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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Form 990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <b>2012</b><br/> <b>Open to Public Inspection</b> </div> |
|                                                                                                                                                              | The organization may have to use a copy of this return to satisfy state reporting requirements                                                                                                   |                                                                                    |

**A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013**

|                                                                                                                                                                                                                                                                                              |                                                                                                              |            |                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>COMMUNITY SERVICES FOR CHILDREN INC                                         |            | <b>D</b> Employer identification number<br>23-2204725                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                              | Doing Business As                                                                                            |            |                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                              | Number and street (or P O box if mail is not delivered to street address)<br>1520 HANOVER AVENUE             | Room/suite | <b>E</b> Telephone number<br>(610) 437-6000                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                              | City or town, state or country, and ZIP + 4<br>ALLENTOWN, PA 18109                                           |            | <b>G</b> Gross receipts \$ 41,803,833                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                              | <b>F</b> Name and address of principal officer<br>JANE R IRVIN<br>1520 HANOVER AVENUE<br>ALLENTOWN, PA 18109 |            | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |                                                                                                              |            |                                                                                                                                                                                                                                                                                                                          |
| <b>J</b> Website: ▶ WWW.CSCINC.ORG                                                                                                                                                                                                                                                           |                                                                                                              |            |                                                                                                                                                                                                                                                                                                                          |

|                                                                                                                                                                                                           |                                 |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> | <b>L</b> Year of formation 1981 | <b>M</b> State of legal domicile PA |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|

## Part I Summary

|                                                                                      |                                                                                                                                                              |                                                                     |                            |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------|
| Activities & Governance                                                              | 1 Briefly describe the organization's mission or most significant activities<br>PREPARE YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEARNING AND IN LIFE |                                                                     |                            |
|                                                                                      | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                     |                                                                     |                            |
|                                                                                      | 3 Number of voting members of the governing body (Part VI, line 1a)                                                                                          | 3                                                                   | 24                         |
|                                                                                      | 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                              | 4                                                                   | 24                         |
|                                                                                      | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)                                                                               | 5                                                                   | 326                        |
|                                                                                      | 6 Total number of volunteers (estimate if necessary)                                                                                                         | 6                                                                   | 299                        |
|                                                                                      | 7a Total unrelated business revenue from Part VIII, column (C), line 12                                                                                      | 7a                                                                  | 0                          |
| 7b Total unrelated business taxable income from Form 990-T, line 34                  | 7b                                                                                                                                                           | 0                                                                   |                            |
| Revenue                                                                              | 8 Contributions and grants (Part VIII, line 1h)                                                                                                              | Prior Year<br>43,924,516                                            | Current Year<br>41,305,159 |
|                                                                                      | 9 Program service revenue (Part VIII, line 2g)                                                                                                               | 0                                                                   | 0                          |
|                                                                                      | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                             | 12,817                                                              | 15,493                     |
|                                                                                      | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                  | 348,893                                                             | 449,842                    |
|                                                                                      | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                          | 44,286,226                                                          | 41,770,494                 |
|                                                                                      | Expenses                                                                                                                                                     | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 7,764,030                  |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     |                                                                                                                                                              | 0                                                                   | 0                          |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |                                                                                                                                                              | 13,272,720                                                          | 13,267,249                 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    |                                                                                                                                                              | 0                                                                   | 0                          |
| b Total fundraising expenses (Part IX, column (D), line 25) <u>270,554</u>           |                                                                                                                                                              |                                                                     |                            |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      |                                                                                                                                                              | 22,525,491                                                          | 20,384,820                 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)          |                                                                                                                                                              | 43,562,241                                                          | 41,973,549                 |
| 19 Revenue less expenses Subtract line 18 from line 12                               |                                                                                                                                                              | 723,985                                                             | -203,055                   |
| Net Assets or Fund Balances                                                          | Beginning of Current Year                                                                                                                                    |                                                                     | End of Year                |
|                                                                                      | 20 Total assets (Part X, line 16)                                                                                                                            | 16,282,263                                                          | 14,853,693                 |
|                                                                                      | 21 Total liabilities (Part X, line 26)                                                                                                                       | 7,253,485                                                           | 5,295,058                  |
|                                                                                      | 22 Net assets or fund balances Subtract line 21 from line 20                                                                                                 | 9,028,778                                                           | 9,558,635                  |

## Part II Signature Block

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

|                               |                                                                                                                                                           |  |                      |  |                    |                                                                                                             |                   |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|--------------------|-------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Sign Here</b>              | *****                                                                                                                                                     |  |                      |  | 2014-02-11         |                                                                                                             |                   |
|                               | Signature of officer                                                                                                                                      |  |                      |  | Date               |                                                                                                             |                   |
|                               | IVY HARDING VICE PRESIDENT OF FINANCE                                                                                                                     |  |                      |  |                    |                                                                                                             |                   |
|                               | Type or print name and title                                                                                                                              |  |                      |  |                    |                                                                                                             |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JAMES F BOVA CPA                                                                                                            |  | Preparer's signature |  | Date<br>2014-02-11 | Check <input type="checkbox"/> if self-employed                                                             | PTIN<br>P00102172 |
|                               | Firm's name  CAMPBELL RAPPOLD & YURASITS LLP                           |  |                      |  |                    | Firm's EIN  23-1386942 |                   |
|                               | Firm's address  1033 S CEDAR CREST BLVD<br><br>ALLENTOWN, PA 181035443 |  |                      |  |                    | Phone no (610) 435-7489                                                                                     |                   |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

COMMUNITY SERVICES FOR CHILDREN (CSC) PREPARES YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEARNING AND IN LIFE FOUNDED IN 1981, CSC IS COMMITTED TO ENSURING THAT CHILDREN ENTER SCHOOL READY TO LEARN AND THAT FAMILIES ARE EQUIPPED TO HELP SUPPORT THEIR CHILDREN CSC PROVIDES \* EARLY EDUCATION FOR THE MOST VULNERABLE CHILDREN AND THEIR FAMILIES THROUGH HEAD START, EARLY HEAD START, AND PRE-K COUNTS PROGRAMS,\* CHILD CARE QUALITY IMPROVEMENT SERVICES AND GRANTS IN 13 COUNTIES THROUGH THE PA NORTHEAST REGIONAL KEY, AND\* SUBSIDIES TO CHILD CARE PROVIDERS THAT PROVIDE ACCESS TO SERVCIES TO LOW INCOME FAMILIES THROUGH CHILD CARE INFORMATION SERVICES OF LEHIGH COUNTY COLLECTIVELY, CSC SERVES MORE THAN 40,000 CHILDREN AND FAMILIES IN THE LEHIGH VALLEY AND 11 OTHER COUNTIES OF NORTHEASTERN PENNSYLVANIA CSC IS THE SOLE PROVIDER OF HEAD START (SINCE 1965) AND EARLY HEAD START (SINCE 1996) IN NORTHAMPTON AND LEHIGH COUNTIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 8,000,048 including grants of \$ ) (Revenue \$ )

HEAD START/PRE-K AND EARLY HEAD START OF THE LEHIGH VALLEY IS OUR NATION'S PREMIER PROVIDER OF DEVELOPMENTAL AND EDUCATIONAL SERVICES TO PREGNANT WOMEN, BABIES, TODDLERS, PRESCHOOLERS AND THEIR FAMILIES WHO LIVE IN POVERTY AND STRUGGLE TO MEET THE BASIC NEEDS OF LIFE WE SEEK OUT THE NEEDIEST OF FAMILIES, THOSE AT OR BELOW 100% OF POVERTY, WHO WITHOUT OUR INTERVENTION MAY NOT SUCCEED IN LEARNING AND IN LIFE WE PROVIDE HIGH QUALITY EARLY EDUCATION AND COMPREHENSIVE FAMILY DEVELOPMENT SERVICES SPECIFICALLY, OUR MISSION IS TO ENSURE THAT EACH CHILD CAN REACH THEIR FULL POTENTIAL, IS READY FOR SCHOOL AND THAT EACH FAMILY IS SUCCESSFUL THOUGH CHILDREN ENTER THE PROGRAM WELL BEHIND THEIR PEERS, OVER 95% OF HEAD START/PRE-K CHILDREN EXIT THE PROGRAM HAVING ACHIEVED ALL OF THEIR LEARNING INDICATORS, POSITIONING THEM FOR A SUCCESSFUL ACADEMIC FUTURE NINETY-SIX (96%) ARE ACHIEVING AT OR ABOVE THEIR AGE LEVEL IN MATH, SCIENCE AND LITERACY SKILLS NINETY-SEVEN (97%) OF PREGNANT ENROLLEES IN EARLY HEAD START DELIVERED A HEALTHY, FULL TERM BABY/ON A DAILY BASIS WE PROVIDE DEVELOPMENTAL EXPERIENCES TO AT LEAST 181 INFANTS AND TODDLERS (EARLY HEAD START) AND 979 (HEAD START/PRE-K) PRESCHOOLERS IN CONJUNCTION WITH COMPREHENSIVE HEALTH, NUTRITION, DISABILITY SERVICES AND FAMILY SERVICES TO THEM AS WELL THIS YEAR OVER 1,400 CHILDREN AND FAMILIES RECEIVED VITAL EARLY EDUCATION SERVICES ON A VARIETY OF SCHEDULES FAMILIES PARTICIPATING IN THE PROGRAM HAD MONTHLY GROUP ACTIVITY OPPORTUNITIES AS WELL AS EITHER WEEKLY (EARLY HEAD START) OR MONTHLY HOME VISITS WE ENSURE THAT EACH CHILD HAD ALL EARLY AND PREVENTIVE HEALTH SCREENINGS AND IMMUNIZATIONS, AND RECEIVES AT LEAST 2/3 OF THEIR DAILY NUTRITIONAL REQUIREMENTS NINETY-NINE PERCENT (99%) OF ALL CHILDREN ACHIEVED POSITIVE HEALTH STATUS BY OBTAINING ALL OF THEIR NEEDED SCREENINGS, AND 100% OF CHILDREN THIS YEAR WERE UP TO DATE ON ALL AGE APPROPRIATE IMMUNIZATIONS ORAL HEALTH IS EQUALLY SIGNIFICANT WITH 100% OF ALL CHILDREN RECEIVING PREVENTIVE DENTAL CARE SEVENTEEN PERCENT (17%) OF HEAD START CHILDREN, AND 27% OF EARLY HEAD START CHILDREN HAD DISABILITIES, YET 100% OF THESE CHILDREN WITH SPECIAL LEARNING NEEDS RECEIVED THERAPEUTIC INTERVENTION THOSE CHILDREN WITH HEALTH CONDITIONS, SUCH AS ANEMIA, ASTHMA, VISION OR FAILURE TO THRIVE WERE ABLE TO RECEIVE ALL NEEDED TREATMENT WE PROVIDE TRANSPORTATION SERVICES TO OVER 350 CHILDREN DAILY TO AND FROM THEIR CLASSROOMS PARENTS ARE AN INTEGRAL PART OF THE PROGRAM, AS WE WORK IN FULL PARTNERSHIP WE ASSIST PARENTS TO IDENTIFY THEIR GOALS FOR THEMSELVES AND FOR THEIR CHILDREN, AND TO REACH THOSE GOALS THIS YEAR 90% OF PARENTS ACHIEVED AT LEAST ONE GOAL, AND 45% OF AVAILABLE FATHERS BECAME ACTIVELY INVOLVED IN THEIR CHILD'S LEARNING WE PROVIDE PARENT TRAINING, PARENT INVOLVEMENT OPPORTUNITIES, AND VITAL COMMUNITY LINKAGES TO OTHER SOCIAL SERVICE AGENCIES THAT CAN BENEFIT THE FAMILY OVER 1,200 REFERRALS WERE MADE TO COMMUNITY PROVIDERS FOR EMERGENCY ASSISTANCE, FOOD, HOUSING, DOMESTIC VIOLENCE, AND CHILD CARE ASSISTANCE THE HEAD START AND EARLY HEAD START PROGRAM HAS MAINTAINED ITS ACCREDITATION STATUS BY NAEYC AND WAS REACCREDITED BY THE MIDDLE STATE ASSOCIATION COMMISSION FOR GRADES INFANT THROUGH FOUR

4b

(Code ) (Expenses \$ 17,910,746 including grants of \$ ) (Revenue \$ )

