

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COMMUNITY SERVICES FOR CHILDREN INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1520 HANOVER AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ALLENTOWN, PA 18109

D Employer identification number
23-2204725

E Telephone number
(610) 437-6000

G Gross receipts \$ 52,361,790

F Name and address of principal officer
JOHN PONENTE
1520 HANOVER AVENUE
ALLENTOWN, PA 18109

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW CSCINC ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1981

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CSC PREPARES YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEARNING AND IN LIFE THROUGH INNOVATIVE, COMPREHENSIVE, LEADING-EDGE SERVICES

2 Check this box 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)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	356
6 Total number of volunteers (estimate if necessary)	65
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	49,634,731	51,282,236
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,360	79,670
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,156	29,661
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,820,247	51,391,567

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,838,665	4,365,281
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)	16,080,466	17,496,133
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 153,298		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,013,229	30,314,962
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	49,932,360	52,176,376
19 Revenue less expenses Subtract line 18 from line 12	-112,113	-784,809

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	15,097,066	15,234,970
21 Total liabilities (Part X, line 26)	5,455,223	6,363,433
22 Net assets or fund balances Subtract line 21 from line 20	9,641,843	8,871,537

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

Sign Here

Signature of officer
Date 2018-11-14

JOHN PONENTE VP, FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JAMES F BOVA CPA	Preparer's signature JAMES F BOVA CPA	Date 2018-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00102172
Firm's name ▶ CAMPBELL RAPPOLD & YURASITS LLP			Firm's EIN ▶ 23-1386942	
Firm's address ▶ 1033 S CEDAR CREST BLVD ALLENTOWN, PA 181035443			Phone no (610) 435-7489	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
CSC PREPARES YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEARNING AND IN LIFE THROUGH INNOVATIVE, COMPREHENSIVE, LEADING-EDGE SERVICES

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 \$ 9,554,247 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 26,021,875 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 6,484,224 including grants of \$ 4,365,281) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 6,786,778 including grants of \$) (Revenue \$)
\$581,114 OF OTHER PROGRAM SERVICE EXPENSE IS FOR THE ORGANIZATION'S EARLY LEARNING RESOURCE CENTER A DESCRIPTION OF THE PROGRAM IS LISTED BELOW BEGINNING JULY 1, 2018, PENNSYLVANIA'S OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING (OCDEL) DESIGNED EARLY LEARNING RESOURCE CENTERS (ELRCS) AS "ONE-STOP" HUBS FOR EARLY EDUCATION AND CHILD CARE NEEDS ELRCS PROVIDE A SINGLE POINT-OF-CONTACT FOR FAMILIES, EARLY LEARNING SERVICE PROVIDERS, AND COMMUNITIES TO GAIN INFORMATION AND ACCESS SERVICES THAT SUPPORT HIGH-QUALITY CHILD CARE AND EARLY LEARNING PROGRAMS AN ELRC CAN HELP FAMILIES FIND THE BEST CHILD CARE FOR THEIR CHILDREN THEY OFFER LINKS TO OR INFORMATION ABOUT SERVICES SUCH AS *INDIVIDUALIZED LIST OF CHILD CARE PROGRAMS BASED ON A CHILD'S SPECIFIC NEEDS *CHILD CARE WORKS, PENNSYLVANIA'S CHILD CARE SUBSIDY PROGRAM *KEYSTONE STARS, PENNSYLVANIA'S QUALITY IMPROVEMENT PROGRAM FOR CHILD CARE PROVIDERS *REFERRALS FOR EARLY LEARNING PROGRAMS LIKE HEAD START, EARLY HEAD START AND PA PRE-K COUNTS" *INFORMATION ON EARLY INTERVENTION SERVICES AND SUPPORT" *FAMILY CENTERS" *SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)" *AND OTHER SERVICES.ELRCS HAVE TAKEN THESE SERVICES, WHICH USED TO BE PROVIDED FROM VARIOUS AGENCIES WITHIN A COMMUNITY, AND HOUSED THEM UNDER ONE ROOF, MAKING IT EASIER FOR FAMILIES AND PROVIDERS TO ACCESS THE INFORMATION THEY NEED CSC WILL OPERATE ELRCS IN REGION 11 BRADFORD, COLUMBIA, LUZERNE, MONTGOMERY, SULLIVAN AND WYOMING COUNTIES, REGION 12 CARBON, LACKAWANNA, MONROE, PIKE, SUSQUEHANNA AND WAYNE COUNTIES, REGION 13 BERKS AND SCHUYLKILL COUNTIES, REGION 14 LEHIGH AND NORTHAMPTON COUNTIES, AND REGION 16 BUCKS COUNTY AS PART OF CSC'S COMMITMENT TO THE SUCCESSFUL ADMINISTRATION OF THE NEWLY FORMED REGIONAL ELRCS, IT WAS NECESSARY TO EXPEND SIGNIFICANT FINANCIAL RESOURCES DUE TO OCDEL REQUIRING ALL ELRC'S TO BE FULLY FUNCTIONAL BY JULY 1, 2018 EXPENSES DIRECTLY ATTRIBUTABLE TO THE ELRC STARTUP TOTALED \$677,000 AND WERE RECOGNIZED IN FY 2017-18 NO INCOME WAS RECEIVED IN FY 2017-18 FOR THESE EXPENSES CSC WILL RECEIVE THE INCOME FOR THESE EXPENSES IN FY 2018-19 AS PER THE CONTRACT

4d Other program services (Describe in Schedule O)
(Expenses \$ 6,786,778 including grants of \$) (Revenue \$)

4e Total program service expenses ► 48,847,124

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	Yes	
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 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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: [X] Own website, [X] Another's website, [X] Upon request, [] 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, address, and telephone number of the person who possesses the organization's books and records: JOHN PONENTE VP FINANCE 1520 HANOVER AVENUE ALLENTOWN, PA 18109 (610) 437-6000

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

Check if Schedule O contains a response or note to any line 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							261,973	152,608	57,873	

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 ▶ **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KREMMER'S CAFE & CATERING LLC 1901 S 12TH ST ALLENTOWN, PA 18103	GOODS AND SERVICES	439,533
NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND ROAD BETHLEHEM, PA 18020	PROFESSIONAL DEVELOPMENT	282,558
COMPUTER MANAGEMENT & MARKETING ASSOC 7599 BETH-BATH PIKE BATH, PA 18014	COMPUTER & IT MANANGEMENT SERVICES	251,475
CHILD CARE PROVIDERSGOODWILL INDUSTRIES 925 PROSPECT AVENUE SCRANTON, PA 18505	CIVIL LEAGUES AND SOCIAL WELFARE	182,600
KEYSTONE COLLEGE ONE COLLEGE GREEN LAPLUME, PA 18440	PROFESSIONAL DEVELOPMENT	142,500

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 ▶ **6**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	98,211				
	d Related organizations	1d					
	e Government grants (contributions)	1e	50,739,423				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	444,602				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		51,282,236				
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, and other similar amounts)		45,734			45,734	
	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)		33,936	33,936		
	8a Gross income from fundraising events (not including \$ 98,211 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events		-39,822			-39,822
	9a Gross income from gaming activities 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	69,483	69,483				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		69,483					
12 Total revenue. See Instructions		51,391,567	103,419	0	5,912		

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,312,776	4,312,776		
2 Grants and other assistance to domestic individuals See Part IV, line 22	52,505	52,505		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	290,604		281,627	8,977
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	12,251,106	11,119,110	1,035,168	96,828
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	396,352	374,658	18,166	3,528
9 Other employee benefits	3,475,555	3,186,500	276,173	12,882
10 Payroll taxes	1,082,516	958,172	115,294	9,050
11 Fees for services (non-employees)				
a Management				
b Legal	12,034		12,034	
c Accounting	56,476		56,476	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	22,900	25	21,442	1,433
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	417,006	200,184	212,209	4,613
12 Advertising and promotion	29,594	2,382	27,212	
13 Office expenses	165,726	128,233	37,202	291
14 Information technology	254,490		254,490	
15 Royalties				
16 Occupancy				
17 Travel	209,671	192,607	16,883	181
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	48,534	4,854	43,680	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	515,587	464,432	51,155	
23 Insurance	57,578		57,578	
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	24,800,848	24,800,848		
b CLASSROOM SUPPLIES	737,510	737,510		
c FOOD PURCHASES	559,891	559,891		
d RENT - CLASSROOM/OTHER	523,455	517,395	6,060	
e All other expenses	1,903,662	1,235,042	653,105	15,515
25 Total functional expenses. Add lines 1 through 24e	52,176,376	48,847,124	3,175,954	153,298
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 or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,098,526	1	3,405,306
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	820,165	3	672,428
	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	28,011	9	124,021
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 15,903,472		
	b Less accumulated depreciation	10b 6,598,209	9,599,314	10c 9,305,263
	11 Investments—publicly traded securities	1,551,050	11	1,727,952
	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)	15,097,066	16	15,234,970	
Liabilities	17 Accounts payable and accrued expenses	3,883,514	17	5,024,988
	18 Grants payable		18	
	19 Deferred revenue	18,935	19	11,921
	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	1,552,774	23	1,326,524
	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	5,455,223	26	6,363,433
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	8,943,286	27	8,087,294
	28 Temporarily restricted net assets	597,932	28	683,618
	29 Permanently restricted net assets	100,625	29	100,625
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	9,641,843	33	8,871,537
	34 Total liabilities and net assets/fund balances	15,097,066	34	15,234,970

