempt bond liabilities? | sure the | | | | | | | | |
| Par | t IV Arbitrage | 1 | | | | | | | | |
| | | A | | | В | | <u> </u> | NI- | D | |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | · Y | es | No | Yes | No |
| - | Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | | | | | | | | |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | | | | | | | | | |
| b | Name of provider | | | | | | | | | |
| | Term of hedge | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | |
| b | Name of provider | | | | • | | • | | | |
| c | Term of GIC | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | | | | | | | | |

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493068001003

ata |

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

| Name of the organization COMMUNITY SERVICES FOR CHILDREN INC | 2 | | | | | | E | mployer i | dent if ica | tion numbe | er |
|--|--------------|-------------------|-------------------|-------------|---------------------------------------|----------------|----------------|------------------|--------------|-------------|---------|
| | | | . =0. | () (0) | | () () | | <u>3-22047</u> | | | |
| Part I Excess Benefit Tran Complete if the organization | | | | | | | | | | ine 40h | |
| o omprete il the organizati | 1011 4115 | Werea | 105 0111011 | | are iv, inic 25a c | 31 <u>235,</u> | 01 1 01111 | <i>330 LL</i> , | r are v , ii | | (c) |
| 1 (a) Name of disqu | ualıfıed | person | | | (b) Desc | cription | of trans | action | | | rected? |
| | | | | | | | | | | Yes | No |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 2 Enter the amount of tax impose | ed on tl | he orgai | nızatıon man | agers or | | | | ear und <u>e</u> | r | | |
| section 4958 | | | | | | | | | · • — | | |
| 3 Enter the amount of tax, if any, | on iine | e 2, abo | ve, reimburs | sea by th | e organization . | | | • | * | | |
| Part III Loans to and/or F | | | | | | | | | | | |
| Complete if the organiz | ation a I | nswere | d "Yes" on F T | orm 990 |), Part IV, line 26 | , or Forr I | m 990-E | Z, Part V (f) | | <u>a</u> | |
| | | oan to | | | | (e) In | | Approv | | (g)Writt | en |
| (a) Name of interested person and purpose | | om the zation? | (c)Orig | | (d)Balance due | defau | lt? | by boar | | agreeme | nt? |
| parpose | | | - Principal c | announc | | V | l Na | committee? | | | |
| | То | From | | | | Yes | No | Yes | No | Yes | No |
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| | | | | ▶ \$ | | | | | | | |
| Part III Grants or Assistan | | | _ | | | | . 7 | | | | |
| Complete if the orga | nizatio | | | | rm 990, Part IV een interested per | | 27. | | | | |
| (a) Name of interested pers | on | ' | | | ganization | 5011 | (c) A m | nount of g | rant or ty | pe of assis | tance |
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| Part IV | Business | Transactions | Involvina | Interested | Persons |
|---------|----------|--------------|-----------|------------|---------|
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Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| Complete ii the organizatio | il alisweled les oli | TOTHI 330, Part IV, III | ie zoa, zob, oi zoc. | | |
|-------------------------------|--|----------------------------|--|---|----|
| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | organization | | | Yes | No |
| (1) RAYMOND FEDERICI | BOARD MEMBER | | CONSTRUCTION - MR FEDERICI IS AN EMPLOYEE OF ALVIN H BUTZ, INC ALVIN H BUTZ WAS PAID FOR CONSTRUCTION SERVICES BY THE ORGANIZATION MR FEDERICI TOOK A LEAVE OF ABSENCE FROM THE BOARD FROM DECEMBER 2009 THROUGH APRIL 2012 TO AVOID ANY POSSIBLE CONFLICT OF INTERESTS, | | Νο |
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Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier Return Reference Explanatio |
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| Idontifior Doturn Poforonco Evalanatio |

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493068001003

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

| Name of the organization COMMUNITY SERVICES FOR CHILDREN INC | Employer identifi | cation number |
|--|-------------------|---------------|
| | 23-2204725 | |

| Identifier F | Return Reference | Explanation |
|-----------------|----------------------|---|
| P/ SI | SECTION B, INE 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 ACCOMPANY ING 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 |

| Identifier | 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 COMPROMISE OR APPEARANCE OF COMPROMISE OF JUDISMENT AND ABILITY TO CARRY OUT HIS OR HER DUTIES AS A MEMBER OF THE BOARD OF DIRECTORS CSC BOARD MEMBERS AND OFFICERS ARE ROHBITED FROM USING THEIR POSITIONS ON CSCS SO BOARD OF DIRECTORS TO CAIN ADVANTAGE IN ANY WAY FOR THEMSELVES, FAMILY, FRIENDS, OR BUSINESS ASSOCIATES CSC BOARD MEMBERS ARE PROHBITED FROM HAVING A FINANCIAL CONFLICT OF INTEREST WITH THE AGENCY FINANCIAL CONFLICTS MAY INCLUDE THE FOLLOWING: AN OWNERSHIP OR INVESTMENT INTEREST IN ANY BUTTRY WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT. A COMPENSATION ARRANGEMENT WITH THE DIRECANIZATION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT. AN ENTERTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION IS NEGOTIATING A TRANSACTION ARRANGEMENT CSC BOARD MEMBERS ARE PROHBITED FROM RECEIVING COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION, AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL CSC BOARD MEMBERS AND MEMBERS ARE PROHBITED FROM RECEIVING COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION, AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL CSC BOARD MEMBERS AND MEMBERS OF THEIR IMMEDIATE FAMILES ARE PROHBITED FROM RECEIVED AND INSUBSTANTIAL CSC BOARD MEMBERS AND MEMBERS OF THEIR IMMEDIATE FAMILES ARE PROHBITED FROM RECEIVED AND INSUBSTANTIAL CSC BOARD MEMBERS AND FOR CHILDREN, INC BOARD OF DIRECTORS, OR ANY OF ITS COMMITTEES, SISTERS, BROTHERS, SONS, AND DAUGHTERS-IN-LAW, CHILDREN, GRANDCHILDREN, I NO MEMBER OF THE COMMUNITY SERVICES FOR CHILDREN, INC BOARD OF DIRECTORS, OR ANY OF ITS COMMITTEES, SISTERS, BROTHERS, SONS, AND DAUGHTERS-IN-LAW, CHILDREN, GRANDCHILDREN, I NO MEMBER OF THE COMMUNITY SERVICES FOR CHILDREN, INC BOARD OF DIRECTORS, OR AND YEL |

| ldentifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION B, LINE 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 FRM 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 TIS FINDINGS AND RECOMMENDATION TO THE FULL BOARD FOR SESSION, WITHOUT THE CEO PRESENT THE EXECUTIVE COMMITTEE WILL PRESENT TIS FINDINGS AND RECOMMENDATION TO THE FULL BOARD REGARDING A MERIT BASED PAY INCREASE THE RECOMMENDATION MUST BE VOTED ON AND APPROVED BY THE FULL BOARD C BUSINESS EXPENSES - WHEN INCURRING BUSINES |

| Identifier | Return Reference | Explanation |
|------------|--------------------|--|
| | 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. |

| Identifier | 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 ORGANIZATION WILL RESPOND WITHIN 15 BUSINESS DAYS AFTER RECEIPT OF MONEY INDICATED |

| ldentifier | Return Reference | Explanation |
|--|---------------------------|--|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 8824 |