SUBSIDIZED CHILD CARE SERVICES FOR LOW INCOME FAMILIES WHO ARE WORKING OR ARE IN TRAINING PROGRAMS HELP MAKE CHILD CARE MORE AFFORDABLE AND PROVIDE A SAFE EARLY CHILDHOOD OR SCHOOL AGE EXPERIENCE FAMILIES WHOSE INCOME IS LESS THAN 235% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR THE SUBSIDY EACH FAMILY IS REQUIRED TO PAY A PORTION OF THE COST OF THE CHILD CARE BASED ON THEIR FAMILY INCOME REQUIREMENTS FOR THE PROGRAM INCLUDE WORKING OR IN TRAINING AT LEAST 20 HOURS PER WEEK, MUST BE CITIZENS OF THE U S , AND MUST PROVIDE VERIFICATION OF NEED FOR CHILD CARE FOR EMPLOYMENT OR TRAINING PARENT SERVICES TO FAMILIES INCLUDE FAMILY COUNSELING (APPROXIMATELY 1,500 CALLS) ON THE QUALITY CHILD CARE PROGRAMS AVAILABLE BASED ON A PARENT CHOICE MODEL ALL FAMILIES MAY SELECT A PROVIDER THAT BEST MEETS THEIR CHILD'S NEEDS OTHER SERVICES INCLUDE THE PROCESSING OF OVER 2,000 APPLICATIONS ANNUALLY, DETERMINING ELIGIBILITY FOR OVER 2,100 FAMILIES ENROLLED, PROVIDING AFFORDABLE CHILD CARE TO OVER 9,000 CHILDREN EACH YEAR PROVIDER SERVICES INCLUDE SUBSIDY PAYMENTS TO OVER 1,800 PROVIDERS TOTALING APPROXIMATELY \$16.5 MILLION ANNUALLY

4c

(Code ) (Expenses \$ 9,604,442 including grants of \$ 7,657,747 ) (Revenue \$ )

EARLY LEARNING AND SCHOOL AGE QUALITY INITIATIVES (NORTHEAST REGIONAL KEY) - THE NORTHEAST REGIONAL KEY IS RESPONSIBLE FOR COORDINATING AND ADMINISTERING A VARIETY OF PROFESSIONAL DEVELOPMENT ACTIVITIES, QUALITY IMPROVEMENT ACTIVITIES AND FINANCIAL AWARDS AND GRANTS FOR MORE THAN 1,500 PROGRAMS IN NORTHEASTERN PENNSYLVANIA THE NORTHEAST REGIONAL KEY PROVIDES SERVICES TO REGULATED PROGRAMS IN BERKS, BUCKS, CARBON, LACKAWANNA, LEHIGH, LUZERNE, MONROE, NORTHAMPTON, PIKE, SCHUYLKILL, SUSQUEHANNA, WAYNE, AND WYOMING COUNTIES ACCOMPLISHMENTS IN THE LAST PROGRAM YEAR INCLUDE - DEVELOPED AND IMPLEMENTED A NORTHEAST REGION QUALITY IMPROVEMENT PLAN FOR PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE IN PARTNERSHIP WITH COLLEGES AND PROFESSIONAL DEVELOPMENT ORGANIZATIONS - OFFERED APPROXIMATELY 55 COLLEGE COURSES AND 1,019 PROFESSIONAL DEVELOPMENT ACTIVITIES- 121 CHILDREN RECEIVED ECMH CONSULTATION SERVICES- MORE THAN 18,386 TEACHERS AND DIRECTORS ATTENDED PROFESSIONAL DEVELOPMENT ACTIVITIES SPONSORED BY THE NORTHEAST KEY- 45 PROGRAMS PARTICIPATED IN HEALTH AND SAFETY CONSOLATIONS- 19 PROGRAMS RECEIVED INFANT/TODDLER CONSULTATION SUPPORT- 110 PROGRAMS PARTICIPATED IN ON-SITE STARS TECHNICAL ASSISTANCE- 4 PROGRAMS PARTICIPATED IN SCHOOL AGE ON-SITE TECHNICAL ASSISTANCE - IMPLEMENTED THE KEYSTONE STARS QUALITY INITIATIVE FOR MORE THAN 770 PROGRAMS- OFFERED INDIVIDUAL, GROUP AND TELEPHONE CONSULTATION TO ASSIST PROGRAMS IN MEETING THE STARS STANDARDS - THE KEYSTONE STARS PROGRAM PROMOTES QUALITY IN EARLY LEARNING AND SCHOOL AGE PROGRAMS PROGRAMS THAT PARTICIPANT IN KEYSTONE STARS EARN A STAR 1 TO STAR 4 BASED ON MEETING QUALITY STANDARDS THERE WERE 770 PROGRAMS IN KEYSTONE STARS SERVING MORE THAN 33,897 CHILDREN DAILY - EARLY LEARNING AND SCHOOL AGE PROGRAMS WERE AWARDED \$6,806,619 TO PROVIDE QUALITY EARLY LEARNING ENVIRONMENTS - INFORM THE EARLY LEARNING COMMUNITY ABOUT THE STATUS OF EARLY LEARNING/SCHOOL AGE- CONVENED CONFERENCE CALLS WITH PRACTITIONERS, DISTRIBUTED THE NORTHEAST KEY CONNECTION, SIMPLY SAC (SCHOOL AGE NEWSLETTER) QUARTERLY AND AN ECMH NEWSLETTER TO DISTRIBUTE INFORMATION AND SEEK INPUT INTO PROGRAM DESIGN - CONVENED MEETING WITH HIGHER EDUCATION LEADERS, PROFESSIONAL DEVELOPMENT ORGANIZATION, LEADERSHIP COUNCIL DIRECTORY ADVISORY COMMITTEE AND COMMUNITY ENGAGEMENT ORGANIZATIONS TO SHARE OUTCOMES, NEW INFORMATION AND SEEK INPUT INTO PROGRAM ACTIVITIES AND DESIGN - PROVIDED 12 COMMUNITY ENGAGEMENT GROUPS WITH FUNDS AND SUPPORT TO DEVELOP AN OUTREACH PLAN TO DEVELOP RELATIONSHIPS WITH PARENTS, POLICY LEADERS, BUSINESSES, AND SCHOOLS TO ASSIST THEM IN LEARNING MORE ABOUT THE ISSUES FACING THE EARLY LEARNING COMMUNITY AND THE PROGRAMS THAT MEET THE NEEDS OF PA'S CHILDREN THESE ORGANIZATIONS DEVELOPED LINKAGES BETWEEN SCHOOLS AND EARLY LEARNING PROGRAMS AS WELL AS OTHER COMMUNITY STAKEHOLDERS TO SUPPORT THE SUCCESSFUL TRANSITION INTO KINDERGARTEN

(Code ) (Expenses \$ 4,338,910 including grants of \$ 663,733 ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ 4,338,910 including grants of \$ 663,733 ) (Revenue \$ )

4e

Total program service expenses ▶ 39,854,146

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                   | 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 <b>Section 501(c)(3) organizations.</b> 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 I                                         | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                               | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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? If "Yes," complete Schedule D, Part V                                                                                        | 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                                                                                                                                                                                                                                 |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                           | 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 and XII 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, Parts I and IV                                                                       | 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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)                                                                             | 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 hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                         | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                           | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  |     | No |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .                             | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     | No |
| 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                                                   | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 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)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a | Yes |    |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .                                                                                                                                                                                                    | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 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 "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .                                                                                           | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                       | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

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  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | 1a  | 996 |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | 1b  | 0   |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | 1c  | Yes |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                               | 2a  | 326 |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          | 2b  | Yes |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                | 3a  | No  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | 3b  |     |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   | 4a  | No  |
| b   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                     |     |     |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        | 5a  | No  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             | 5b  | No  |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                           | 5c  |     |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                                                      | 6a  | No  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                | 6b  |     |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |     |
| a   | 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 |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | 7b  | Yes |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         | 7c  | No  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           | 7d  |     |
| 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  |     |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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  |     |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8   |     |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |     |
| a   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | 9a  |     |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | 9b  |     |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                |     |     |
| a   | 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.                                                                                                                                                                                 | 10b |     |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                               |     |     |
| a   | Gross income from members or shareholders.                                                                                                                                                                                                                                   | 11a |     |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                 | 11b |     |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            | 12a |     |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       | 12b |     |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |     |     |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             | 13a |     |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                   | 13b |     |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        | 13c |     |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   | 14a | No  |
| 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

Section 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                                                                                                                                 | 24  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                                                                                                                                                                                                                     |     |     |
| b                                                                                                                                                                                                                | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 24  |     |
| 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   | No  |
| 6                                                                                                                                                                                                                | Did the organization have members or stockholders?                                                                                                                                                                  | 6   | No  |
| 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                                                                                    |     |     |
| a                                                                                                                                                                                                                | 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  |

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                    |                                                                                                                                                                                                                                                                                              |     |     |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                    |                                                                                                                                                                                                                                                                                              | Yes | No  |
| 10a                                                                                | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | 10a | No  |
| b                                                                                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 this Form 990                                                                                                                                                                                                 |     |     |
| 12a                                                                                | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | 12a | Yes |
| b                                                                                  | 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                                                                                 | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13  | Yes |
| 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?                                                                         |     |     |
| a                                                                                  | 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                                                                                | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | 16a | No  |
| b                                                                                  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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 |     |

Section 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.<br><input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |                                                                                        |
| 19 | 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 during the tax year                                                                                                                                                                                                                                    |                                                                                        |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization                                                                                                                                                                                                                                                                                                         | IVY HARDING VICE PRESIDENT OF FINANCE 1520 HANOVER AVENUE ALLENTOWN, PA (610) 437-6000 |

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

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

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

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

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

| (A)<br>Name and Title                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                        |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) BARBARA FRAUST<br>CHAIR            | 5.00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) RAY FEDERICI<br>VICE CHAIR         | 5.00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) JULIANNA TIMMCKE<br>SECRETARY      | 5.00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) ANDREA BRADY<br>TREASURER          | 5.00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) EDWIN BARRIOS<br>DIRECTOR          | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) GERALD R. BEAVER<br>DIRECTOR       | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) DONALD M. BERNHARD<br>DIRECTOR     | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) ELIZABETH T. BUGAIGHIS<br>DIRECTOR | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) IRIS M. CINTRON<br>DIRECTOR        | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) MARY S. COLON<br>DIRECTOR         | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) THOMAS DAUB<br>DIRECTOR           | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (12) JOHN DIAMANT<br>DIRECTOR          | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (13) EDWARD DONLEY<br>DIRECTOR         | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) GLENN GUANOWSKY<br>DIRECTOR       | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (15) ELSBETH G. HAYMON<br>DIRECTOR     | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (16) MICHANA L. JOHNSON<br>DIRECTOR    | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (17) KATHRYN E. LEBER<br>DIRECTOR      | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |



Part VII

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (18) JARRET R PATTON MD<br>DIRECTOR                            | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (19) MICHELLE POWERS<br>DIRECTOR                               | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (20) DAVID RABAUT<br>DIRECTOR                                  | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (21) DIANE SCOTT<br>DIRECTOR                                   | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (22) FRANK T SMITH<br>DIRECTOR                                 | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (23) MALAKA SOLIMAN<br>DIRECTOR                                | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (24) MELANIE A WURSTA<br>DIRECTOR                              | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (25) JANE R ERVIN<br>CEO/PRESIDENT                             | 40 00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 107,105                                                               | 0                                                                          | 14,668                                                                                        |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 107,105                                                               | 0                                                                          | 14,668                                                                                        |

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶1

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

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)<br>Name and business address                                               | (B)<br>Description of services     | (C)<br>Compensation |
|--------------------------------------------------------------------------------|------------------------------------|---------------------|
| KREMMER'S CAFE & CATERING LLC 1901 SOUTH 12TH STREET ALLENTOWN PA 18103        | FOOD SERVICES                      | 389,758             |
| COMPUTER MANAGEMENT & MARKETING ASSOC 7599 BETH-BATH PIKE BATH PA 18014        | COMPUTER & IT MANANGEMENT SERVICES | 326,719             |
| NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND ROAD BETHLEHEM PA 18020          | PROFESSIONAL DEVELOPMENT           | 311,183             |
| ALVIN H BUTZ INC PO BOX 509 ALLENTOWN PA 18105                                 | CONSTRUCTION SERVCIES              | 284,012             |
| GOODWILL INDUSTRIES OF NORTHEASTERN PENN 925 PROSPECT AVENUE SCRANTON PA 18505 | INDIVIDUAL SERVCIES                | 186,623             |