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,391,567
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,176,376
3	Revenue less expenses Subtract line 2 from line 1	3	-784,809
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,641,843
5	Net unrealized gains (losses) on investments	5	14,503
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	8,871,537

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-2204725

Name: COMMUNITY SERVICES FOR CHILDREN INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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 85% OF HEAD START/PRE-K CHILDREN EXIT THE PROGRAM HAVING ACHIEVED ALL OF THEIR LEARNING INDICATORS, POSITIONING THEM FOR A SUCCESSFUL ACADEMIC FUTURE EIGHTY-EIGHT (88%) ARE ACHIEVING AT OR ABOVE THEIR AGE LEVEL IN MATH, SCIENCE AND LITERACY SKILLS NINETY-FIVE (95%) OF PREGNANT ENROLLEES IN EARLY HEAD START DELIVERED A HEALTHY, FULL TERM BABY ON A DAILY BASIS WE PROVIDE DEVELOPMENTAL EXPERIENCES TO AT LEAST 221 PREGNANT WOMEN, INFANTS AND TODDLERS (EARLY HEAD START) AND 1095 (HEAD START/PRE-K) PRESCHOOLERS IN CONJUNCTION WITH COMPREHENSIVE HEALTH, NUTRITION, DISABILITY SERVICES AND FAMILY SERVICES TO THEM AS WELL THIS YEAR OVER 1,300 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 (HS) 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-SEVEN PERCENT (97%) OF ALL CHILDREN ACHIEVED POSITIVE HEALTH STATUS BY OBTAINING ALL OF THEIR NEEDED SCREENINGS, AND 95% OF CHILDREN THIS YEAR WERE UP TO DATE ON ALL AGE APPROPRIATE IMMUNIZATIONS ORAL HEALTH IS EQUALLY SIGNIFICANT WITH 97% OF ALL CHILDREN RECEIVING PREVENTIVE DENTAL CARE SEVENTEEN PERCENT (17%) OF HEAD START CHILDREN, AND 24% 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 300 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 99% OF PARENTS ACHIEVED AT LEAST ONE GOAL, AND 71% OF FAMILIES BECAME ACTIVELY INVOLVED IN A FAMILY WORKSHOP 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 IN ADDITION, THE HEAD START/EARLY HEAD START PROGRAM WAS DESIGNATED AS A PROGRAM OF EXCELLENCE BY THE NATIONAL HEAD START ASSOCIATION

Form 990, Part III, Line 4b:

THE PURPOSE OF THE SUBSIDIZED CHILD CARE PROGRAM IS TO PROVIDE FINANCIAL ASSISTANCE TO PAY FOR CHILD CARE SO THAT THE PARENT/CARETAKER (P/C) CAN WORK, MEET THE COUNTY ASSISTANCE OFFICE (CAO) EMPLOYMENT AND TRAINING (E&T) REQUIREMENTS, COMPLETE HIGH SCHOOL OR PARTICIPATE IN TRAINING WHILE WORKING A MINIMUM OF TEN HOURS PER WEEK. THE SUBSIDIZED CHILD CARE PROGRAM IS INTENDED FOR FAMILIES WHO MEET THE FINANCIAL AND NONFINANCIAL ELIGIBILITY CRITERIA. FAMILIES WHOSE INCOME IS LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES AT INITIAL APPLICATION MAY BE ELIGIBLE FOR THE PROGRAM. THE PARENT/CARETAKER (P/C) IS REQUIRED TO PAY A COPAYMENT TOWARD THE COST OF CHILD CARE, UNLESS THE P/C IS RECEIVING CHILD CARE UNDER THE FS/SNAP CHILD CARE PROGRAM OR IS NOT EMPLOYED AND IS RECEIVING CHILD CARE UNDER THE TANF CHILD CARE PROGRAM REQUIREMENTS FOR THE PROGRAM INCLUDE WORKING A MINIMUM OF 10 HOURS PER WEEK OR A COMBINATION OF WORK AND TRAINING THAT IS 20 OR MORE HOURS A WEEK AND THE PARENT MUST VERIFY THE NEED FOR EMPLOYMENT AND/OR TRAINING, CHILD MUST BE A CITIZEN OF THE U.S. AND THE FAMILY MUST RESIDE IN LEHIGH COUNTY. PARENT SERVICES INCLUDE RESOURCE AND REFERRAL (R&R) AND IS AVAILABLE TO ALL LEHIGH COUNTY FAMILIES. R&R SERVICES ARE AVAILABLE TO PROVIDE INFORMATION AND GUIDANCE ABOUT CHILD CARE TO ASSIST FAMILIES IN MAKING INFORMED CHILD CARE CHOICES AND PROVIDE PARENT EDUCATION REGARDING THE BENEFITS OF QUALITY CHILD CARE. R&R SERVICES ALSO INCLUDE PROVIDING CUSTOM CHILD CARE REFERRALS FOR FAMILIES TO ASSIST THEM IN LOCATING AN APPROPRIATE CHILD CARE FOR THEIR CHILD/REN. AS PART OF THE R&R SERVICES A FAMILY MAY RECEIVE ASSISTANCE IN APPLYING FOR SUBSIDIZED CHILD CARE, INCLUDING SUBMITTING AN APPLICATION VIA THE COMMONWEALTH OF PENNSYLVANIA'S ACCESS TO SOCIAL SERVICES (COMPASS) ONLINE SYSTEM. THE CHILD CARE INFORMATION SERVICES (CCIS) AGENCY IS THE CENTER OF CHILD CARE INFORMATION IN THE LOCAL COMMUNITY. CCIS AGENCIES MUST ADVOCATE THIS PHILOSOPHY WHEN CONNECTING WITH FAMILIES WHO SEEK INFORMATION ABOUT CHILD CARE. THE CCIS RESOURCE AND REFERRAL (R&R) SERVICE FOCUSES ON THE NEEDS OF EACH PARENT /CARETAKER (P/C) AND CHILD. OTHER PARENT AND R&R SERVICES INCLUDE DATA MANAGEMENT AND COORDINATION WITH THE LOCAL COMMUNITY AND OTHER PROGRAMS WITHIN THE STATE CHILD CARE AND EDUCATION SYSTEM. CCIS ACTIVITIES WITH CHILD CARE PROVIDERS INCLUDE HELPING WITH THE COMPLETION OF THE PROVIDER SURVEY, ASSISTING PROVIDERS IN THE USE OF THE ONLINE PROVIDER SELF-SERVICE (PSS) SYSTEM AND REFERRING CHILD CARE PROVIDERS TO APPROPRIATE RESOURCES TO IMPROVE THE QUALITY OF SERVICES OR TO MEET SPECIFIC CHILD CARE NEEDS. R&R SERVICES WILL INCLUDE PROVIDING LOCAL CHILD CARE STATISTICS, AS PROVIDED BY THE PENNSYLVANIA'S ENTERPRISE TO LINK INFORMATION FOR CHILDREN ACROSS NETWORKS (PELICAN) SYSTEM, TO ASSIST COMMUNITY ENGAGEMENT GROUPS IN ITS EFFORTS TO IMPROVE ACCESS AND QUALITY. FAMILIES THAT ARE ELIGIBLE FOR SUBSIDIZED CHILD CARE HAVE THE RIGHT TO CHOOSE A CHILD CARE PROVIDER WHO AGREES TO COMPLY WITH THE DEPARTMENT OF HUMAN SERVICES (OHS) STANDARDS FOR PROVIDER PARTICIPATION. INFORMATION AND DIRECTION REGARDING CHILD CARE PROVIDER SELECTION ARE GIVEN BY THE CHILD CARE INFORMATION SERVICE (CCIS) AGENCIES LOCATED THROUGHOUT PENNSYLVANIA. PARENTS CAN ALSO SEARCH FOR CHILD CARE PROVIDERS OR EARLY LEARNING SERVICES DIRECTLY. A PARENT MAY SELECT EITHER REGULATED OR UNREGULATED CHILD CARE PROVIDERS. UNREGULATED PROVIDERS INCLUDE IN-HOME CARE PROVIDERS AND RELATIVE PROVIDERS. REGULATED PROVIDERS ARE CHILD CARE CENTERS CERTIFIED UNDER CHAPTER 3270, GROUP CHILD DAY CARE HOMES CERTIFIED UNDER CHAPTER 3280 OR FAMILY CHILD CARE HOMES (FCCH). THE CCIS PROCESSED 2584 APPLICATIONS AND SERVES OVER 10,000 CHILDREN ANNUALLY. PROVIDER SERVICES INCLUDE SUBSIDY PAYMENTS TO 350 PROVIDERS TOTALING \$24,794,948 ANNUALLY.