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶8

Part VIII

Statement of Revenue

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

|                                                           |                                           |                                                                                                                                         | (A)<br>Total revenue                                                                      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                        | Federated campaigns . . .                                                                                                               | 1a                                                                                        |                                                    |                                         |                                                                                 |
|                                                           | b                                         | Membership dues . . . . .                                                                                                               | 1b                                                                                        |                                                    |                                         |                                                                                 |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                            | 1c                                                                                        | 8,010                                              |                                         |                                                                                 |
|                                                           | d                                         | Related organizations . . . .                                                                                                           | 1d                                                                                        |                                                    |                                         |                                                                                 |
|                                                           | e                                         | Government grants (contributions)                                                                                                       | 1e                                                                                        | 40,214,877                                         |                                         |                                                                                 |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                       | 1f                                                                                        | 1,082,272                                          |                                         |                                                                                 |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                                     |                                                                                           |                                                    |                                         |                                                                                 |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                        |                                                                                           | 41,305,159                                         |                                         |                                                                                 |
| Program Service Revenue                                   | 2a                                        |                                                                                                                                         | Business Code                                                                             |                                                    |                                         |                                                                                 |
|                                                           | b                                         |                                                                                                                                         |                                                                                           |                                                    |                                         |                                                                                 |
|                                                           | c                                         |                                                                                                                                         |                                                                                           |                                                    |                                         |                                                                                 |
|                                                           | d                                         |                                                                                                                                         |                                                                                           |                                                    |                                         |                                                                                 |
|                                                           | e                                         |                                                                                                                                         |                                                                                           |                                                    |                                         |                                                                                 |
|                                                           | f                                         | All other program service revenue                                                                                                       |                                                                                           |                                                    |                                         |                                                                                 |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                        |                                                                                           |                                                    |                                         |                                                                                 |
|                                                           | Other Revenue                             | 3                                                                                                                                       | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . | 15,493                                             |                                         |                                                                                 |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . .                                                                                  |                                                                                           |                                                    |                                         |                                                                                 |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                     |                                                                                           |                                                    |                                         |                                                                                 |
| 6a                                                        |                                           | Gross rents                                                                                                                             | (i) Real                                                                                  | (ii) Personal                                      |                                         |                                                                                 |
| b                                                         |                                           | Less rental expenses                                                                                                                    |                                                                                           |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Rental income or (loss)                                                                                                                 |                                                                                           |                                                    |                                         |                                                                                 |
| d                                                         |                                           | Net rental income or (loss) . . . . .                                                                                                   |                                                                                           |                                                    |                                         |                                                                                 |
| 7a                                                        |                                           | Gross amount from sales of assets other than inventory                                                                                  | (i) Securities                                                                            | (ii) Other                                         |                                         |                                                                                 |
| b                                                         |                                           | Less cost or other basis and sales expenses                                                                                             |                                                                                           |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Gain or (loss)                                                                                                                          |                                                                                           |                                                    |                                         |                                                                                 |
| d                                                         |                                           | Net gain or (loss) . . . . .                                                                                                            |                                                                                           |                                                    |                                         |                                                                                 |
| 8a                                                        |                                           | Gross income from fundraising events (not including<br>\$ 8,010 of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                                                         | 82,890                                             |                                         |                                                                                 |
| b                                                         |                                           | Less direct expenses . . . . .                                                                                                          | b                                                                                         | 33,339                                             |                                         |                                                                                 |
| c                                                         |                                           | Net income or (loss) from fundraising events . . .                                                                                      |                                                                                           | 49,551                                             |                                         | 49,551                                                                          |
| 9a                                                        |                                           | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                   | a                                                                                         |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less direct expenses . . . . .                                                                                                          | b                                                                                         |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Net income or (loss) from gaming activities . . .                                                                                       |                                                                                           |                                                    |                                         |                                                                                 |
| 10a                                                       |                                           | Gross sales of inventory, less returns and allowances .                                                                                 | a                                                                                         |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less cost of goods sold . . . . .                                                                                                       | b                                                                                         |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Net income or (loss) from sales of inventory . . .                                                                                      |                                                                                           |                                                    |                                         |                                                                                 |
| Miscellaneous Revenue                                     |                                           | Business Code                                                                                                                           |                                                                                           |                                                    |                                         |                                                                                 |
| 11a                                                       |                                           | MISCELLANEOUS                                                                                                                           | 900099                                                                                    | 400,291                                            | 400,291                                 |                                                                                 |
| b                                                         |                                           |                                                                                                                                         |                                                                                           |                                                    |                                         |                                                                                 |
| c                                                         |                                           |                                                                                                                                         |                                                                                           |                                                    |                                         |                                                                                 |
| d                                                         | All other revenue . . . . .               |                                                                                                                                         |                                                                                           |                                                    |                                         |                                                                                 |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                         | 400,291                                                                                   |                                                    |                                         |                                                                                 |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                         | 41,770,494                                                                                | 400,291                                            | 0                                       | 65,044                                                                          |

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).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                | 7,657,747             | 7,657,747                       |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                  | 663,733               | 663,733                         |                                        |                             |
| 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.                                                                                                                                                               | 121,773               | 97,419                          | 12,177                                 | 12,177                      |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                          |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                               | 9,022,970             | 7,926,185                       | 970,679                                | 126,106                     |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     | 284,639               | 246,344                         | 34,493                                 | 3,802                       |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                | 2,731,238             | 2,509,395                       | 196,692                                | 25,151                      |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          | 1,106,629             | 972,389                         | 117,685                                | 16,555                      |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                             | 71,352                | 61,410                          |                                        | 9,942                       |
| b                                                                              | Legal.                                                                                                                                                                                                                                  | 11,093                | 11,093                          |                                        |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                             | 22,436                |                                 | 22,436                                 |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             | 419,242               | 419,242                         |                                        |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        | 111,955               | 82,052                          | 17,493                                 | 12,410                      |
| 14                                                                             | Information technology.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                              | 581,944               | 499,012                         | 82,932                                 |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                 | 355,139               | 352,210                         | 2,820                                  | 109                         |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                               | 73,326                | 73,086                          | 240                                    |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                              | 455,172               | 303,474                         | 151,698                                |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                              | 68,007                | 51,005                          | 17,002                                 |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |                                        |                             |
| a                                                                              | CHILD CARE SUBSIDY                                                                                                                                                                                                                      | 16,570,536            | 16,570,536                      |                                        |                             |
| b                                                                              | FOOD PURCHASES                                                                                                                                                                                                                          | 504,571               | 502,729                         | 1,699                                  | 143                         |
| c                                                                              | OTHER SUPPLIES                                                                                                                                                                                                                          | 333,551               | 283,494                         | 49,926                                 | 131                         |
| d                                                                              | CLASSROOM SUPPLIES                                                                                                                                                                                                                      | 258,384               | 258,384                         |                                        |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                      | 548,112               | 313,207                         | 170,877                                | 64,028                      |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 41,973,549            | 39,854,146                      | 1,848,849                              | 270,554                     |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

☐

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |               | (A)               |     | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-----|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |               | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |               | 2,995,117         | 1   | 3,333,768   |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |               |                   | 2   | 6,200       |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |               | 2,308,830         | 3   | 849,616     |
|                             | 4                                                                                                                                                   | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |               |                   | 4   |             |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |               |                   | 5   |             |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |               |                   | 6   |             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |               |                   | 7   |             |
|                             | 8                                                                                                                                                   | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |               |                   | 8   |             |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |               | 57,113            | 9   | 27,895      |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a14,291,997 |                   |     |             |
|                             | b                                                                                                                                                   | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b4,477,810  | 10,191,090        | 10c | 9,814,187   |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |               | 730,113           | 11  | 822,027     |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |               |                   | 12  |             |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |               |                   | 13  |             |
|                             | 14                                                                                                                                                  | Intangible assets                                                                                                                                                                                                                                                                                                            |               |                   | 14  |             |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |               |                   | 15  |             |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                    |               | 16,282,263        | 16  | 14,853,693  |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |               | 3,775,355         | 17  | 2,803,652   |
|                             | 18                                                                                                                                                  | Grants payable                                                                                                                                                                                                                                                                                                               |               |                   | 18  |             |
|                             | 19                                                                                                                                                  | Deferred revenue                                                                                                                                                                                                                                                                                                             |               | 32,000            | 19  | 130,284     |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |               |                   | 20  |             |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |               |                   | 21  |             |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |               |                   | 22  |             |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |               | 3,446,130         | 23  | 2,361,122   |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |               |                   | 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 D                                                                                                                                                         |               |                   | 25  |             |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                                                                                   |               | 7,253,485         | 26  | 5,295,058   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |               |                   |     |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |               | 7,108,145         | 27  | 8,556,384   |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |               | 1,820,008         | 28  | 901,626     |
|                             | 29                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |               | 100,625           | 29  | 100,625     |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                              |               |                   |     |             |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |               |                   | 30  |             |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                              |               |                   | 31  |             |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |               |                   | 32  |             |
|                             | 33                                                                                                                                                  | Total net assets or fund balances                                                                                                                                                                                                                                                                                            |               | 9,028,778         | 33  | 9,558,635   |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |               | 16,282,263        | 34  | 14,853,693  |

Part XI Reconciliation of Net Assets

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  | 41,770,494 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 41,973,549 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | -203,055   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 9,028,778  |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | 85,949     |
| 6  | Donated services and use of facilities                                                                        | 6  |            |
| 7  | Investment expenses                                                                                           | 7  |            |
| 8  | Prior period adjustments                                                                                      | 8  | 646,963    |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  | 0          |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,558,635  |

Part XII Financial Statements and Reporting

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                              |     |     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | 2c  | Yes |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 | 3a  | Yes |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     | 3b  | Yes |

SCHEDULE A

(Form 990 or 990EZ)

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.

OMB No 1545-0047

2012

Open to Public  
Inspection

|                                                                 |                                              |
|-----------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>COMMUNITY SERVICES FOR CHILDREN INC | Employer identification number<br>23-2204725 |
|-----------------------------------------------------------------|----------------------------------------------|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7  | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )                                                                                                                                                |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 11 | <input type="checkbox"/>            | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><div><b>a</b> <input type="checkbox"/> Type I   <b>b</b> <input type="checkbox"/> Type II   <b>c</b> <input type="checkbox"/> Type III - Functionally integrated   <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated</div> |
| e  | <input type="checkbox"/>            | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)                                                                                                                                                                                                                                                                                                                                           |
| f  | <input type="checkbox"/>            | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| g  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><div><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?<br/><b>(ii)</b> A family member of a person described in (i) above?<br/><b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?</div>                                                                                                                                                 |
| h  | <input type="checkbox"/>            | Provide the following information about the supported organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                               | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
|                                    |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |
|                                    |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |

Part II

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

| Section A. Public Support                                                                                                                                                                             |            |            |            |            |            |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2008   | (b) 2009   | (c) 2010   | (d) 2011   | (e) 2012   | (f) Total   |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 40,677,639 | 43,054,486 | 45,674,233 | 43,924,516 | 41,297,149 | 214,628,023 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |            |            |            |            |            |             |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |            |            |            |            |            |             |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 40,677,639 | 43,054,486 | 45,674,233 | 43,924,516 | 41,297,149 | 214,628,023 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |            |            |            |            |            |             |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |            |            |            |            |            | 214,628,023 |

| Section B. Total Support                                                                                                                                                           |            |            |            |            |            |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2008   | (b) 2009   | (c) 2010   | (d) 2011   | (e) 2012   | (f) Total   |
| 7 Amounts from line 4                                                                                                                                                              | 40,677,639 | 43,054,486 | 45,674,233 | 43,924,516 | 41,297,149 | 214,628,023 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                   | 62,600     | 24,541     | 18,701     | 12,817     | 15,493     | 134,152     |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                               |            |            |            |            |            |             |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                  | 89,372     | 127,769    | 217,497    | 322,012    | 400,291    | 1,156,941   |
| 11 Total support (Add lines 7 through 10)                                                                                                                                          |            |            |            |            |            | 215,919,116 |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                 |            |            |            |            | 12         |             |
| 13 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                                                                                                                                                                                                                                                                                                                                          |    |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                    | 14 | 99.400 % |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                           | 15 | 99.530 % |
| 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                           | ▶  |          |
| b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                        | ▶  |          |
| 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    | ▶  |          |
| b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ▶  |          |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                        | ▶  |          |

Part IIIPart III

Support Schedule for Organizations Described in Section 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 in) ▶                                                                                                                              | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 14 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                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2012. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2011. 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

|             |
|-------------|
| Explanation |
|             |
|             |
|             |
|             |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
COMMUNITY SERVICES FOR CHILDREN INC

Employer identification number  
23-2204725

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                | (b) Funds and other accounts |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                            |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                               |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                                                                                    |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                         |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> |                              |

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   | Held at the End of the Year                                                                                                              |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
| a | Total number of conservation easements                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶\$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X▶\$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 100,625         | 100,625       | 100,625             | 100,625             | 100,625            |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and 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             | 100,625            |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property                                                                                      | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                            |                                      | 229,565                         |                              | 229,565        |
| b Buildings . . . . .                                                                                        |                                      | 11,834,282                      | 2,440,461                    | 9,393,821      |
| c Leasehold improvements . . . . .                                                                           |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                        |                                      | 2,228,150                       | 2,037,349                    | 190,801        |
| e Other . . . . .                                                                                            |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                 |                              | 9,814,187      |