Form 990, Part III, Line 4c:

THE NORTHEAST REGIONAL KEY IS RESPONSIBLE FOR COORDINATING AND ADMINISTERING A VARIETY OF PROFESSIONAL DEVELOPMENT AND QUALITY IMPROVEMENT ACTIVITIES, TO SUPPORT AND ENHANCE THE QUALITY OF MORE THAN 1,200 EARLY LEARNING AND SCHOOL AGE CHILD CARE PROGRAMS IN NORTHEASTERN PENNSYLVANIA THE NORTHEAST REGIONAL KEY PROVIDED SERVICES TO REGULATED PROGRAMS IN 16 COUNTIES IN NORTHEASTERN PA ACCOMPLISHMENTS IN THE LAST PROGRAM YEAR INCLUDE -DESIGNED AND IMPLEMENTED A QUALITY IMPROVEMENT PLAN FOR PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE IN PARTNERSHIP WITH COLLEGES, PROFESSIONAL DEVELOPMENT ORGANIZATIONS AND INDIVIDUAL PQAS INSTRUCTORS SCHEDULED AND IMPLEMENTED 1,726 HOURS OF PROFESSIONAL DEVELOPMENT ACTIVITIES AND 1,980 HOURS OF COLLEGE COURSES -1062 PROGRAMS PARTICIPATED IN KEYSTONE STARS, PA'S QUALITY RATING AND IMPROVEMENT SYSTEM THROUGH MENTORSHIPS, NAVIGATION NETWORKS AND OTHER MOVEMENT SUPPORTS PROGRAMS WERE ASSISTED IN BEING MOVED TO A HIGHER LEVEL OF QUALITY -THE ECMH CONSULTATION PROGRAM IS A CHILD SPECIFIC CONSULTATIVE MODEL DESIGNED TO ADDRESS THE SOCIAL AND EMOTIONAL DEVELOPMENTAL NEEDS OF YOUNG CHILDREN IN A CHILD CARE FACILITY 81 CHILDREN RECEIVED EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES -DESIGNED AND WROTE MULTIPLE NEWSLETTERS FOR DIRECTORS, TEACHERS AND FAMILIES THE NEWSLETTERS WERE DISTRIBUTED AT LEAST TWICE A MONTH AND PLACED ON OUR WEBSITE FOR EASY ACCESS -WROTE AND DISTRIBUTED COUNTY SPECIFIC REPORTS TO BE USED IN COMMUNITY MEETINGS AND WITH SELECT STAKEHOLDERS THESE REPORTS INCLUDED INFORMATION ABOUT THE NUMBER OF KEYSTONE STAR SITES, THE STAR LEVEL, NUMBER OF CHILDREN ENROLLED IN THE FACILITIES AND THE PERCENTAGE OF PARTICIPATION IN PA'S QUALITY RATING SYSTEM -AT LEAST 189 PROGRAMS RECEIVED ON SITE CONSULTATION SERVICES BY INFANT-TODDLER CONSULTANTS, SCHOOL AGE CONSULTANTS, STARS TECHNICAL ASSISTANCE CONSULTANTS OR CHILD CARE HEALTH CONSULTANTS THE CHILD CARE PROGRAMS SELECTS THE TYPE OF ON-SITE TECHNICAL SUPPORT THAT THEY FEEL WILL ASSIST THEM IN THEIR QUALITY JOURNEY - \$3,674,630 WAS AWARDED TO PROGRAMS IN THE REGION THE MAJORITY OF THE FUNDS REQUESTED WERE TO SUPPORT THE PROGRAM'S LEARNING ENVIRONMENT FOR CHILDREN -THROUGH THE RACE TO THE TOP GRANT, NON-CERTIFIED PROGRAMS WERE SUPPORTED IN MOVING INTO KEYSTONE STARS AND PROGRAMS THAT WERE NOT YET CERTIFIED/LICENSED WERE ASSISTED IN BECOMING LICENSED AND PREPARED FOR KEYSTONE STARS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAY R KSHATRI CHAIR	5 00	X		X				0	0	0
ELSBETH G HAYMON VICE CHAIR	5 00	X		X				0	0	0
DONALD M BERNHARD DIRECTOR	2 00	X						0	0	0
JOHN R DIAMANT DIRECTOR	2 00	X						0	0	0
ANDREA BRADY DIRECTOR	2 00	X						0	0	0
JULISSA BURGOS DIRECTOR	2 00	X						0	0	0
IRIS M CINTRON DIRECTOR	2 00	X						0	0	0
MARY S COLON DIRECTOR	2 00	X						0	0	0
CHRISTOPHER L DONIGAN DIRECTOR	2 00	X						0	0	0
JOSEPH JACKSON DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA K FRAUST DIRECTOR	2 00	X						0	0	0
KATHRYN E LEBER SECRETARY	2 00	X		X				0	0	0
ELAINE A DONOUGHUE MD DIRECTOR	2 00	X						0	0	0
DAVID RABAUT DIRECTOR	2 00	X						0	0	0
JUDITH REX PHD DIRECTOR	2 00	X						0	0	0
DIANE SCOTT DIRECTOR	2 00	X						0	0	0
FRANK T SMITH DIRECTOR	2 00	X						0	0	0
JULIE TIMMCKE TREASURER	5 00	X		X				0	0	0
CAROL ANN CAMIE MODJADIDI DIRECTOR	2 00	X						0	0	0
REBECCA YOUNG DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICTORIA MONTERO DIRECTOR	2 00	X						0	0	0
COLLEEN MCGEE DIRECTOR	2 00	X						0	0	0
STEVEN SMITH DIRECTOR	2 00	X						0	0	0
PAULA MARGRAF PRESIDENT/CEO	40 00			X				0	152,608	22,106
DEIRDRE KAMBER TODD ESQ DIRECTOR	2 00			X				0	0	0
JOHN PONENTE VP, FINANCE	40 00			X				54,292	0	123
SARA GEORGE VP, DEVELOPMENT	40 00					X		105,262	0	17,457
SUSAN POWELL VP, HUMAN RESOURCES	40 00					X		102,419	0	18,187

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY SERVICES FOR CHILDREN INC

Employer identification number

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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 **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	43,300,026	45,969,030	50,290,999	49,602,551	51,184,024	240,346,630
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	43,300,026	45,969,030	50,290,999	49,602,551	51,184,024	240,346,630
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						240,346,630

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	43,300,026	45,969,030	50,290,999	49,602,551	51,184,024	240,346,630
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,550	51,151	42,862	36,455	45,734	193,752
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 VI.)	182,899	103,936	118,303	70,927	139,483	615,548
11 Total support. Add lines 7 through 10						241,155,930

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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.660 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	99.550 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 23-2204725

Name: COMMUNITY SERVICES FOR CHILDREN INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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? Yes No

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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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" on 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	135,487	104,235	101,334	100,625	100,625
b Contributions	0	20,442			
c Net investment earnings, gains, and losses	6,289	10,810	2,901	3,403	402
d Grants or scholarships					
e Other expenditures for facilities and programs	0			2,694	402
f Administrative expenses					
g End of year balance	141,776	135,487	104,235	101,334	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 ▶ 29 030 %
 - b** Permanent endowment ▶ 70 970 %
 - c** Temporarily restricted endowment ▶
- The percentages on 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		11,957,105	4,159,516	7,797,589
c Leasehold improvements		1,323,081	307,094	1,015,987
d Equipment		2,393,721	2,131,599	262,122
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				9,305,263

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	51,514,918
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	14,503
b	Donated services and use of facilities	2b	108,848
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	123,351
3	Subtract line 2e from line 1	3	51,391,567
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	51,391,567

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	52,285,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	108,848
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	108,848
3	Subtract line 2e from line 1	3	52,176,376
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	52,176,376

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-2204725

Name: COMMUNITY SERVICES FOR CHILDREN INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	TO PROMOTE OVERALL MISSION OF THE ORGANIZATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>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 THEN 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</p>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY SERVICES FOR CHILDREN INC

Employer identification number

23-2204725

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA (event type)	GOLF (event type)	1 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	54,182	41,656	14,905	110,743
2	Less Contributions	44,525	38,781	14,905	98,211
3	Gross income (line 1 minus line 2)	9,657	2,875		12,532
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			846	846
	6 Rent/facility costs		8,645	250	8,895
	7 Food and beverages	12,835	4,773	1,985	19,593
	8 Entertainment	2,405			2,405
	9 Other direct expenses	11,452	8,322	841	20,615
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				52,354
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-39,822	

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

- 11** Does the organization conduct 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 conducted in

a	The organization's facility		%
b	An outside facility		%

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. 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 provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
COMMUNITY SERVICES FOR CHILDREN INC

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	81
3	Enter total number of other organizations listed in the line 1 table	190