Schedule D (Form 990) 2012



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

|   |                                                                                          |    |            |
|---|------------------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 41,856,443 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |            |
| a | Net unrealized gains on investments . . . . .                                            | 2a | 85,949     |
| b | Donated services and use of facilities . . . . .                                         | 2b |            |
| c | Recoveries of prior year grants . . . . .                                                | 2c |            |
| d | Other (Describe in Part XIII ) . . . . .                                                 | 2d |            |
| e | Add lines 2a through 2d . . . . .                                                        | 2e | 85,949     |
| 3 | Subtract line 2e from line 1 . . . . .                                                   | 3  | 41,770,494 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a |            |
| b | Other (Describe in Part XIII ) . . . . .                                                 | 4b |            |
| c | Add lines 4a and 4b . . . . .                                                            | 4c | 0          |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 41,770,494 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

|   |                                                                                           |    |            |
|---|-------------------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 41,973,549 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |            |
| a | Donated services and use of facilities . . . . .                                          | 2a |            |
| b | Prior year adjustments . . . . .                                                          | 2b |            |
| c | Other losses . . . . .                                                                    | 2c |            |
| d | Other (Describe in Part XIII ) . . . . .                                                  | 2d |            |
| e | Add lines 2a through 2d . . . . .                                                         | 2e | 0          |
| 3 | Subtract line 2e from line 1 . . . . .                                                    | 3  | 41,973,549 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |            |
| b | Other (Describe in Part XIII ) . . . . .                                                  | 4b |            |
| c | Add lines 4a and 4b . . . . .                                                             | 4c | 0          |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 41,973,549 |

Part XIII

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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                                          | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS      | PART V, LINE 4   | TO PROMOTE OVERALL MISSION OF THE ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X, LINE 2   | THE ORGANIZATION FOLLOWS THE ACCOUNTING GUIDANCE AS CODIFIED IN FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES-UNCERTAINTY IN INCOME TAXES. FASB ASC-740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD OF MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR ACCRUED INTEREST OR PENALTIES THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. AND COMMONWEALTH OF PENNSYLVANIA. THE RETURNS ARE GENERALLY OPEN FOR EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER FILING. |



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1                                                           | (b) Event #2     | (c) Other events   | (d) Total events              |
|-----------------|----|------------------------------------------------------------------------|------------------|--------------------|-------------------------------|
|                 |    | <u>GALA</u><br>(event type)                                            | <br>(event type) | <br>(total number) | (add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . .                                                 | 90,900           |                    | 90,900                        |
|                 | 2  | Less Contributions . . .                                               | 8,010            |                    | 8,010                         |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                             | 82,890           |                    | 82,890                        |
| Direct Expenses | 4  | Cash prizes . . . .                                                    |                  |                    |                               |
|                 | 5  | Noncash prizes . . .                                                   |                  |                    |                               |
|                 | 6  | Rent/facility costs . . .                                              |                  |                    |                               |
|                 | 7  | Food and beverages .                                                   | 18,748           |                    | 18,748                        |
|                 | 8  | Entertainment . . . .                                                  | 2,000            |                    | 2,000                         |
|                 | 9  | Other direct expenses .                                                | 12,591           |                    | 12,591                        |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                  |                    |                               |
|                 | 11 | Net income summary Combine line 3, column (d), and line 10 . . . . . ▶ |                  |                    |                               |
|                 |    |                                                                        |                  |                    | 49,551                        |

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

|                 |   | (a) Bingo                                                                 | (b) Pull tabs/Instant bingo/progressive bingo                                  | (c) Other gaming                                                               | (d) Total gaming (add col (a) through col (c))                                 |
|-----------------|---|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
|                 |   |                                                                           |                                                                                |                                                                                |                                                                                |
| Revenue         | 1 | Gross revenue . . . . .                                                   |                                                                                |                                                                                |                                                                                |
| Direct Expenses | 2 | Cash prizes . . . . .                                                     |                                                                                |                                                                                |                                                                                |
|                 | 3 | Non-cash prizes . . . .                                                   |                                                                                |                                                                                |                                                                                |
|                 | 4 | Rent/facility costs . . . .                                               |                                                                                |                                                                                |                                                                                |
|                 | 5 | Other direct expenses . . .                                               |                                                                                |                                                                                |                                                                                |
|                 | 6 | Volunteer labor . . . .                                                   | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |                                                                                |                                                                                |                                                                                |
|                 | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |                                                                                |                                                                                |                                                                                |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in

|                                      |            |  |
|--------------------------------------|------------|--|
| <b>a</b> The organization's facility | <b>13a</b> |  |
| <b>b</b> An outside facility         | <b>13b</b> |  |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  .....

Address  .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name  .....

Address  .....

**16** Gaming manager information

Name  .....

Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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



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

# 2012

## Open to Public Inspection

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

**Employer identification number**  
23-2204725

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

**Part II** **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. Part II can be duplicated if additional space is needed.

[illegible]

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .  \_\_\_\_\_

**3** Enter total number of other 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 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information.  
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                  | CSC, INC IS RESPONSIBLE FOR FINANCIAL AND PROGRAMMATIC MONITORING OF SPONSORED PROJECT FUNDS AWARDED TO CSC THAT ARE SUBCONTRACTED TO ANOTHER INSTITUTION, ORGANIZATION, OR INDIVIDUAL (SUB-RECIPIENT) FOR SUBCONTRACTS THAT INCLUDE ANY FEDERAL FUNDS, SUB-RECIPIENTS ARE REQUIRED TO MAKE AN ANNUAL DISCLOSURE OF ANY AUDIT FINDINGS AS A RECIPIENT OF FEDERAL SPONSORED PROJECTS, CSC 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 ORGANIZATION (OMB A-122), CIRCULAR A-110 UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND AGREEMENTS WITH INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS, AND OTHER NON-PROFIT ORGANIZATIONS, SUBPART C, PROCUREMENT STANDARDS, CIRCULAR A-133, AUDITS OF STATEES, LOCAL GOVERNEMENTS, 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 RESPONSIBILITY 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 ON ELIGIBILITY TO RECEIVE FUTURE AWARDS |

Software ID:

Software Version:

EIN: 23-2204725

Name: COMMUNITY SERVICES FOR CHILDREN INC

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

| (a) Name and address of organization or government                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ROBIN SKRINCOSKY336 COAL STREET LEHIGHTON,PA 18235                     | 03-0536555 |                                    | 5,000                    |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| AWAY WE GROW LEARNING CENTER LLC206 E EMMAUS AVENUE ALLENTOWN,PA 18103 | 27-1374132 |                                    | 5,000                    |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| BARLOW GROUP DAY CARE LLC124 E SUSQUEHANNA ST ALLENTOWN,PA 18103                                             | 90-0668591 |                                    | 5,000                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| RESURRECTED COMMUNITY DEVELOPMENT CORP RESURRECTED LIFE CHILDRENS ACADEMY 916 W TURNER ST ALLENTOWN,PA 18102 | 45-1018523 |                                    | 5,000                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| NANITA BENTONRATED K FOR KIDS 242 S LEVAN ST APT B ALLENTOWN,PA 18102 | 80-0830357 |                                    | 5,000                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ELAINE C REDMOND1103 WELLINGTON CIR LAURYS STATION, PA 18059          | 11-3834605 |                                    | 5,000                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| GIGGLES KIDS CLUBDEBRA CLEFFI 1580 6TH STREET BETHLEHEM, PA 180206912 | 23-2839369 |                                    | 5,315                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| EARLY BEGINNINGS LLC 1459 MOSS ST READING, PA 19604                   | 83-0482428 |                                    | 5,325                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CHANDLER HALL HEALTH SERVICES INC99 BARCLAY ST NEWTOWN,PA 189401593 | 23-2365124 | 501(C)3                            | 5,325                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LOWER BUCKS CHILDRENS CENTER INC501 BATH RD BRISTOL,PA 190073101    | 23-2881960 |                                    | 6,265                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| PATRICIA PITUSPATRICIA PITUS DAY CARE 700 MARION STREET BROWNDALE,PA 18421   | 23-2900346 |                                    | 6,270                    |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| DEBBETT INCCHILDRENS CENTER OF WIND GAP 58 FAIRVIEW AVENUE WIND GAP,PA 18091 | 23-2915330 |                                    | 6,270                    |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |



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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CENTER FOR DEVELOPMENTAL DISABILITIES101 POCONO DRIVE MILFORD,PA 18337  | 23-2691523 | 501(C)3                            | 6,440                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| JESSICA GEISTTYKE NURSERY SCHOOL 1027 WYOMING STREET ALLENTOWN,PA 18103 | 20-1772891 |                                    | 6,635                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|-----------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| NEW BEGINNINGS GROUP<br>HOME LLC21 MT VIEW<br>TERRACE SUITE 2<br>TUNKHANNOCK,PA 18657                     | 26-2234812 |                                    | 6,780                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| MIDDLE BUCKS INSTITUTE<br>OF TECHNOLOGYMIDDLE<br>BUCKS PRESCHOOL 2740<br>YORK<br>ROAD<br>JAMISON,PA 18929 | 23-1701582 |                                    | 6,870                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| JOYFUL NOISE CHILD LEARNING INC475 WOODLAND AVENUE HAWLEY,PA 18428                    | 16-1764320 |                                    | 6,870                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LOIS ROTHROCK SWIFTWATER DAY CARE CENTER ROUTE 314 EAST PO BOX 67 SWIFTWATER,PA 18370 | 23-2182473 |                                    | 7,465                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| MYRTIS'S PRESCHOOL AND CREATIVE LEARNING90 ROSENCRANSE ROAD HONESDALE,PA 18431 | 23-2965343 |                                    | 7,495                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| GEORGE SCHOOL CHILDREN'S CENTERPO BOX 4188 GEORGE SCHOOL,PA 18940              | 33-1044968 |                                    | 7,495                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| MT TOP KIDS INC1 MERIAN COURT KIRBY ESTATES MT TOP,PA 18707        | 23-2495351 |                                    | 7,510                    |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| LIFESPAN DAYCARE CENTER2460 JOHN FRIES HIGHWAY QUAKERTOWN,PA 18951 | 22-2616028 |                                    | 7,620                    |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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

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|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| MEL MEG CORPORATION<br>INC80 WOOD ST<br>WILKES BARRE,PA 18702                           | 23-3009027 |                                    | 7,815                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| NORTHEASTERN CHILD<br>CARE SERVICE INC1356<br>NORTH WASHINGTON AVE<br>SCRANTON,PA 18509 | 23-2541114 |                                    | 7,845                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LPCC INCLITTLEST LITTLE PEOPLE LITTLE PEOPLE COUNTRY CLUB 2940 NAZARETH R EASTON,PA 180452755 | 23-2653303 |                                    | 8,020                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KAREN FAUSTJEFFREY FAUST DOLORES FAUST51 1/2 MIFFLIN ST PINE GROVE,PA 17963                   | 23-3073811 |                                    | 8,135                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAY CARE PLUS INC44 SOUTH EIGHTH STREET QUAKERTOWN,PA 18951 | 23-2382937 |                                    | 8,190                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KAREN M CORRIGAN839 TERRACE STREET HONESDALE,PA 18431       | 45-0558266 |                                    | 8,405                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| OPERATION SMART START PRIVATE PRESCHOOL1100 BLUE VALLEY DR PEN ARGYL,PA 18072 | 26-0213149 |                                    | 8,415                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| SATELLITE INTERNATIONAL INC621 KUTCHER RD SOUTHAMPTON,PA 189664122            | 23-2898500 |                                    | 9,100                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DINGMANS NEW LIFE CHRISTIAN FELLOWSHIP<br>PO BOX 665<br>DINGMANS FERRY, PA<br>183280665        | 23-2982037 | 501(C)3                            | 9,355                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| EARLY LEARNING ENTERPRISES INC<br>TIME FOR TOTS 2129 E ALLEGHENY AVE<br>PHILADELPHIA, PA 19134 | 27-3571423 |                                    | 9,360                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                                                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SERENDIPITY CHILD CARE SERVICE<br>TREASURE HOUSE CHILD DEV CENTER<br>CLARKS SUMMIT 1356 N WASHINGTON AVE<br>SCRANTON,PA 18509 | 23-2613120 |                                    | 9,450                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| EARLY ADVENTURES CHILD CARE CENTER LLC<br>4949 LIBERTY LANE SUITE 20<br>ALLENTOWN,PA 18106                                    | 77-0705608 |                                    | 9,450                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| BROOKSIDE CHILDREN'S EARLY EDUCATION CTR<br>675 N BROOKSIDE RD<br>ALLENTOWN,PA 18106 | 45-4944566 |                                    | 9,450                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| THE WONDER KIDS LLCTHE WONDER KIDS 6955 WEAVERSVILLE ROAD<br>NORTHAMPTON,PA 18067    | 23-3086201 |                                    | 9,715                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| TINY TOTS LEARNING CENTER INC1897 ROUTE 212 QUAKERTOWN,PA 18951  | 20-1964189 |                                    | 9,790                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| THE GINGERBREAD HOUSE INC515 S OLDS BLVD FAIRLESS HILLS,PA 19030 | 23-3043574 |                                    | 9,825                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| TOBYHANNA KIDS INC104 RYANS RD TOBYHANNA,PA 18466                             | 23-2985151 |                                    | 9,855                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| POCONO SERVICES FOR FAMILIES AND CHILDRE 730 PHILLIPS ST STROUDSBURG,PA 18360 | 23-1672294 |                                    | 9,855                    |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| EARLY BLOOMERS INC36 SOUTH SIXTH STREET ALLENTOWN,PA 18101                                 | 23-2178171 |                                    | 10,000                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| CHRISTIAN LIFE ASSEMBLYCHRISTIAN LIFE LEARNING CENTER RR 2 BOX 2168-A STROUDSBURG,PA 18360 | 23-2302463 | 501(C)3                            | 10,050                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LOWER BUCKS COMMUNITY CENTER INC<br>9300 NEW FALLS RD<br>LEVITTOWN,PA 19054 | 23-1679601 | 501(C)3                            | 10,125                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ECLECTIC MANAGEMENT INC<br>69 N MAIN ST<br>CARBONDALE,PA 18407              | 23-2585754 |                                    | 10,255                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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

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|----------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| BANGOR PRESCHOOL INC<br>221 S 4TH STREET<br>BANGOR,PA 18013                                              | 23-2755143 |                                    | 10,585                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KINDERCARE LEARNING CENTERS INCKINDERCARE LEARNING CENTER 303051 -<br>7575 PENN DR<br>ALLENTOWN,PA 18106 | 63-0941966 |                                    | 10,650                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| PARK AVENUE KIDS KORNER LLC3880 PARK AVENUE PO BOX 56 NEFFS,PA 18065           | 02-0728174 |                                    | 10,981                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| WEE CARE FOUNDATIONS LLCWEE CARE FOUNDATIONS 1121 MARKET ST ST DALLAS,PA 18612 | 20-1416135 |                                    | 10,995                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LITTLE JEMS CHILDREN'S CENTER INC1 COSTA CT LANGHORNE,PA 19047 | 23-2954724 |                                    | 11,250                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| IGLESIA BAUTISTA BETANIA164 DOUGLASS ST READING,PA 196012043   | 23-2799716 | 501(C)3                            | 11,395                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| TOUCHING THE FUTURE<br>LLC3142 PRICETOWN RD<br>FLEETWOOD,PA 19604                              | 41-2038925 |                                    | 11,421                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| THE KREIG INSTITUTE FOR<br>EARLY CHILDHOODREAR<br>3716-3718 LAWRENCE<br>AVE<br>MOOSIC,PA 18507 | 23-2657920 |                                    | 11,792                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DISCOVERY YEARS INCPO<br>BOX 1379<br>ALBRIGHTSVILLE, PA<br>18210        | 23-3053895 |                                    | 11,910                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| DEBORAH ANN RIZZO21<br>NORTH FIFTH STREET<br>WEST HAZLETON, PA<br>18202 | 23-2744359 |                                    | 12,185                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LEHIGH CARBON COMMUNITY COLLEGE4525 EDUCATION PARK DRIVE SCHNECKSVILLE,PA 180782598 | 23-1670163 | SCHOOL                             | 12,210                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KMP INCWEE CARE NURSERY SCHOOL 433 THORNHURST ROAD BEAR CREEK TWP,PA 187028216      | 65-1209589 |                                    | 12,500                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| KNS ENTERPRISES INC<br>WORLD OF IMAGINATION<br>4316 ROOSEVELT STREET<br>WHITEHALL,PA 18052 | 23-2801348 |                                    | 12,540                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LIVE N LEARN STATION<br>INC135 SOUTH 5TH STREET<br>READING,PA 19602                        | 23-2940801 |                                    | 12,715                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| NATIVITY CHILD CARE CENTER INC1501 NORTH 13TH STREET READING,PA 19604          | 23-2701933 | 501(C)3                            | 12,945                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| YVETTE ACEVEDO NORMA ALBINOBABIES IN MOTION 502 WALNUT STREET READING,PA 19601 | 84-1683526 |                                    | 13,140                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| HOLY CROSS EVANGELICAL LUTHERAN CHURCH696 JOHNSON DR NAZARETH,PA 18064 | 23-2046281 | 501(C)3                            | 13,345                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| TLC-1 LLC704 WEMAUS AVE ALLENTOWN,PA 18103                             | 01-0765631 |                                    | 13,665                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LEARN N PLAY DAY CARE LLC301 W MAIN STREET BATH,PA 18014 | 26-0436409 |                                    | 13,740                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LEARNING BLOCKS INC260 VETERANS WAY WARMINSTER,PA 18974  | 20-1316749 |                                    | 13,740                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CAREER INSTITUTE OF TECHNOLOGY5335 KESSLERSVILLE ROAD EASTON,PA 18040 | 23-1661367 |                                    | 13,975                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| CROSSROADS COUNTRY DAY SCHOOL832 EASTON RD WARRINGTON,PA 189762022    | 26-2488610 |                                    | 14,175                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|---------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| KINDERCARE LEARNING CENTER INCKINDERCARE LEARNING CENTER 303051 7575 PENN DR ALLENTOWN,PA 18106         | 63-0941966 |                                    | 14,335                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| IGLESIA DE JESUCRISTO PENTCOSTES UCC INABC CHILDRENS DAY CARE CENTER 625 CHEW STREET ALLENTOWN,PA 18102 | 56-2541943 |                                    | 14,360                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| KIDS PLAY TODAY LLC837 ROUTE 6 UNIT 5 SHOHOLA,PA 18458 | 26-0283686 |                                    | 14,550                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| UPPER BUCKS YMCA401 FAIRVIEW AVE QUAKERTOWN,PA 18951   | 23-1713382 |                                    | 14,600                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| ALMOST HOME LTD611 MONTGOMERY AVE BOYERTOWN,PA 195129633                              | 23-2703573 |                                    | 14,860                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| CARBONDALE YMCAYMCA OF CARBONDALE-SA PROGRAM 82 NORTH MAIN STREET CARBONDALE,PA 18407 | 24-0795515 | 501(C)3                            | 15,050                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LAND OF CHILDREN INC<br>1331 OREILLY DR<br>FEASTERVILLE TREVOSE,<br>PA 19053 | 30-0191414 |                                    | 15,150                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| DAWN TOOLAN157<br>BROOKLYN STREET<br>CARBONDALE,PA 18407                     | 20-8686602 |                                    | 15,405                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| KOL EMET YARDLEY RECONSTRUCTIONIST CONG1360 OXFORD VALLEY RD YARDLEY,PA 19067 | 22-2596919 | 501(C)3                            | 15,545                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ANA M VELEZRTE 209 SOUTH VILLAGE SQUARE GILBERT,PA 18331                      | 23-2872639 |                                    | 15,630                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| PENNRIDGE FULL GOSPEL TABERNACLE720 BLOOMING GLEN RD BLOOMING GLEN,PA 18911 | 23-1735117 | 501(C)3                            | 15,650                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LITTLE ACRES LEARNING ACADEMY INC1262 CHURCH ST MOSCOW,PA 184449454         | 80-0690044 |                                    | 15,885                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| THE GINGERBREAD HOUSE<br>INC515 S OLDS BLVD<br>FAIRLESS HILLS,PA 19030                  | 23-3043574 |                                    | 16,320                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| VISIONS CHILD CARE<br>CENTER INC4405<br>PENNSYLVANIA DRIVE<br>SCHNECKSVILLE,PA<br>18078 | 23-2991935 |                                    | 16,320                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| KATHLEEN BUNNELL423 CENTER STREET CLARKS SUMMIT,PA 18411                                                                    | 23-2918439 |                                    | 16,510                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| READING CALVARY CHURCH OF THE NAZARENERIVERVIEW CHRISTIAN EARLY LEARNING CENTER 3301 STLOUDTS FERRY BRIDGE READING,PA 19605 | 23-1667033 |                                    | 16,630                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| KIDS COUNTRY INC<br>POCONO SUMMIT P O BOX 2146<br>POCONO SUMMIT,PA 18346 | 23-2641439 |                                    | 16,650                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| OHEV SHALOM OF BUCKS COUNTY944 2ND ST PIKE RICHBORO,PA 18954             | 23-1994887 |                                    | 16,750                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SYD ENTERPRISES INC119 PHEASANT RUN NEWTOWN,PA 18940                                | 47-0877676 |                                    | 16,770                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| WILSON SCHOOL DISTRICTSHILOH HILLS CENTER 711 N WYOMISSIN BLVD READING,PA 196101761 | 22-1667988 |                                    | 16,810                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SAUCON VALLEY COMMUNITY CENTER INC<br>323 NORTHAMPTON STREET PO BOX 111<br>HELLERTOWN,PA 18055 | 23-1897985 | 501(C)3                            | 17,065                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| HUSH LITTLE ANGELS LLC<br>1036 N GODFREY ST<br>ALLENTOWN,PA 18109                              | 75-3235099 |                                    | 17,095                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| ALL MY CHILDREN CHILD CARE LRNGCTR LTD118 ALLENTOWN RD SOUDERTON,PA 189642201 | 23-2422153 |                                    | 17,150                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ENDLESS MOUNTAIN LEARNING CENTER INCPO BOX 762 NEW MILFORD,PA 18834           | 20-0180530 |                                    | 17,175                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| HOPE LUTHERAN CHURCH<br>2600 HAINES RD<br>LEVITTOWN,PA 19055                     | 23-1522640 |                                    | 17,260                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| UNITED NEIGHBORHOOD CENTER OF NORTHEAST<br>425 ALDER STREET<br>SCRANTON,PA 18505 | 24-0795389 | 501(C)3                            | 17,345                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FIRST FRIENDS INC938 TOWN CTR DOYLESTOWN,PA 18901                                     | 23-2519420 |                                    | 17,405                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| MCSM ENTERPRISES INC NAZARETH AREA DAY CARE 4485 HANOVERVILLE ROAD BETHLEHEM,PA 18020 | 20-1689246 |                                    | 17,435                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| JUST CHILDREN<br>BRIDGETOWN PIKE INC47<br>BRIDGETOWN PIKE<br>FEASTERVILLE TREVOSE,<br>PA 190537243 | 23-2407872 |                                    | 17,520                   |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |
| CHILDREN CENTRAL LLC<br>882 TOWN CENTER DR<br>LANGHORNE,PA 19047                                   | 26-4591703 | 501(C)3                            | 18,455                   |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |

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

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|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| A CHILDREN'S PLACE<br>LEARNING CENTER INC719<br>ROBLE ROAD<br>ALLENTOWN,PA 18109 | 01-0556935 |                                    | 18,555                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| MILLENNIUM CHILD<br>DAYCARE CENTER INC626<br>MADISON AVENUE<br>JERMYN,PA 18433   | 61-1486840 |                                    | 18,655                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CALVARY FULL GOSPEL CHURCH676 LINCOLN HWY FAIRLESS HILLS,PA 19030 | 23-2091484 | 501(C)3                            | 18,725                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| SAEED FAMILY CORPORATION165 SUTHERLAND DRIVE MOUNTAINTOP,PA 18707 | 23-3066070 |                                    | 18,815                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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| TABOR CHILDREN'S HOUSE<br>INC601 NEW BRITAIN<br>ROAD<br>DOYLESTOWN,PA 18901 | 23-2539505 |                                    | 19,125                   |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |
| MAGIC COTTAGE LLC128<br>APPLETREE DR<br>LEVITTOWN,PA 19055                  | 23-2038769 |                                    | 19,155                   |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |

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| CHURCH OF THE GOOD SHEPHERD AND ST JOHN THE GOOD SHEPHERD'S CCC321 FIFTH STREET MILFORD,PA 18337 | 23-2018594 | 501(C)3                            | 19,382                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| BLOOM EARLY EDUCATION CENTERS INC10 SLOCUM STREET - REAR FORTY FOUR,PA 18704                     | 30-0248531 |                                    | 19,560                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| BJ KIDS INCKIDDIE ACADEMY OF PLUMSTEADVILLE 5154 BARNES CT DOYLESTOWN,PA 18902                                 | 25-1868508 |                                    | 19,585                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| NESACCNASHAMINY ELEM SCHOOL AGEJOSEPH FERDERBAR ELEM SCHOOL 300 HEIGHTS LANE FEASTERVILLE TREVSE, PA 190537681 | 23-2388936 | SCHOOL                             | 19,710                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| KID QUEST INC319 METSGER WAY CHALFONT,PA 18914                                           | 23-3087523 |                                    | 20,100                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| SAUCON VALLEY COMMUNITY CENTER INC 323 NORTHAMPTON STREET PO BOX 111 HELLERTOWN,PA 18055 | 23-1897985 |                                    | 20,155                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |