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-2204725
Name: COMMUNITY SERVICES FOR CHILDREN INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GET SET CENTERS INC 946 N VAN BUREN ST ALLENTOWN, PA 18102	46-4312630		5,000				KEYSTONE STARS GRANT
LIL TREEHOUSE LLC 397 SHICKSHINNY LAKE RD SHICKSHINNY, PA 18655	47-3946159		5,000				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LOVE ABC LEARNING CENTER INC 2203 N 1ST AVE WHITEHALL, PA 18102	81-2010332		5,000				KEYSTONE STARS GRANT
MUNOZ GROUP CHILD CARE 838 N KEARNEY ST ALLENTOWN, PA 18109	45-5030173		5,000				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORMA ALEXANDRA RIZO 1014 S 7TH ST ALLENTOWN, PA 18103	26-2468418		5,005				KEYSTONE STARS GRANT
PFVY-BOYERTOWN AREA Y WASHINGTON ELEM SCHOOL 1406 ROUTE 100 BARTO, PA 19504	23-1243965	501(C)(3)	5,120				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BELLEVUE CENTER 531 EMMETT ST SCRANTON, PA 185051016	24-0795389	501(C)(3)	5,128				KEYSTONE STARS GRANT
PIXIE PARADISE 21 N FIFTH ST WEST HAZELTON, PA 182023902	23-2744359		5,160				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ACTIVE LEARNING CENTER LLC 9999 HAMILTON BLVD 10 TEK PARK BREINIGSVILLE, PA 18031	20-8908359		5,205				KEYSTONE STARS GRANT
CREATIVE CRITTERS CHILD CARE CENTER 234 MIFFLIN AVE SCRANTON, PA 18503	23-3054185		5,235				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PRECIOUS ONES DAYCARE LLC 260 ROUTE 247 GREENFIELD TOWNSHIP, PA 18407	75-3014332		5,235				KEYSTONE STARS GRANT
MRS COLLEENS CHILDCARE TOO LLC 90 WOOD RD SUITE B SPRINGVILLE, PA 18844	47-4956461		5,265				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NESSAS SMALL STEPS CHILD CARE LLC 2591 STATE ROUTE 903 ALBRIGHTSVILLE, PA 18210	01-0951645		5,405				KEYSTONE STARS GRANT
LITTLE CUB'S DEN 2833 STATE ROUTE 487 ORANGEVILLE, PA 17859	75-3095154		5,410				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PARK AVENUE KIDS KORNER 3880 PARK AVE PO BOX 56 NEFFS, PA 18065	02-0728174		5,410				KEYSTONE STARS GRANT
SCHOOLS OUT AT PERRY ELEMENTARY SCHOOL 201 4TH ST SHOEMAKERSVILLE, PA 19555	23-1244009	501(C)(3)	5,440				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FARMERSVILLE CHILD CARE 7036 WILLIAM PENN HWY EASTON, PA 18045	24-0862592	SCHOOL	5,530				KEYSTONE STARS GRANT
DISCOVERY MI PRESCHOOL 1301 BEECH ST SCRANTON, PA 18505	47-5504807	501(C)(3)	5,569				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SONIA'S LITTLE ANGEL'S INC 626 W TILGHMAN ST ALLENTOWN, PA 18102	46-2592141		5,660				KEYSTONE STARS GRANT
VILLA DAY CARE CENTER LLC 140 E WASHINGTON ST SHENANDO, PA 17976	23-2989243		5,660				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 WONDER KIDS 6955 WEAVERSVILLE RD NORTHAMPTON, PA 180679077	23-3086201		5,700				KEYSTONE STARS GRANT
HUSH LITTLE ANGELS LLC 1036 N GODFREY ST ALLENTOWN, PA 18109	75-3235099		5,705				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEAPS AND BOUNDS INC 556 ELMIRA ST TROY, PA 16947	46-3922117		5,705				KEYSTONE STARS GRANT
TRACI'S LEARNING CENTER 704 W EMAUS AVE ALLENTOWN, PA 18103	01-0765631		5,760				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
J ANDREW MORROW ELEMENTARY SCHOOL 101 N 4TH ST TOWANDA, PA 18848	24-0795698	501(C)(3)	5,807				KEYSTONE STARS GRANT
DAYDREAMERS CHILD CARE 2 140 N ROUTE 407 FLEETVILLE, PA 18420	26-1705286		5,835				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ABC CHILDREN'S DAY CARE CENTER 625 W CHEW ST ALLENTOWN, PA 181023353	56-2541943	501(C)(3)	5,835				KEYSTONE STARS GRANT
PFVY-BOYERTOWN AREA YMCA 301 W SPRING ST BOYERTOWN, PA 19512	23-1243965	501(C)(3)	5,950				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ANITA L BUTZ DAY CARE 24 BETTY RD POTTSVILLE, PA 179018235	20-0548554		6,120				KEYSTONE STARS GRANT
DENISE CRESSMAN FAMILY CHILD CARE HOME 517 CLINTON DANVILLE, PA 17821	20-3448877		6,120				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LOVABLE & LEARNING FAMILY DAY CARE 608 N 6TH ST ALLENTOWN, PA 181021666	26-4409642		6,120				KEYSTONE STARS GRANT
MARIA VERAS 27 N 12TH ST ALLENTOWN, PA 181011029	09-8709098		6,120				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BUILDING BRIDGES DAYCARE 10 HEARTHSTONE CT 103 READING, PA 19606	27-5109066		6,142				KEYSTONE STARS GRANT
DARILYNS KIDDIE CITY DAYCARE CENTER II 1116 PERRY ST READING, PA 19604	81-3978066		6,142				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GREATER SCRANTON YMCA DAY CARE 706 N BLAKELY ST DUNMORE, PA 18512	24-0795516	501(C)(3)	6,142				KEYSTONE STARS GRANT
LEARNING AND GROWING CHILD CARE CENTER 60 MILANVILLE RD BEACH LAKE, PA 18405	46-2008364		6,142				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 GOOD SHEPHERD CHILD CARE CENTER INC 102 STATE ROUTE 2001 MILFORD, PA 18337	46-3476142		6,142				KEYSTONE STARS GRANT
CREATE AND SHARE EARLY LEARNING CENTER LLC 83 DIVISION ST SAYRE, PA 18840	45-5088376		6,142				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HORIZONS CHILD CARE AND LEARNING SERVICES CO 100 N MAIN ST BERNVILLE, PA 19506	36-4778831		6,161				KEYSTONE STARS GRANT
LEARN-PLAY DAY CARE LLC 2425 PLAZA CT UNIT 2437 BATH, PA 18014	45-5632620		6,161				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 CHILD CARE CENTER AT WILKES BARRE AREA CTC 350 JUMPER RD WILLKES BARRE, PA 18702	23-1701201		6,161				KEYSTONE STARS GRANT
TENDER TREASURE LEARNING CENTER 3 525 N BROAD ST WEST HAZLETON, PA 18202	26-2236721		6,161				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
KIDDIE KAPERS 37 W PATTERSON LANSFORD, PA 18232	23-3069204	501(C)(3)	6,180				KEYSTONE STARS GRANT
WORLD OF IMAGINATION (EDUCATION PARK DR) 4500 EDUCATION PARK DR SCHNECKSVILLE, PA 180782501	23-2801348		6,180				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Y CARE AT WYOMISSING HILLS ELEM CENTER 110 WOODLAND RD READING, PA 19610	23-1244009	501(C)(3)	6,180				KEYSTONE STARS GRANT
SPRING GARDEN DAY CARE 901 NORTH BLVD BETHLEHEM, PA 180173952	24-0862592	501(C)(3)	6,220				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOOD START ACADEMY 2209 W MAIN ST STROUDSBURG, PA 18360	23-2302463	501(C)(3)	6,310				KEYSTONE STARS GRANT
LITTLE SPROUTS EARLY LEARNING CENTER LLC 7168 BERNVILLE RD BERNVILLE, PA 19506	47-1122903		6,310				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAREER INSTITUTE OF TECHNOLOGY 5335 KESSLERSVILLE RD EASTON, PA 18040	23-1661367	SCHOOL	6,320				KEYSTONE STARS GRANT
WILKES-BARRE CHILD DEVELOPMENT CENTER 161 E MARKET ST WILKESBARRE, PA 187025223	23-1875342	501(C)(3)	6,376				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NAZARETH AREA DAY CARE 4485 HANOVERVILLE RD BETHLEHEM, PA 180209462	20-1689246		6,385				KEYSTONE STARS GRANT
ABC ACADEMY 69 N MAIN ST CARBONDALE, PA 184071919	23-2585754		6,396				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE LEARNING TREE CHILD CARE LLC 201 MILL ST DANVILLE, PA 17821	27-1075632		6,400				KEYSTONE STARS GRANT
THROUGH OUR EYES INC 65 N SCOTT ST WOMANS HEALTH CARE BUILDING CARBONDALE, PA 184071833	23-3003794		6,419				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CALVARY TEMPLE EARLY CHILDHOOD LEARNING CENTER 3436 WINCHESTER RD ALLENTOWN, PA 18104	80-0863012	501(C)(3)	6,435				KEYSTONE STARS GRANT
WEE CARE FOUNDATIONS 5410 MAIN RD SWEET VALLEY, PA 186562482	20-1416135		6,435				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNC PROGRESSIVE CENTER 414 OLIVE ST SCRANTON, PA 18509	24-0795389	501(C)(3)	6,512				KEYSTONE STARS GRANT
BRITE BEGINNINGS 301 MONTOUR BLVD BLOOMSBURG, PA 17815	80-0226213		6,591				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TREASURE HOUSE CHILD DEVELOPMENT CT - HONESDALE 329 CLIFF ST HONESDALE, PA 18431	23-2541114	501(C)(3)	6,596				KEYSTONE STARS GRANT
THE GOOD SHEPHERD CHILD CARE CENTER INC 102 STATE ROUTE 2001 MILFORD, PA 18337	46-3476142		6,668				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TUNKHANNOCK CHILD DEVELOPMENT CENTER 20 2ND ST TUNKHANNOCK, PA 186571309	23-1875342	501(C)(3)	6,750				KEYSTONE STARS GRANT
PROVIDENCE CHILDRENS LEARNING CENTER 1290 MINESITE RD ALLENTOWN, PA 181039636	81-3013089		6,761				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEARNING AND GROWING CHILD CARE CENTER 60 MILANVILLE RD BEACH LAKE, PA 18405	46-2008364		6,780				KEYSTONE STARS GRANT
BLOOM EARLY EDUCATION CTR 135 OWEN ST SWOYERSVILLE, PA 18708	30-0248531		6,900				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GENESIS DAY CARE AND LEARNING CENTER 1025 INTERCHANGE ROAD GILBERT, PA 18331	23-2872639		6,980				KEYSTONE STARS GRANT
LIVE 'N LEARN STATION 135 S 5TH ST READING, PA 19602	23-2940801		6,982				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ALMOST HOME CHILDREN'S CENTER 611 MONTGOMERY AVE BOYERTOWN, PA 195129623	23-2703573		7,010				KEYSTONE STARS GRANT
TWYLIA BULLOCK CHILD CARE CENTER 210 PANTHER LN SUITE 1 ROME, PA 18837	46-3019418		7,070				KEYSTONE STARS GRANT

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PLAYTIME DAY CARE LLC 624 HANOVER AVE ALLENTOWN, PA 18109	27-3203803		7,136				KEYSTONE STARS GRANT
LEHIGH VALLEY CHILD CARE'S FOWLER CENTER ON MAIN ST 938 MAIN ST BETHLEHEM, PA 18018	23-1908158	501(C)(3)	7,169				KEYSTONE STARS GRANT

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LITTLE TYKES LEARNING CENTER 517 CHARLES ST LUZERNE, PA 18709	32-0154745		7,341				KEYSTONE STARS GRANT
ALIA BONNER EL CHILD CARE INC 383 SCHUYLKILL AVE READING, PA 19601	46-4468009		7,356				KEYSTONE STARS GRANT

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STEPPING STONES EARLY LEARNING CENTER LLC 50 STURGES RD PECKVILLE, PA 18452	46-0919782		7,361				KEYSTONE STARS GRANT
WEE LITTLE ANGELS 6690 LOW ST BLOOMSBURG, PA 17815	20-8122722		7,410				KEYSTONE STARS GRANT

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GET SET LEARNING CENTERS 946 N VAN BUREN ST ALLENTOWN, PA 18109	46-4312630		7,466				KEYSTONE STARS GRANT
GREEN RIDGE DAY CARE CENTER 1917 BOULEVARD AVE SCRANTON, PA 18509	24-0795389	501(C)(3)	7,480				KEYSTONE STARS GRANT

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TODAYS CHURCH 3208 KUTZTOWN RD READING, PA 19605	27-1925744	501(C)(3)	7,536				KEYSTONE STARS GRANT
VALLEY CHILD CARE & LEARNING CENTER LLC 703 S ELMER AVE SUITE 102 SAYRE, PA 18840	46-5574716		7,555				KEYSTONE STARS GRANT

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ALMOST HOME CHILDREN'S CENTER BLDG 2 611 MONTGOMERY AVE BOYERTOWN, PA 195129623	23-2703573		7,640				KEYSTONE STARS GRANT
MARYS DAY CARE CENTER LLC 550 N 3RD ST READING, PA 19601	46-1976631		7,651				KEYSTONE STARS GRANT

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LEARN-PLAY DAY CARE LLC 301 W MAIN ST BATH, PA 180141034	26-0436409		7,705				KEYSTONE STARS GRANT
A CHILDS FUTURE EARLY LEARNING CENTER LLC 8700 BREINIGSVILLE RD BREINIGSVILLE, PA 18031	47-5434922		7,706				KEYSTONE STARS GRANT

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FOREVER FRIENDS CHILD CARE LLC 2 BELVIDERE ST 4 NAZARETH, PA 18064	46-0817482		7,706				KEYSTONE STARS GRANT
KOZY KASTLE SCHOOL AGE PROGRAM LLC 253 PENNSYLVANIA AVE ATHENS, PA 18810	46-5147507		7,706				KEYSTONE STARS GRANT

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MALAS ROOTS AND SHOOTS DAYCARE AND PRESCHOOL LLC 2118 WASHBURN ST SCRANTON, PA 18504	47-1959183		7,706				KEYSTONE STARS GRANT
BUILDING BLOCKS AFTER SCHOOL EP-SOLOMON ELEM 41 ABBOTT ST PLAINS, PA 18705	46-3877652		7,706				KEYSTONE STARS GRANT

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KURIOUS KIDS CHILDREN'S CENTER 5172 NEW YORK ST WHITEHALL, PA 18052	05-0525381		7,710				KEYSTONE STARS GRANT
SUNSHINE AND STARS CHILDCARE 132 W WYOMISSING BLVD READING, PA 19609	55-0897021		7,717				KEYSTONE STARS GRANT

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SUNNY HILL PRESCHOOL INC 227 W 5TH ST MIFFLINVILLE, PA 18631	38-3705823		7,725				KEYSTONE STARS GRANT
ACTIVE LEARNING CENTER 544 JUBILEE ST EMMAUS, PA 18049	23-2976928		7,755				KEYSTONE STARS GRANT

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BANGOR PRE-SCHOOL 314 LINCOLN AVE BANGOR, PA 180131232	23-2755143		7,915				KEYSTONE STARS GRANT
LEHIGH VALLEY CHILDREN'S CENTER MONOCACY MANOR 395 BRIDLE PATH RD BETHLEHEM, PA 180173158	23-1908158	501(C)(3)	8,127				KEYSTONE STARS GRANT

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ARTISAN CHILD CARE LLC 1025 W WYOMING ST ALLENTOWN, PA 18103	46-3883089		8,171				KEYSTONE STARS GRANT
RALLY ROUND CHILD CARE CENTER 580 E MAIN ST PLYMOUTH, PA 186513123	23-2679960		8,171				KEYSTONE STARS GRANT

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IMAGINATION STATION CHILDCARE CENTER 519 SUSQUEHANNA BLVD SUITE 150 HAZLE TOWNSHIP, PA 18202	81-3349744		8,287				KEYSTONE STARS GRANT
TREASURE HOUSE CHILD DEVELOPMENT CT - HAWLEY 17 COLUMBUS AVE HAWLEY, PA 18428	23-2541114	501(C)(3)	8,376				KEYSTONE STARS GRANT

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LOVING LIFE CHILD CARE 675 BLUE MOUNTAIN DR CHERRYVILLE, PA 180359711	23-2589099	501(C)(3)	8,380				KEYSTONE STARS GRANT
VENTURES IN LEARNING ROUTE 348 HAMLIN, PA 18427	23-1987582	501(C)(3)	8,410				KEYSTONE STARS GRANT

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THE EDISON EARLY LEARNING CENTER 1622 MAIN ST OLYPHANT, PA 18447	20-8686602		8,481				KEYSTONE STARS GRANT
Y CARE II 1600 FOWLER AVE BERWICK, PA 18603	24-0813665	501(C)(3)	8,481				KEYSTONE STARS GRANT

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FORKS YMCA EDUCATION CENTER 1350 SULLIVAN TRAIL EASTON, PA 18040	24-0798706	501(C)(3)	8,580				KEYSTONE STARS GRANT
JEWISH COMMUNITY CENTER DAYCARE 601 JEFFERSON ST SCRANTON, PA 18510	24-0795964	501(C)(3)	8,580				KEYSTONE STARS GRANT

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THE GODDARD SCHOOL AT SPRING RIDGE 25 COMMERCE DR READING, PA 19610	20-3265368		8,615				KEYSTONE STARS GRANT
DOUGLASSVILLE CHILDREN'S CENTER 515 OLD SWEDE RD DOUGLASSVILLE, PA 195181208	23-2684362		8,810				KEYSTONE STARS GRANT

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LEHIGH VALLEY CHILDREN'S CENTER AT SOUTH MOUNTAIN 2002 S ALBERT ST ALLENTOWN, PA 18103	23-1908158	501(C)(3)	8,810				KEYSTONE STARS GRANT
WYALUSING VALLEY CHILDREN'S CENTER INC 42932 ROUTE 6 WYALUSING, PA 18853	81-0625404		8,862				KEYSTONE STARS GRANT

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WEE CARE NURSERY SCHOOL & DAY CARE CENTER 2790 SCRANTON-CARBONDALE HWY SUITE 1 OLYPHANT, PA 18447	65-1209589		8,873				KEYSTONE STARS GRANT
YMCA AND YWCA CENTER FOR YOUTH 81 S CHURCH ST HAZLETON, PA 18201	24-0795696	501(C)(3)	8,911				KEYSTONE STARS GRANT

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INFANT CARE AT COVENANT PRESBYTERIAN CHURCH 550 MADISON AVE SCRANTON, PA 18510	23-3073719	501(C)(3)	9,015				KEYSTONE STARS GRANT
CREATIVE LEARNING CENTER OF THE LV INC 1700 SULLIVAN TRAIL EASTON, PA 18040	57-1178821		9,020				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
KIDS COUNTRY (POCONO SUMMIT) REILLY BLDG ROUTE 940 POCONO SUMMIT, PA 18346	23-2641439		9,050				KEYSTONE STARS GRANT
ELEVATION COMMUNITY CENTER 417 N 14ST ALLENTOWN, PA 18102	45-3645473		9,081				KEYSTONE STARS GRANT

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CRAYON CORNER LLC 31 N 5TH ST WOMELSDORF, PA 19567	27-3217143		9,081				KEYSTONE STARS GRANT
CHILDREN'S JOURNEY 600 ALTON AVE READING, PA 196053004	32-0282482	501(C)(3)	9,110				KEYSTONE STARS GRANT