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| SCHOOLHOUSE LEARNING CENTER INCPO BOX 877 21 N MAIN STREET TRUMBAUERSVILLE, PA 18970 | 23-2479947 |                                    | 20,185                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| HILL STREET CHILDRENS CENTER INC417 LINCOLN AVENUE WALNUTPORT,PA 18088               | 23-2022518 | 501(C)3                            | 20,305                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| SCOTT AND MONICA CASTONEKIDS CAMPUS NURSERY AND DAYCARE CENTER 202 E MAIN ST PEN ARGYL,PA 18072 | 23-2882040 |                                    | 20,460                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| THE ART LEARNING CENTER INC3225 NORTH 5TH ST EAST STROUDSBURG,PA 18301                          | 23-2820467 |                                    | 20,460                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| ACE ONE INC240 W SWAMP RD DOYLESTOWN,PA 189012492               | 26-1890957 |                                    | 20,525                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| PHILIP BEHM'S DAYCARE LLC19085 CHUCKWAGON DRIVE AUBURN,PA 17922 | 57-1196825 |                                    | 20,725                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|-------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| COMMUNITY EDUCATIONAL CENTER<br>5151 COLD SPRING CREAMERY RD<br>DOYLESTOWN, PA 18902                  | 23-2825876 |                                    | 20,730                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| KNOWLEDGE LEARNING CORPORATION<br>KINDERCARE LEARNING CENTER 224 N 17TH STREET<br>ALLENTOWN, PA 18104 | 06-1097006 |                                    | 20,870                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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| BETHANY CHILDREN'S HOME INC1863 BETHANY RD WOMELSDORF,PA 19567                                                               | 45-5450664 | 501(C)3                            | 20,870                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ST MICHAEL EVANGELICAL LUTHERAN CHURCH NATIVITY LUTHERAN EARLY CHILDHOOD ED CENTER 4004 W TILGHMAN STREET ALLENTOWN,PA 18104 | 27-4469211 |                                    | 20,910                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| NORTHEASTERN CHILD CARE SERVICES INC1356 NORTH WASHINGTON AVE SCRANTON,PA 18509 | 23-2541114 |                                    | 21,023                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ALL STAR CHILDCARE ACADEMY LLC3000 PENN VALLEY AVE BRISTOL,PA 19007             | 14-1985875 |                                    | 21,255                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| INFANT CARE PRG AT COVENANT PRESBYTERIAN 550 MADISON AVENUE SCRANTON,PA 18510            | 23-3073719 | 501(C)3                            | 21,280                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| CREATIVE KIDS CHILD DEVELOPMENT CENTER ATTN SHERI ROTH 2881 TYCOLIA CT OREFIELD,PA 18069 | 23-2732261 |                                    | 21,310                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| TEDDY BEAR COLLEGE5285<br>BENSALEM BLVD<br>BENSALEM,PA 19020                                           | 23-2823305 |                                    | 21,360                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ST GABRIEL'S GOOD<br>SHEPHERD LEARNING CTR<br>1188 BEN FRANKLIN HWY E<br>DOUGLASSVILLE,PA<br>195181803 | 23-1866496 |                                    | 21,365                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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| CHILDREN OF AMERICA<br>CHILDREN OF AMERICA<br>SOUTHAMPTON LLC<br>5300 W ATLANTIC AVE<br>DELRAY BEACH,FL 33484 | 26-4457651 |                                    | 21,555                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| RADCLIFFE LEARNING<br>CENTER INC1101<br>RADCLIFFE ST<br>BRISTOL,PA 19007                                      | 23-3073825 |                                    | 21,660                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| CAHILL INCPO BOX 322<br>MINISINK,PA 18341                                | 23-3080941 |                                    | 21,660                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| TGPC FOR C&L OF ST PAUL<br>EVANGELICALPO BOX 168<br>KRESGEVILLE,PA 18333 | 23-2021066 |                                    | 21,755                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| ACTIVE LEARNING CENTER LLC9999 HAMILTON BLVD BREINIGSVILLE,PA 18031 | 20-8908359 |                                    | 21,775                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KEYSTONE KIDS CLUB LTD 1249 W MAPLE AVE LANGHORNE,PA 19047          | 23-2849785 |                                    | 21,900                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| LEHIGH VALLEY CHILDRENS CENTER INC<br>1501 LEHIGH STREET<br>SUITE 208<br>ALLENTOWN,PA 18103 | 23-1908158 | 501(C)3                            | 22,035                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| RIGHT STEPS INC29<br>TANYARD RD<br>RICHBORO ,PA 18954                                       | 20-1742780 |                                    | 22,130                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| CHILD DEVELOPMENT COUNCIL OF NEPAWEST PITTSTON CHILD DEVELOPMENT 9 EAST MARKET STREET WILKESBARRE,PA 18701 | 23-1875342 | 501(C)3                            | 22,134                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| JUST CHILDREN DEVELOPMENTAL CENTER INC2607 NESHAMINY INTERPLEX DR STE F FEASTERVILLE TREVOSE, PA 19053     | 23-2359349 |                                    | 22,155                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ENRICHMENT WORKSHOP FOR CHILDREN INC2075 BYBERRY RD STE 102 BENSALEM,PA 19020           | 23-2467678 |                                    | 22,655                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| KEYSTONE COLLEGE INSTITUTE FOR PROFESSIONAL DEVELOPMENT PO BOX 50 LA PLUME,PA 184400200 | 24-0795441 | 501(C)3                            | 22,696                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| HORWITH RENTALS LLCY2 KIDS CHILD CARE CENTER 7033 STATE HIGHWAY 873 SLATINGTON,PA 18080 | 20-2316970 |                                    | 22,740                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| SPRING VALLEY CHURCH OF GOD2727 OLD PRICETOWN RD TEMPLE,PA 195609603                    | 23-1988874 |                                    | 23,085                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| CHRISTIAN LIFE CENTER OF THE ASSEMBLIES3100 GALLOWAY RD BENSALEM,PA 19020 | 23-2617944 | 501(C)3                            | 23,105                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| TOTAL CHILDCARE SOLUTION48 CHURCHVILLE LN SOUTHAMPTON,PA 18966            | 20-8176176 | 501(C)3                            | 23,175                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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| JUST CHILDREN OF AMERICA HILLTOWN LLC<br>4030 BETHLEHEM PIKE<br>TELFORD,PA 18969 | 56-2513206 |                                    | 23,255                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| GRACE EDUCATION INC<br>108 ALEXANDER CT<br>WARMINSTER,PA 18974                   | 20-3857100 |                                    | 23,865                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| TOUCHING THE FUTURE LLC3142 PRICETOWN RD FLEETWOOD,PA 19604                                      | 41-2038925 |                                    | 23,977                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| FIRST IMPRESSIONS CHILD CARE CENTER INC ATTN JEANNINE SOKOLOFSKI 131 W MAIN ST MACUNGIE,PA 18062 | 86-1123478 | 501(C)3                            | 24,065                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| LITTLE PEOPLE DAY CARE SCHOOL INC280 HANOVER STREET WILKES BARRE,PA 18702                                        | 23-2837236 |                                    | 25,085                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| RENE SNYDER JOANNE SNYDER JENNY MILLER CREATIVE KIDS CHILD DEVELOPMENT CNTR 6732 WEISS ROAD NEW TRIPOLI,PA 18066 | 23-3090263 |                                    | 25,350                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| THE GROWING TREE CHILD CARE CENTER INC3000 THIRD STREET WHITEHALL,PA 18052 | 23-2608748 |                                    | 25,400                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| BOYERTOWN AREA YMCA 301 WEST SPING STREET BOYERTOWN,PA 19512               | 23-2510418 |                                    | 25,830                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| BANGOR PRE-SCHOOL INC<br>221 S 4TH STREET<br>BANGOR,PA 18013   | 23-2755143 |                                    | 25,995                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| JMFINCTHE GODDARD SCHOOL<br>138 MILL RD<br>QUAKERTOWN,PA 18951 | 23-3012640 |                                    | 26,195                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| A STEP AHEAD LLC768 SOUTH ROUTE 183 ROAD SCHUYLKILL,PA 17972                | 54-2132658 |                                    | 26,710                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| UNITED NEIGHBORHOOD CENTERS OF NORTHEAST 425 ALDER STREET SCRANTON,PA 18505 | 24-0795389 |                                    | 26,740                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CHILDREN OF AMERICA<br>NEW BRITAIN LLC386 W<br>BUTLER AVE<br>DOYLESTOWN, PA<br>189015112       | 20-3663336 |                                    | 26,795                   |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |
| SPRING GARDEN<br>CHILDRENS CENTER INC<br>401 W BERWICK STREET<br>SUITE 103<br>EASTON, PA 18042 | 24-6002399 | 501(C)3                            | 26,820                   |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |

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

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|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| THE CHILDREN'S LC-COOPERSBURG CAMPUS LLC7001 SOUTH ROUTE 309 COOPERSBURG,PA 18036 | 26-3250016 |                                    | 27,145                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| YOUR CHILDREN FIRST INC 4 CHIPMUNK DRIVE FLEETWOOD,PA 19522                       | 23-2969519 |                                    | 27,280                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| JUST CHILDREN<br>BENSALEMS INC2354<br>GALLOWAY RD<br>BENSALEM,PA 190202986 | 23-2853369 |                                    | 27,395                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| TRINITY LUTHERAN<br>CHURCH19 S 5TH ST<br>PERKASIE,PA 18944                 | 23-1463049 |                                    | 27,565                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ROSE MEKEEL CHILD CARE CENTER200 PROSPECT ST EAST STROUDSBURG, PA 183012956         | 23-3026680 | 501(C)3                            | 28,395                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| WILSON SCHOOL DISTRICTWEST WYOMISSING CENTER 2601 GRANTVIEW BLVD WEST LAWN,PA 19609 | 23-1667988 |                                    | 28,775                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CHILD DEVELOPMENT INC<br>2880 POTTSVILLE<br>MINERSVILLE HIGHWAY<br>SUITE 210<br>MINERSVILLE,PA 17954 | 23-2212539 | 501(C)3                            | 29,336                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| C J DEVINE INC1255<br>CEDAR CREST BLVD<br>ALLENTOWN,PA 18103                                         | 41-2085707 |                                    | 29,375                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