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WATCH US GROW CHILD CARE LEARNING CENTER 160 W HAMILTON ST STE 200 ALLENTOWN, PA 18102	81-3048600		9,214				KEYSTONE STARS GRANT
LUVS & HUGS FAMILY CENTER 1302 HANOVER AVE SUITE 1352 ALLENTOWN, PA 18109	26-1584157		9,232				KEYSTONE STARS GRANT

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KA'IULNI DAY CARE 3836 PENN AVE READING, PA 196081173	27-4070363		9,232				KEYSTONE STARS GRANT
CREATIVE COMMUNITY CARE 1018 LAFAYETTE ST SCRANTON, PA 18504	47-3777580		9,251				KEYSTONE STARS GRANT

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WEST PITTSTON CHILD DEVELOPMENT CENTER 827 EXETER AVE EXETER, PA 18643	23-1875342	501(C)(3)	9,265				KEYSTONE STARS GRANT
LITTLE PEOPLE DAY CARE SCHOOL-KINGSTON 154 3RD AVE KINGSTON, PA 187045727	23-2837236		9,275				KEYSTONE STARS GRANT

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LEARNING THRU THE ARTS 3225 N 5TH ST EAST STROUDSBURG, PA 18301	23-2820467		9,315				KEYSTONE STARS GRANT
YMCA DAYCARE 631 WASHINGTON ST PO BOX 1622 READING, PA 19601	23-1244009	501(C)(3)	9,475				KEYSTONE STARS GRANT

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CURIOUS KIDS LEARNING CENTER 80 WOOD ST WILKESBARRE, PA 18702	23-3009027		9,495				KEYSTONE STARS GRANT
HOLY CROSS DAY CARE CENTER 696 JOHNSON ROAD NAZARETH, PA 18064	23-2046281	501(C)(3)	9,525				KEYSTONE STARS GRANT

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STEPPING STONES LEARNING CENTER 2532 BERYL AVE WHITEHALL, PA 18052	46-1772321		9,545				KEYSTONE STARS GRANT
KEYSTONE COLLEGE CHILDREN'S CENTER KEYSTONE COLLEGE ONE COLLEGE GREEN LA PLUME, PA 18440	24-0795441	501(C)(3)	9,563				KEYSTONE STARS GRANT

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LEE ANN PERRYS ACADEMY OF LEARNING CENTER 104 PROSPECT ST DUNMORE, PA 18512	27-4629630		9,607				KEYSTONE STARS GRANT
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN 41 N 3RD ST EASTON, PA 180423642	24-0795639	501(C)(3)	9,610				KEYSTONE STARS GRANT

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HANNIG FAMILY CHILDREN'S CENTER - NCC MONROE CAMPUS 2411 ROUTE 715 TANNERSVILLE, PA 18372	23-6417444	501(C)(3)	9,635				KEYSTONE STARS GRANT
FRIENDS FOREVER DAY CARE 1101 HILL ST JESSUP, PA 18434	32-0392416		9,662				KEYSTONE STARS GRANT

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LONGSWAMP LEARNING CENTER 200 CLAY RD MERTZTOWN, PA 19539	23-2417193	501(C)(3)	9,690				KEYSTONE STARS GRANT
ACTIVE LEARNING CENTERS LLC 1044 TREXLERTOWN RD BREINIGSVILLE, PA 18031	20-8908359		9,760				KEYSTONE STARS GRANT

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SONIAS LITTLE ANGELS DAY CARE 710 FIOT ST FOUNTAIN HILL, PA 18015	46-2592141		9,832				KEYSTONE STARS GRANT
THE SCHOOLHOUSE DAY CARE CENTER-PLAINS 270 S RIVER ST PLAINS, PA 187051191	23-2865298		9,840				KEYSTONE STARS GRANT

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DAYDREAMERS CHILD CARE 119 CEMETERY ST CLIFFORD, PA 18413	26-1705286		9,856				KEYSTONE STARS GRANT
BETHLEHEM YMCA CHILDCARE 430 E BROAD ST BETHLEHEM, PA 18018	24-0798706	501(C)(3)	9,950				KEYSTONE STARS GRANT

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FLYING HILLS PRESCHOOL 11 VILLAGE CENTER DR READING, PA 19607	23-2700095		10,070				KEYSTONE STARS GRANT
DAISY CARE DAY 101 SPRING ST READING, PA 19601	26-1656322		10,087				KEYSTONE STARS GRANT

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KIDS PLAY TODAY LLC 837 ROUTE 6 UNIT 5 SHOHOLA, PA 184583523	26-0283686		10,215				KEYSTONE STARS GRANT
LITTLE LEARNERS LLC 1060 PEACE ST HAZLETON, PA 18202	46-1244651		10,316				KEYSTONE STARS GRANT

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LEHIGH VALLEY CHILDREN'S CENTER ON UNION 1621 UNION BLVD ALLENTOWN, PA 18109	23-1908158	501(C)(3)	10,434				KEYSTONE STARS GRANT
ALLENTOWN JEWISH COMMUNITY CENTER DAY CARE 702 N 22ND ST ALLENTOWN, PA 18104	23-0734200	501(C)(3)	10,540				KEYSTONE STARS GRANT

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KID'S EXPRESS INC 385 BLUE VALLEY DR BANGOR, PA 18013	23-2694289		10,540				KEYSTONE STARS GRANT
BETHLEHEM ACADEMY 529 E BROAD STREET BETHLEHEM, PA 18018	13-4208674	501(C)(3)	10,777				KEYSTONE STARS GRANT

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EAST MOUNTAIN CENTER FOR EARLY LEARNING 1509 MAPLE ST SCRANTON, PA 18505	24-0795422	501(C)(3)	10,779				KEYSTONE STARS GRANT
THE SUNSHINE STATION 476 ROUTES 6 209 MILFORD, PA 18337	23-2902661	501(C)(3)	10,791				KEYSTONE STARS GRANT

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LEE ANN PERRYS ACADEMY OF LEARNING CENTER 104 PROSPECT ST 106 DUNMORE, PA 18512	27-4629630		10,820				KEYSTONE STARS GRANT
KIDZ PARADISE 1340 W WYOMISSING BLVD READING, PA 19609	45-3176640		10,870				KEYSTONE STARS GRANT

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BROOKSIDE CHILDREN'S EARLY EDUCATION CENTER 675 N BROOKSIDE ROAD ALLENTOWN, PA 18106	45-4944566		10,920				KEYSTONE STARS GRANT
ABC KIDDIE KAMPUS - OLD FORGE 701 S MAIN ST OLD FORGE, PA 18518	23-2623665		10,987				KEYSTONE STARS GRANT

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BCIU LEARNING CENTER AT THE EDUCATION CENTRE 2101 CENTRE AVE READING, PA 19605	23-1740825	SCHOOL	11,012				KEYSTONE STARS GRANT
THE WHITE HOUSE DAYCARE CENTER 2 INC 777 COURT ST READING, PA 19601	46-1721324		11,027				KEYSTONE STARS GRANT

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HELPING HANDS LEARNING CENTER 423 CENTER ST CLARKS SUMMIT, PA 18411	23-2918439		11,055				KEYSTONE STARS GRANT
CREATE AND SHARE EARLY LEARNING CENTER LLC 83 DIVISION ST SAYRE, PA 18840	45-5088376		11,180				KEYSTONE STARS GRANT

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BCIU-LEARNING CENTER AT SCHUYLKILL VALLEY SCHUYLKILL VALLEY ELEMENTARY LEESPORT, PA 19533	23-1740825	SCHOOL	11,269				KEYSTONE STARS GRANT
FRIDAYS CHILD 408 E PENN AVE ROBESONIA, PA 19551	46-5207868		11,377				KEYSTONE STARS GRANT

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LITTLE BIG THINKERS LEARNING CENTER LLC 523 MAIN ST EDWARDSVILLE, PA 18704	47-1107276		11,377				KEYSTONE STARS GRANT
UNIQUE KIDS DAY CARE CENTER INC 215 W DOUGLASS ST READING, PA 19601	46-5156028		11,377				KEYSTONE STARS GRANT

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STEPPING STONES PRESCHOOL 175 PAINE ST TROY, PA 16947	46-4567999		11,512				KEYSTONE STARS GRANT
BUILDING BLOCKS LEARNING CENTER 447 S MOUNTAIN BLVD MOUNTAIN TOP, PA 18707	23-3066070		11,551				KEYSTONE STARS GRANT

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A BRIGHT FUTURE LEARNING CENTER LLC 3821 BIRNEY AVE MOOSIC, PA 18507	27-0125354		11,684				KEYSTONE STARS GRANT
WYSOX CHILDREN CENTER 866 GOLDEN MILE RD TOWANDA, PA 18848	81-0625404		11,728				KEYSTONE STARS GRANT

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BANGOR PRE-SCHOOL 420 S 1ST ST BANGOR, PA 180132622	23-2755143		11,757				KEYSTONE STARS GRANT
FIRST IMPRESSIONS CHILD CARE CENTER 131 W MAIN ST MACUNGIE, PA 18062	86-1123478		11,935				KEYSTONE STARS GRANT

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AMAZING KIDZ LLC 618 N 8TH ST READING, PA 19601	20-4940770		11,977				KEYSTONE STARS GRANT
ST JOHN'S LUTHERAN DAY CARE CENTER 200 S BROAD ST NAZARETH, PA 180642801	24-0800685	501(C)(3)	11,980				KEYSTONE STARS GRANT

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DARILYNS KIDDIE CITY DAYCARE CENTER LLC 1668 N 10TH ST READING, PA 19604	47-2250899		12,152				KEYSTONE STARS GRANT
PLAYTIME LEARNING CENTER AND CHILD CARE 1134 ROUTE 115 SAYLORSBURG, PA 18353	23-2907712		12,152				KEYSTONE STARS GRANT

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LITTLE ACRES LEARNING ACADEMY 989 DRINKER TPKE COVINGTON, PA 18444	80-0690044		12,220				KEYSTONE STARS GRANT
LVCC AT SPRING GARDEN ELC 401 W BERWICK ST EASTON, PA 18042	23-1908158	501(C)(3)	12,225				KEYSTONE STARS GRANT

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THE LEARNING LOCOMOTION 622 BANGOR RD EASTON, PA 180406509	23-2966142		12,225				KEYSTONE STARS GRANT
WILSON SCHOOL DISTRICT CHILD CARE - BERKSHIRE HEIGHT 711 N WYOMISSING BLVD WYOMISSING, PA 19610	23-1667988	SCHOOL	12,350				KEYSTONE STARS GRANT

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ABC KIDDIE KAMPUS-EXETER 1069 WYOMING AVE EXETER, PA 18643	23-2623665		12,452				KEYSTONE STARS GRANT
A CHILDREN'S PLACE LEARNING CENTER 719 ROBLE RD ALLENTOWN, PA 18109	01-0556935		12,530				KEYSTONE STARS GRANT

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LITTLE MATES CDC 3025 NORTH ST MORGANTOWN, PA 195437754	26-0836801		12,553				KEYSTONE STARS GRANT
MT TOP KIDS INC KIRBY ESTATES 1 MARION COURT MT TOP, PA 18707	23-2495351		12,555				KEYSTONE STARS GRANT

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STEPPING STONES CHILD CARE 75 S WASHINGTON ST CANTON, PA 17724	19-7680981		12,561				KEYSTONE STARS GRANT
CENTER FOR DEVELOPMENTAL DISABILITIES OF PIKE COUNTY 101 POCONO DR MILFORD, PA 18337	23-2691523	501(C)(3)	12,663				KEYSTONE STARS GRANT

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THE DEVINE SCHOOL 740 N BROOKSIDE RD ALLENTOWN, PA 18106	30-0517748		12,720				KEYSTONE STARS GRANT
COPE CHILDCARE AND LEARNING CENTER LLC 562 W PENN PIKE TAMAQUA, PA 18252	81-0840380		12,732				KEYSTONE STARS GRANT

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LITTLE BUDDIES CHILDCARE & PRESCHOOL 1068 BUSHKILL CENTER RD NAZARETH, PA 180649554	30-0015282		12,920				KEYSTONE STARS GRANT
RESURRECTED LIFE CHILDREN'S ACADEMY 916 W TURNER ST ALLENTOWN, PA 181023911	45-1018523	501(C)(3)	12,922				KEYSTONE STARS GRANT

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ENDLESS MOUNTAIN LEARNING CENTER INC 117 JACKSON ST NEW MILFORD, PA 18834	20-0180530		12,930				KEYSTONE STARS GRANT
ABC KIDDIE KAMPUS- PITTSTON 3 MILL ST PITTSTON, PA 18640	23-2623665		13,002				KEYSTONE STARS GRANT

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MAGIC WORLD CHILD CARE CENTER 14 W KIRMAR PKWY NANTICOKE, PA 18634	47-3493255		13,260				KEYSTONE STARS GRANT
KINGS COLLEGE EARLY LEARNING CENTER 177 N MAIN ST WILKES BARRE, PA 187012007	24-0804602	501(C)(3)	13,270				KEYSTONE STARS GRANT

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A PLACE TO GROW DAYCARE INC 8477 ALLENTOWN PIKE BLANDON, PA 19510	46-5096701		13,387				KEYSTONE STARS GRANT
ROSE MEKEEL CHILD CARE CENTER CENTER ST EAST STROUDSBURG, PA 18301	23-3026680	501(C)(3)	13,390				KEYSTONE STARS GRANT

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PETITE SCHOLAR LEARNING CENTER 915 CHESTNUT ST COPLAY, PA 18037	46-5512155		13,502				KEYSTONE STARS GRANT
THE LEARNING EXPERIENCE 4076 JANDY BLVD NAZARETH, PA 18064	46-1100517		13,611				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LITTLE ARCHIES CLUBHOUSE DAY CARE CENTER LLC 635 W TURNER ST ALLENTOWN, PA 18102	46-3460162		13,777				KEYSTONE STARS GRANT
WILKES BARRE YMCA DAY CARE 40 W NORTHAMPTON ST WILKESBARRE, PA 187011775	24-0795638	501(C)(3)	13,885				KEYSTONE STARS GRANT

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THE SECOND STREET LEARNING CENTER 430 N 2ND ST READING, PA 19601	23-2543677	501(C)(3)	14,030				KEYSTONE STARS GRANT
RIGHT FROM THE START 3570 OLD ROUTE 22 HAMBURG, PA 19526	57-1196825		14,190				KEYSTONE STARS GRANT

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CHILDREN AT PROMISE EARLY LEARNING CENTER 1001 E HIGHLAND ST ALLENTOWN, PA 18109	46-3360493	501(C)(3)	14,297				KEYSTONE STARS GRANT
THE GODDARD SCHOOL 2201 VALLEY RD MORGANTOWN, PA 19543	32-0233760		14,297				KEYSTONE STARS GRANT

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LEAP AND LEARN CHILD CARE CENTER 109 W VINE ST FLEETWOOD, PA 19522	23-1244009	501(C)(3)	14,430				KEYSTONE STARS GRANT
COLUMBIA COUNTY CHRISTIAN LEARNING CENTER 123 SCHOOLHOUSE RD BLOOMSBURG, PA 17815	23-2993181	501(C)(3)	14,535				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SONSHINE CHILDRENS CENTER 3561 OLD ROUTE 22 HAMBURG, PA 19526	23-1675637	501(C)(3)	14,642				KEYSTONE STARS GRANT
NORTH POCONO PRESCHOOL - MOSCOW CENTER 126 BROOK ST MOSCOW, PA 18444	23-1987582	501(C)(3)	14,755				KEYSTONE STARS GRANT

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THE LEARNING LOCOMOTION INC 215 S FIRST ST BANGOR, PA 18013	23-2966142		14,795				KEYSTONE STARS GRANT
LEARNING LADDER ACADEMY LLC 2250 RIDGEWOOD RD READING, PA 19610	81-4697514		14,820				KEYSTONE STARS GRANT

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JERUSALEM CHILD CARE 252 DOCK ST SCHUYLKILL HAVEN, PA 17972	25-1207913	501(C)(3)	14,930				KEYSTONE STARS GRANT
LITTLE PEOPLE DAY CARE SCHOOL 254 MERIDIAN AVE SCRANTON, PA 18504	23-2542312		15,110				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE DEVINE SCHOOL 153 LUMBER ST MACUNGIE, PA 18062	41-2085707		15,330				KEYSTONE STARS GRANT
CREATION PLAYSTATION INC 1336 W MINOR ST EMMAUS, PA 18049	23-2965239		15,425				KEYSTONE STARS GRANT

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ACTIVE LERANING CENTERS FOGELSVILLE 7200 B WINDSOR DR ALLENTOWN, PA 181069318	27-1275358		15,450				KEYSTONE STARS GRANT
GROWING YEARS CHILD CARE CENTER ROUTE 93 16 GOULDS LANE CONYNGHAM, PA 18219	23-2830588		15,455				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOSEPH'S (HILL) LUTHERAN CHURCH DAY CARE CENTER 244 KOCH RD BOYERTOWN, PA 19512	23-6269853	501(C)(3)	15,550				KEYSTONE STARS GRANT
BLOOMSBURG CHILDREN'S CENTER I 215 E 5TH ST BLOOMSBURG, PA 17815	23-1877155	501(C)(3)	15,574				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KINDERCARE LEARNING CENTER 23 GIBRALTAR RD READING, PA 196069537	63-0941966		15,790				KEYSTONE STARS GRANT
KINDERCARE LEARNING CENTERS LLC 195 OLD SWEDE RD DOUGLASSVILLE, PA 195181522	63-0941966		16,130				KEYSTONE STARS GRANT

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DISCOVER THE WORLD CHILDREN'S CENTER INC 2431 PENNSYLVANIA AVE SAYRE, PA 188402817	45-4230728		16,175				KEYSTONE STARS GRANT
DAYDREAMERS CHILD CARE 1814 NEWTON RANSOM BLVD CLARK SUMMIT, PA 184119613	26-1705286		16,525				KEYSTONE STARS GRANT

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PREMIER EALRY LEARNING CENTER 3853 ALLEN ST EMMAUS, PA 18049	82-2029876		16,530				KEYSTONE STARS GRANT
LIFESPAN DAY CARE 1651 N CEDAR CREST BLVD ALLENTOWN, PA 18104	22-2616028	501(C)(3)	16,535				KEYSTONE STARS GRANT

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LITTLE PEOPLE DAY CARE SCHOOL-OAK ST 910 OAK ST SCRANTON, PA 185081236	23-2542312		16,645				KEYSTONE STARS GRANT
YMCA OF CARBONDALE 82 N MAIN ST CARBONDALE, PA 18407	24-0795515	501(C)(3)	16,800				KEYSTONE STARS GRANT