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|--------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CATHOLIC YOUTH CENTER INCCATHOLIC YOUTH CENTER DAY CARE 36 S WASHINGTON ST WILKES BARRE,PA 18701 | 23-7227221 |                                    | 29,510                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| MAGIC COTTAGE LLC128 APPLETREE DR LEVITTOWN,PA 19055                                             | 23-2038769 |                                    | 29,805                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| THIRD STREET ALLIANCE FOR WOMEN & CHILDREN<br>NORTH 3RD STREET<br>EASTON,PA 18042 | 24-0795639 | 501(C)3                            | 29,910                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| DAYDREAMERS CHILD CARE<br>2810 ROCK RD<br>CLARKS SUMMIT,PA 18411                  | 26-1705286 |                                    | 30,235                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| KINGSST MARYS DEVELOPMENTAL DC CNTR INC134 S WASHINGTON ST WILKES BARRE, PA 187012999 | 23-2841535 | 501(C)3                            | 30,270                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ST JOSEPH'S (HILL) EVANGELICAL LUTHERAN 244 KOCH ROAD BOYERTOWN,PA 19512              | 23-6269853 | 501(C)3                            | 30,370                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| RISING STAR DAY CARE INC1411 HIGHLAND AVE LANGHORNE,PA 19047                   | 20-1994480 |                                    | 30,380                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| JERUSALEM LUTHERAN CHURCH CHILD CARE CTR 252 DOCK ST SCHUYLKILL HAVEN,PA 17972 | 25-1207913 | 501(C)3                            | 31,075                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SCHOOLHOUSE LEARNING CENTER INCPO BOX 877 21 N MAIN STREET TRUMBAUERSVILLE, PA 18970 | 23-2479947 |                                    | 31,570                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| WEE WONS INCPO BOX 776 RTE 940 POCONO PINES, PA 18350                                | 01-0703290 |                                    | 31,825                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| ABC KIDDIE KAMPUS INC<br>701 S MAIN STREET<br>OLD FORGE,PA 18518 | 23-2623665 |                                    | 31,860                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ABC KIDDIE KAMPUS INC<br>701 S MAIN STREET<br>OLD FORGE,PA 18518 | 23-2623665 |                                    | 32,097                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| MARYWOOD UNIVERSITY<br>INCCASHIERS OFFICE<br>2300 ADAMS AVENUE<br>SCRANTON,PA 18509 | 24-0795453 | 501(C)3                            | 32,362                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| TABOR CHILDREN'S HOUSE<br>INC601 NEW BRITAIN ROAD<br>DOYLESTOWN,PA 18901            | 23-2539505 |                                    | 33,060                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ST JOHNS EVANGELICAL LUTHERAN CHURCH200 S BROAD STREET NAZARETH,PA 18064 | 24-0800685 | 501(C)3                            | 33,180                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| THE SCHOOLHOUSE DAY CARE CENTER INC270 SOUTH RIVER ST PLAINS,PA 18705    | 23-2865298 |                                    | 34,690                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| FLYING HILLS PRE-SCHOOLGRETCHEN DARLINGTON 11 VILLAGE CENTER DRIVE READING,PA 19607 | 23-2700095 |                                    | 34,720                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| CJ DEVINE BROOKSIDE LLC5391 ANDREA DRIVE ALLENTOWN,PA 18106                         | 30-0517748 |                                    | 34,890                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAY NURSERY ASSOCIATION332 JEFFERSON AVENUE SCRANTON,PA 18510 | 24-0799342 | 501(C)3                            | 35,364                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KID'S EXPRESS INC385 BLUE VALLEY DRIVE BANGOR,PA 18013        | 23-2694289 |                                    | 36,290                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| BROOKSIDE CHILDREN'S EARLY EDUCATION CEN<br>675 N BROOKSIDE RD<br>ALLENTOWN,PA 18106 | 45-4944566 |                                    | 36,700                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| PREMIER CHILD CARE CENTER INC3853 ALLEN STREET<br>EMMAUS,PA 18049                    | 23-2779167 |                                    | 36,900                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| BETHLEHEM YMCA430 EAST BROAD ST BETHLEHEM,PA 18018  | 24-0795635 | 501(C)3                            | 36,945                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| DW DAYCARE LLC3025 NORTH ST MORGANTOWN,PA 195437754 | 26-0836801 |                                    | 37,395                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CREATION PLAYSTATION INC1336 WEST MINOR STREET EMMAUS,PA 18049        | 23-2965239 |                                    | 37,590                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LONGSWAMP UNITED CHURCH OF CHRIST200 CLAY ROAD MERTZTOWN,PA 195398902 | 23-2417193 | 501(C)3                            | 38,040                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CHILDREN DEVELOPMENT PROGRAM INC501 W BROAD ST QUAKERTOWN,PA 18951                    | 23-1981629 |                                    | 38,052                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ALBRIGHT COLLEGE ALBRIGHT EARLY LEARNING CENTER 13TH AND BERN STREET READING,PA 19612 | 23-1352615 | 501(C)3                            | 38,840                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| NESACCNESHAMINY ELEM SCHOOL AGEJOSEPH FERDERBAR ELEM SCHOOL 300 HEIGHTS LANE FEASTERVILLE TREVOSSE, PA 190537681 | 23-2388936 | 501(C)3                            | 39,420                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| NORTHWEST CHILDREN'S CENTRE INC6301 ROUTE 309 SUITE 2H BOX 8 NEWTRIPOLI,PA 18066                                 | 23-2896131 |                                    | 39,530                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| NORTHEASTERN CHILD CARE SERVICES INC1356 NORTH WASHINGTON AVE SCRANTON,PA 18509 | 23-2541114 | 501(C)3                            | 39,860                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| TWO EL INCELBOW LANE NURSERY SCHOOL 828 ELBOW LANE WARRINGTON,PA 18976          | 23-2437360 |                                    | 40,557                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CAROUSEL FARM'S EDUCATION CENTER INC<br>226 GRENOBLE RD<br>WARMINSTER,PA 18974 | 23-2133769 |                                    | 41,400                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| FRIEDENS EVANGELICAL LUTHERAN CHURCH1076 MEMORIAL HIGHWAY OLEY,PA 19547        | 23-7199273 | 501(C)3                            | 41,615                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LPCC INCLITTLEST LITTLE PEOPLE LITTLE PEOPLE COUNTRY CLUB 2940 NAZARETH R EASTON,PA 180452755 | 23-2653303 |                                    | 41,615                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LIFE SPAN DAY CARE INC 2460 JOHN FRIES HIGHWAY QUAKERTOWN,PA 18951                            | 22-2616028 |                                    | 41,970                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CHILD DEVELOPMENT COUNCIL OF NE PAWEST PITTSTON CHILD DEVELOPMENT 9 EAST MARKET STREET WILKESBARRE,PA 18701 | 23-1875342 |                                    | 42,082                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| THE PERCEPTION TRAINING CENTERINC 1265 B LAUREL BLVD POTTSVILLE,PA 17901                                    | 23-3032737 |                                    | 42,270                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| NORTHAMPTON AREA COMMUNITY COLLEGE BURSARS OFFICE 3835 GREEN POND ROAD ROAD BETHLEHEM,PA 18020 | 23-6417444 | SCHOOL                             | 42,302                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| BERKSHIRE LEARNING CENTERS INC2250 RIDGEWOOD ROAD WYOMISING,PA 19610                           | 23-2965334 |                                    | 43,210                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| THE LEARNING LOCOMOTION INC384 SUNSET AVENUE BANGOR,PA 18013        | 23-2966142 |                                    | 44,650                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| TOBYHANNA ARMY DEPOT 11 HAP ARNOLD BLVD BLDG 335 TOBYHANNA,PA 18466 | 24-0811317 | 501(C)3                            | 45,655                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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| LEHIGH VALLEY HEALTH NETWORKLEHIGH VALLEY HOSPITAL CHILDRENS EARLY 2100 MACK BLVD ALLENTOWN,PA 18103 | 23-1689692 |                                    | 45,830                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| THE CHILDREN'S GARDEN INCATTN GAIL REASER 61 KUNKLE DRIVE EASTON,PA 18042                            | 23-3070472 |                                    | 46,010                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| FRECKLES & FRILLS INC<br>101 PITTSTON AVE<br>SCRANTON,PA 18505   | 23-2981780 |                                    | 46,150                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| THE SUNSHINE STATION<br>476 ROUTES 6 AND 209<br>MILFORD,PA 18337 | 23-2903661 | 501(C)3                            | 46,335                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| YMCA OF READING AND BERKS COUNTYREED AND WASHINGTON STREET READING,PA 19603 | 23-1244009 | 501(C)3                            | 48,010                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KURIOUS KIDS CHILDRENS CENTER LLC5172 NEW YORK STREET WHITEHALL,PA 18052    | 05-0525381 | 501(C)3                            | 48,190                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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| (a) Name and address of organization or government                                                         | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| NORTH POCONO PRESCHOOL INCNORTH POCONO PRESCHOOL-MOSCOW BOX 6409 RR6 126 BROOK STREET MOSCOW, PA 184446038 | 23-1987582 | 501(C)3                            | 48,198                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |
| CECIL SAYRE CHILD CENTERSAYRE CHILD CENTER 349 HAMILTON AVENUE BETHLEHEM, PA 18017                         | 24-0795681 | 501(C)3                            | 48,650                   |                                   |                                                       |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                                                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| THE FAMILY YMCA OF LOWER BUCKS COUNTY JAMES BUCHANAN ELEM SCHOOL 601 S OXFORD VALLEY RD FAIRLESS HILLS, PA 190303901 | 23-1433890 | 501(C)3                            | 52,615                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| JOLLY TODDLERS II INC 604 HAMPTON AVE SOUTHAMPTON, PA 189663751                                                      | 36-4659721 |                                    | 54,524                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                               | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| ECUMENICAL ENTERPRISES INC1073 MEMORIAL HIGHWAY DALLAS,PA 18612                                  | 23-1714246 | 501(C)3                            | 56,460                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| MIRACLES 3 INC THE GROWING TREE JAY PLAZA PARK COLUMBIA DRIVE PO BOX 48 MARSHALLS CREEK,PA 18335 | 33-1000248 |                                    | 57,035                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| MULCAHY EDUCATIONAL SERVICES INC5938 CORRIGAN RD DOYLESTOWN,PA 18902 | 20-8338741 |                                    | 58,970                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LIVE N LEARN SMILE CENTER INC326 WEST MAIN STREET BIRDSBORO,PA 19508 | 23-2850426 |                                    | 59,770                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SCHOOLHOUSE LEARNING CENTER INCPO BOX 877 21 N MAIN STREET TRUMBAUERSVILLE, PA 18970                               | 23-2479947 |                                    | 60,085                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LANGHORNE TERRANCE BAPTIST CHURCHWEE CARE LEARNING CENTER ATTNJEANNE MORRIS 1271 E MAPLE AVENUE LANGHORNE,PA 19047 | 23-1946407 |                                    | 60,660                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |



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

| (a) Name and address of organization or government                                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| THE FAMILY YMCA OF EASTON PHILLIPSBURG AND VICINITY1225 WEST LAFAYETTE STREET EASTON,PA 18042 | 24-0795636 | 501(C)3                            | 63,175                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| THE CUDDLE ZONE LEARNING CENTER INC445 ALLENTOWN DRIVE ALLENTOWN,PA 18109                     | 23-2830744 | 501(C)3                            | 64,221                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| VOLUNTEERS OF AMERICA INCVOLUNTEERS OF AMERICA CHILDRENS CENTER 730 W UNION STREET ALLENTOWN,PA 18101 | 23-1932916 |                                    | 64,690                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| SALEM ST PAUL LUTHERAN CHURCHPO BOX 168 KRESGEVILLE,PA 18333                                          | 23-2021066 | 501(C)3                            | 65,930                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| COUNTRY CHARM EARLY LEARNING CENTER INC9 EAST BUTLER DRIVE PO BOX 73 DRUMS,PA 18222 | 23-2915265 |                                    | 65,969                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KINGS COLLEGE133 N RIVER ST WILKES BARRE,PA 187110800                               | 24-0804602 | 501(C)3                            | 66,640                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| ENRICHMENT WORKSHOP FOR CHILDREN INC2075 BYBERRY RD STE 102 BENSALEM,PA 19020 | 23-2467678 | 501(C)3                            | 67,440                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| ST JOSEPH REGIONAL HEALTH NETWORK2390 BERNVILLE RD READING,PA 19605           | 23-1352211 | 501(C)3                            | 67,495                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| TOTS AND TYKES INC<br>LITTLE PEOPLE DAY CARE<br>SCHOOL 254<br>MERIDIAN AVENUE<br>SCRANTON,PA 18504 | 23-2542312 |                                    | 70,936                   |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |
| DOYLESTOWN HOSPITAL<br>595 W STATE ST<br>DOYLESTOWN,PA 18901                                       | 23-1352174 |                                    | 75,170                   |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |

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

| (a) Name and address of organization or government                                                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| COUNTY OF LACKAWANNA<br>99 GLENMAURA NATIONAL BLVD S200<br>MOOSIC,PA 18507                                   | 24-6000729 | GOVT - COUNTY                      | 75,680                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| KNOWLEDGE UNIVERSE<br>EDUCATION LLC<br>KINDERCARE LEARNING CENTER 224 N<br>17TH STREET<br>ALLENTOWN,PA 18104 | 06-1097006 |                                    | 86,729                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| BETHLEHEM AREA SCHOOL DISTRICT1516 SYCAMORE STREET BETHLEHEM,PA 18018 | 24-0862592 | SCHOOL                             | 90,754                   |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LIFE SPAN DAY CARE INC 2460 JOHN FRIES HIGHWAY QUAKERTOWN,PA 18951    | 22-2616028 | 501(C)3                            | 101,285                  |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

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

| (a) Name and address of organization or government                                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| BERKS COUNTY<br>INTERMEDIATE UNIT1111<br>COMMONS BLVD P O BOX<br>16050<br>READING,PA 196126050 | 23-1740825 | SCHOOL                             | 119,510                  |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |
| A CHILD'S WORLD<br>DEVELOPMENT CENTERS<br>INC2147 S EAGLE RD<br>NEWTOWN,PA 18940               | 23-2741196 |                                    | 123,785                  |                                   |                                                        |                                        | KEYSTONE STARS<br>GRANT            |



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

| (a) Name and address of organization or government                                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| KINDERCARE LEARNING CENTERS LLCKINDERKARE LEARNING CENTER 303051 - 7575 PENN DR ALLENTOWN,PA 18106 | 63-0941966 |                                    | 126,650                  |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |
| LEHIGH VALLEY CHILDREN'S CENTER INC 1501 LEHIGH STREET SUITE 208 ALLENTOWN,PA 18103                | 23-1908158 |                                    | 216,020                  |                                   |                                                        |                                        | KEYSTONE STARS GRANT               |

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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 Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
COMMUNITY SERVICES FOR CHILDREN INC

Employer identification number  
23-2204725

Part I Bond Issues

|   | (a) Issuer name                                | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose                                                 | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|---|------------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------------------------------------------------------|--------------|----|-------------------------|----|--------------------|----|
|   |                                                |                |             |                 |                 |                                                                            | Yes          | No | Yes                     | No | Yes                | No |
| A | LEHIGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY | 23-2244109     |             | 12-14-2000      | 5,000,000       | TO FUND CONSTRUCTION OF THE DONLEY CHILDREN CENTER                         |              | X  |                         | X  |                    | X  |
| B | LEHIGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY | 23-2244109     |             | 12-01-2010      | 3,790,000       | TO FUND CONSTRUCTION OF THE EARLY HEAD START INFANT/TODDLER FAM DEV CENTER |              | X  |                         | X  |                    | X  |

Part II Proceeds

|    |                                                                                                        | A         |    | B         |    | C   |    | D   |    |
|----|--------------------------------------------------------------------------------------------------------|-----------|----|-----------|----|-----|----|-----|----|
| 1  | Amount of bonds retired                                                                                |           |    |           |    |     |    |     |    |
| 2  | Amount of bonds legally defeased                                                                       |           |    |           |    |     |    |     |    |
| 3  | Total proceeds of issue                                                                                | 5,000,000 |    | 3,790,000 |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds                                                                        |           |    |           |    |     |    |     |    |
| 5  | Capitalized interest from proceeds                                                                     |           |    |           |    |     |    |     |    |
| 6  | Proceeds in refunding escrows                                                                          |           |    |           |    |     |    |     |    |
| 7  | Issuance costs from proceeds                                                                           |           |    |           |    |     |    |     |    |
| 8  | Credit enhancement from proceeds                                                                       |           |    |           |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds                                                             |           |    |           |    |     |    |     |    |
| 10 | Capital expenditures from proceeds                                                                     | 5,000,000 |    | 3,790,000 |    |     |    |     |    |
| 11 | Other spent proceeds                                                                                   |           |    |           |    |     |    |     |    |
| 12 | Other unspent proceeds                                                                                 |           |    |           |    |     |    |     |    |
| 13 | Year of substantial completion                                                                         |           |    |           |    |     |    |     |    |
|    |                                                                                                        | Yes       | No | Yes       | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue?                                            |           | X  |           | X  |     |    |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue?                                           |           | X  |           | X  |     |    |     |    |
| 16 | Has the final allocation of proceeds been made?                                                        |           | X  |           | X  |     |    |     |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X         |    | X         |    |     |    |     |    |

Part III Private Business Use

|   |                                                                                                                            | A   |    | B   |    | C   |    | D   |    |
|---|----------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|   |                                                                                                                            | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     |    |     |    |     |    |     |    |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property?                        |     |    |     |    |     |    |     |    |

Part III

Private Business Use (Continued)

|    |                                                                                                                                                                                                                                      | A   |    | B   |    | C   |    | D   |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                                                                                                                      | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property?                                                                                                                     |     |    |     |    |     |    |     |    |
| b  | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?                                                   |     |    |     |    |     |    |     |    |
| c  | Are there any research agreements that may result in private business use of bond-financed property?                                                                                                                                 |     |    |     |    |     |    |     |    |
| d  | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?                                                               |     |    |     |    |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                                                                      |     |    |     |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     |    |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                               |     |    |     |    |     |    |     |    |
| 7  | Does the bond issue meet the private security or payment test?                                                                                                                                                                       |     |    |     |    |     |    |     |    |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?                                                               |     |    |     |    |     |    |     |    |
| b  | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of                                                                                                                                              |     |    |     |    |     |    |     |    |
| c  | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?                                                                                                                            |     |    |     |    |     |    |     |    |
| 9  | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?                           |     |    |     |    |     |    |     |    |

Part IV

Arbitrage

|    |                                                                                                                | A   |    | B   |    | C   |    | D   |    |
|----|----------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has the issuer filed Form 8038-T?                                                                              |     |    |     |    |     |    |     |    |
| 2  | If "No" to line 1, did the following apply?                                                                    |     |    |     |    |     |    |     |    |
| a  | Rebate not due yet?                                                                                            |     |    |     |    |     |    |     |    |
| b  | Exception to rebate?                                                                                           |     |    |     |    |     |    |     |    |
| c  | No rebate due?                                                                                                 |     |    |     |    |     |    |     |    |
|    | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed    |     |    |     |    |     |    |     |    |
| 3  | Is the bond issue a variable rate issue?                                                                       |     |    |     |    |     |    |     |    |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? |     |    |     |    |     |    |     |    |
| b  | Name of provider                                                                                               |     |    |     |    |     |    |     |    |
| c  | Term of hedge                                                                                                  |     |    |     |    |     |    |     |    |
| d  | Was the hedge superintegrated?                                                                                 |     |    |     |    |     |    |     |    |
| e  | Was a hedge terminated?                                                                                        |     |    |     |    |     |    |     |    |

Part IV

Arbitrage (Continued)

|    |                                                                                                 | A   |    | B   |    | C   |    | D   |    |
|----|-------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                 | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (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?     |     |    |     |    |     |    |     |    |
| 6  | Were any gross proceeds invested beyond an available temporary period?                          |     |    |     |    |     |    |     |    |
| 7  | Has the organization established written procedures to monitor the requirements of section 148? |     |    |     |    |     |    |     |    |

Part V

Procedures To Undertake Corrective Action

|   |                                                                                                                                                                                                                                                                  | A   |    | B   |    | C   |    | D   |    |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|   |                                                                                                                                                                                                                                                                  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |     | X  |     | X  |     |    |     |    |

Part VI

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

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

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
COMMUNITY SERVICES FOR CHILDREN INC

Employer identification number  
23-2204725

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|   |                                 |                                                               |                                | Yes            | No |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . .

\$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . .

\$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No |                                     | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
| Total                         |                                    |                     |                                       |      |                               |                 | \$              |    |                                     |                        |    |

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                                                                                                     | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                                                                                                                    | Yes                                     | No |
| (1) RAYMOND FEDERICI          | BOARD MEMBER                                                    | 284,012                   | CONSTRUCTION - MR FEDERICI IS AN EMPLOYEE OF ALVIN H BUTZ, INC ALVIN H BUTZ WAS PAID FOR CONSTRUCTION SERVICES BY THE ORGANIZATION |                                         | No |
|                               |                                                                 |                           |                                                                                                                                    |                                         |    |
|                               |                                                                 |                           |                                                                                                                                    |                                         |    |
|                               |                                                                 |                           |                                                                                                                                    |                                         |    |
|                               |                                                                 |                           |                                                                                                                                    |                                         |    |
|                               |                                                                 |                           |                                                                                                                                    |                                         |    |

**Part V Supplemental Information**

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

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

**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.**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Name of the organization  
COMMUNITY SERVICES FOR CHILDREN INC**Employer identification number**

23-2204725

| Identifier | Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11 | 1 ANNUALLY AS PART OF THE SINGLE AUDIT, THE VICE PRESIDENT OF FINANCE ENSURES THE COMPLETION OF THE REQUIRED 990 AND SINGLE AUDIT AND ITS ACCOMPANYING SCHEDULE 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 DIRECOTRS 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,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>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 JUDGMENT AND ABILITY TO CARRY OUT HIS OR HER DUTIES AS A MEMBER OF THE BOARD OF DIRECTORS CSC BOARD MEMBERS AND OFFICERS ARE PROHIBITED FROM USING THEIR POSITIONS ON CSC'S BOARD OF DIRECTORS TO GAIN ADVANTAGE IN ANY WAY FOR THEMSELVES, FAMILY, FRIENDS, OR BUSINESS ASSOCIATES CSC BOARD MEMBERS ARE PROHIBITED FROM HAVING A FINANCIAL CONFLICT OF INTEREST WITH THE AGENCY FINANCIAL CONFLICTS MAY INCLUDE THE FOLLOWING - AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR AGREEMENT - A COMPENSATION ARRANGEMENT WITH THE ORGANIZATION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT - A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION IS NEGOTIATING A TRANSACTION ARRANGEMENT CSC BOARD MEMBERS ARE PROHIBITED FROM RECEIVING COMPENSATION FOR SERVING ON THE BOARD OR PROVIDING SERVICES TO THE AGENCY FOR COMPENSATION COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION, AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL CSC BOARD MEMBERS AND MEMBERS OF THEIR IMMEDIATE FAMILIES ARE PROHIBITED FROM BEING EMPLOYED BY THE AGENCY (IMMEDIATE FAMILY PARENTS AND GRANDPARENTS, SPOUSES, SIBLINGS, MOTHERS, FATHERS, SISTERS, BROTHERS, SONS, AND DAUGHTER-IN-LAW, CHILDREN, GRANDCHILDREN ) 1 NO MEMBER OF THE COMMUNITY SERVICES FOR CHILDREN, INC BOARD OF DIRECTORS, OR ANY OF ITS COMMITTEES, SHALL DERIVE PERSONAL PROFIT OR GAIN DIRECTLY OR INDIRECTLY AS A RESULT OF ANY DECISION MADE BY THE BOARD OR ITS COMMITTEES 2 BOARD MEMBERS SHALL ACT SOLELY IN THE INTEREST OF THE ORGANIZATION WITHOUT REGARD FOR PERSONAL INTERESTS 3 A BOARD MEMBER SHALL ANNUALLY, AFTER REVIEWING THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND HIS/HER CONFLICT OF INTEREST STATEMENT FROM THE PREVIOUS YEAR, SIGN A NEW CONFLICT OF INTEREST STATEMENT DISCLOSING CURRENT BUSINESS, FINANCIAL, PERSONAL, AND CHARITABLE RELATIONSHIPS 4 A BOARD MEMBER WITH A CLOSE AND CONTINUING RELATIONSHIP WITH A STAFF MEMBER SHALL RECUE THEMSELVES FROM DISCUSSION AND VOTE IN WHICH A DIRECT EFFECT ON THE STAFF MEMBER 5 BOARD MEMBERS SHALL DISCLOSE AFFILIATIONS WITH OTHER BUSINESSES AND ORGANIZATIONS WITH WHICH COMMUNITY SERVICES FOR CHILDREN, INC DOES BUSINESS 6 BOARD MEMBERS SHALL ANNOUNCE THE POTENTIAL EXISTENCE AND NATURE OF A CONFLICT OF INTEREST IN ANY DELIBERATION OF THIS BOARD IN ADVANCE OF THE DISCUSSION AND ACTION ON THE MATTER 7 BOARD MEMBERS SHALL RECUE THEMSELVES FROM DISCUSSION AND VOTE IN WHICH A POTENTIAL CONFLICT OF INTEREST EXISTS, AND SUCH ABSENCE SHALL BE RECORDED IN THE MINUTES OF THE MEETING 8 BOARD MEMBERS SHALL NOT ACQUIRE LISTS OF VENDORS, DONORS, PAID OR NON-PAID STAFF FOR THE PURPOSES OF SOLICITING BUSINESS FOR PERSONAL GAIN TO BENEFIT 9 DISCLOSURE OF A CONFLICT OF INTEREST DOES NOT MEAN RESIGNATION FROM BOARD OR ELIMINATION OF THE CONFLICT IN CASE OF A CONFLICT THE PROCEDURE TO FOLLOW INCLUDES FULL DISCLOSURE, FOLLOWED BY THE MEMBER'S RECUSAL FROM DISCUSSION AND VOTING ON THE ISSUE PERTAINING TO THE CONFLICT 10 THE BOARD GOVERNANCE/NOMINATING COMMITTEE SHALL HAVE THE DISCRETION TO DETERMINE THE EXISTENCE OF A CONFLICT OF INTEREST AND TO ENSURE THAT PROPER PROCEDURES TO ELIMINATE ANY THREAT TO THE INTEGRITY OF THE BOARD'S DECISIONS AS THEY RELATE TO THE OPERATION OF THE ORGANIZATION ARE FOLLOWED AND DULY DOCUMENTED</p> |



| Identifier | Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|            | FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | <p>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 FOR INITIAL EMPLOYMENT. THE TERMS AND CONDITIONS MAY BE AMENDED OVER TIME. A. COMPETITIVE BENCHMARK STUDIES - MARKET SURVEYS OF COMPARABLE POSITIONS USING INDUSTRY SPECIFIC DATA WILL BE USED TO ESTABLISH THE SALARY RANGE FOR THE CEO/PRESIDENT POSITION. UNDER THE REQUIREMENTS OF THE HEAD START STANDARDS, COMPETITIVE BENCHMARK STUDIES MUST BE CONDUCTED EVERY THREE YEARS FOR ALL POSITIONS. CSC EMPLOYS THE SERVICES OF AN INDEPENDENT COMPENSATION FIRM TO PROVIDE THIS SERVICE. COMPARABILITY STUDIES ARE CONDUCTED FOR EVERY POSITION IN THE PAY PLAN, INCLUDING THE CEO/PRESIDENT. THE COMPARABILITY DATA INVOLVES COMPENSATION LEVELS IN SIMILARLY SITUATED ORGANIZATION FOR FUNCTIONALLY COMPARABLE POSITION. THE DATA FROM THE SURVEY IS USED TO ESTABLISH SALARY RANGES FOR ALL POSITION 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 ACCOMPLISHMENT, OVERALL ORGANIZATIONAL PERFORMANCE AND ANALYSIS OF KEY METRICS. THE EXECUTIVE COMMITTEE WILL PRESENT ITS FINDINGS AND RECOMMENDATIONS IN A BOARD SESSION, WITHOUT THE CEO/PRESIDENT. THE EXECUTIVE COMMITTEE WILL MAKE A 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 BUSINESS EXPENSES, THE CEO/PRESIDENT WILL EXERCISE DISCRETION AND GOOD BUSINESS JUDGMENT WITH RESPECT TO EXPENSES. THEY WILL REPORT EXPENSES, SUPPORTED BY REQUIRED DOCUMENTATION. THE BOARD MAY CHOOSE TO REVIEW THESE EXPENSES AT ANY TIME.</p> |

| Identifier | Return Reference                         | Explanation                                                                                                                                                                                                                                             |
|------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | FORM 990, PART VI,<br>SECTION C, LINE 18 | 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 |

| Identifier | Return Reference                         | Explanation                                                                                                                                                                                                                                             |
|------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | FORM 990, PART VI,<br>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 |

| Identifier | Return Reference  | Explanation                             |
|------------|-------------------|-----------------------------------------|
|            | PART XII, LINE 2C | PROCESS HAS NOT CHANGED FROM PRIOR YEAR |