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BUILDING BLOCKS LEARNING CENTER 502 S MOUNTAIN BLVD MOUNTAIN TOP, PA 18707	23-3066070		16,830				KEYSTONE STARS GRANT
NORTHWEST CHILDREN'S CENTER 6301 ROUTE 309 SUITE 2H BOX 8 NEW TRIPOLI, PA 18066	23-2896131		16,860				KEYSTONE STARS GRANT

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TREASURE HOUSE CHILD DEVELOPMENT CENTER - CLARKS SUMMIT 1310 MORGAN HWY SOUTH ABINGTON TOWNSHI, PA 18411	23-2541114	501(C)(3)	16,957				KEYSTONE STARS GRANT
BCIU LEARNING CENTER- LOWER ALSACE 705 FRIEDENSBURG RD READING, PA 19606	23-1740825		17,149				KEYSTONE STARS GRANT

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LITTLE PEOPLE COUNTRY CLUB 2940 NAZARETH RD EASTON, PA 18045	23-2653303		17,175				KEYSTONE STARS GRANT
Y2KIDS CHILD CARE CENTER 7033 PA ROUTE 873 SLATINGTON, PA 18080	20-2316970		17,270				KEYSTONE STARS GRANT

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KINDERCARE #303051 7575 PENN DR ALLENTOWN, PA 181069309	63-0941966		17,520				KEYSTONE STARS GRANT
CREATIVE LEARNING CENTER OF THE LV INC 3421 NIGHTINGALE DR EASTON, PA 180457465	57-1178821		17,630				KEYSTONE STARS GRANT

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KINDERCARE LEARNING CENTER 5 MORGAN DR READING, PA 19605	63-0941966		18,065				KEYSTONE STARS GRANT
PALMER ALC LLC 3601 NAZARETH RD EASTON, PA 18045	81-1031869		18,310				KEYSTONE STARS GRANT

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ST GABRIEL'S GOOD SHEPHERD LEARNING CENTER 1188 BEN FRANKLIN HWY E DOUGLASSVILLE, PA 19518	23-1866496	501(C)(3)	18,310				KEYSTONE STARS GRANT
BANGOR PRE-SCHOOL 221 S 4TH ST BANGOR, PA 180132541	23-2755143		18,540				KEYSTONE STARS GRANT

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FRECKLES AND FRILLS INC 515 FIG ST SCRANTON, PA 18505	23-2981780		18,650				KEYSTONE STARS GRANT
THE GODDARD SCHOOL 1775 SULLIVA TRAIL EASTON, PA 180408335	20-5184037		18,945				KEYSTONE STARS GRANT

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NORTHAMPTON COMMUNITY COLLEGE CHILDREN'S CENTER 3835 GREEN POND RD BETHLEHEM, PA 180207568	23-6417444	SCHOOL	19,250				KEYSTONE STARS GRANT
LEHIGH VALLEY CHILD CARE AT ST LUKE'S 729 DELAWARE AVE BETHLEHEM, PA 18015	23-1908158	501(C)(3)	19,340				KEYSTONE STARS GRANT

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BROOKSIDE CHILDREN'S EARLY EDUCATION CENTER 357 S ROUTE 100 ALLENTOWN, PA 18106	45-4944566		19,360				KEYSTONE STARS GRANT
FRICCHIONE DAY CARE CENTER 2300 ADAMS AVE SCRANTON, PA 18509	24-0795453	501(C)(3)	19,435				KEYSTONE STARS GRANT

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THE GROWING TREE CHILD CARE CENTER 3000 S 3RD ST WHITEHALL, PA 18052	23-2608748		19,485				KEYSTONE STARS GRANT
THE GODDARD SCHOOL 4500 FALMER DR BETHLEHEM, PA 180209598	20-5809269		19,640				KEYSTONE STARS GRANT

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TREEHOUSE CHILD CARE CENTER 7540 WINDSOR DR SUITE 102 ALLENTOWN, PA 18195	45-0587728		19,707				KEYSTONE STARS GRANT
SAYRE CHILD CENTER 349 HAMILTON AVE BETHLEHEM, PA 18017	24-0795681	501(C)(3)	19,735				KEYSTONE STARS GRANT

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KINDERCARE LEARNING CENTER 303034 35 WINGCO LN READING, PA 19605	47-4478313		19,795				KEYSTONE STARS GRANT
BUILDING BLOCKS LEARNING CENTER 1176 TWIN STACKS DR TWIN STACKS MALL DALLAS, PA 18612	23-3066070		20,114				KEYSTONE STARS GRANT

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THE PERCEPTION TRAINING CENTER 1265 B LAUREL BLVD POTTSVILLE, PA 179011402	23-3032737		20,370				KEYSTONE STARS GRANT
HILDEBRANDT LEARNING CENTER AT GLENMAURA CORP CENTER 99 GLENMAURA NATIONAL BLVD MOOSIC, PA 18507	24-6000729	501(C)(3)	20,370				KEYSTONE STARS GRANT

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VOLUNTEERS OF AMERICA CHILDREN'S CENTER 730 W UNION ST ALLENTOWN, PA 18101	23-1932916	501(C)(3)	20,435				KEYSTONE STARS GRANT
LAKE LEHMAN JACKSON EARLY LEARNING 1237 MARKET ST DALLAS, PA 18612	23-1658418	501(C)(3)	21,022				KEYSTONE STARS GRANT

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THE GROWING PLACE AT CHESTNUT HILL ELEMENTARY 2147 ROUTE 115 BRODHEADSVILLE, PA 18322	23-2021066	501(C)(3)	21,091				KEYSTONE STARS GRANT
RIVERVIEW CHRISTIAN EARLY LEARNING CENTER 3301 STODDTS FERRY BRIDGE RD READING, PA 196051432	23-1667033	501(C)(3)	21,250				KEYSTONE STARS GRANT

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ST JOSEPH CREATIVE BEGINNINGS CHILD CARE CENTER 2390 BERNVILLE RD READING, PA 196059457	23-1352211	501(C)(3)	21,400				KEYSTONE STARS GRANT
THE GROWING PLACE AT POLK ELEMENTARY SCHOOL 630 INTERCHANGE ROAD KRESGEVILLE, PA 18333	23-2021066	501(C)(3)	21,648				KEYSTONE STARS GRANT

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BUILDING BLOCKS LEARNING CENTER-PLAINS 1082 ROUTE 315 NORTH PLAZA 315 PLAINS, PA 18705	23-3066070		21,740				KEYSTONE STARS GRANT
TRINITY UNITED METHODIST CHURCH 306 LOMBARD AVE DANVILLE, PA 17821	23-2032327	501(C)(3)	22,245				KEYSTONE STARS GRANT

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BUSY LITTLE BEAVERS INC 5 WESNER LANE DANVILLE, PA 17821	23-2952906		23,745				KEYSTONE STARS GRANT
THE CUDDLE ZONE LEARNING CENTER INC 445 ALLENTOWN DR ALLENTOWN, PA 18109	23-2830744		24,257				KEYSTONE STARS GRANT

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PARKLAND PRESCHOOL INC DBA THE GODDARD SCHOOL 8230 HAMILTON BLVD BREINIGSVILLE, PA 18031	45-4764287		24,274				KEYSTONE STARS GRANT
SUSQUEHANNA VALLEY CHILD DEV CENTER 6850 LOWS RD BLOOMSBURG, PA 17815	26-2424634		24,350				KEYSTONE STARS GRANT

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THE CHILDREN'S LEARNING CENTER-COOPERSBURG 7001 SOUTH ROUTE 309 COOPERSBURG, PA 18036	26-3250016		25,305				KEYSTONE STARS GRANT
DAY NURSERY ASSOCIATION 332 JEFFERSON AVE SCRANTON, PA 18510	24-0799342	501(C)(3)	25,998				KEYSTONE STARS GRANT

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DANVILLE CHILD DEVELOPMENT CENTER 398 WALL ST DANVILLE, PA 17821	23-1915333	501(C)(3)	26,780				KEYSTONE STARS GRANT
LEHIGH VALLEY HOSPITAL CHILDREN'S EARLY 1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202	23-1689692		26,860				KEYSTONE STARS GRANT

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ST PAULS LUTHERAN CHURCH 548 OLD SWEDE RD DOUGLASSVILLE, PA 19518	23-1615210	501(C)(3)	26,892				KEYSTONE STARS GRANT
LITTLE WIGGLES GIGGLES LEARNING CENTER 581 N PENNSYLVANIA AVE WILKES BARRE, PA 18705	46-4956974		27,894				KEYSTONE STARS GRANT

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LEHIGH CHILDREN'S ACADEMY 5910 HAMILTON BLVD ALLENTOWN, PA 18106	23-1457999	501(C)(3)	28,150				KEYSTONE STARS GRANT
COUNTRY CHARM EARLY LEARNING CENTER INC 9 E BUTLER DR DRUMS, PA 18222	23-2915265		28,377				KEYSTONE STARS GRANT

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HILDEBRANDT LEARNING CENTER 3500 CORPORATE PKWY CENTER VALLEY, PA 18034	23-3097342		29,230				KEYSTONE STARS GRANT
ALBRIGHT EARLY LEARNING CENTER 3040 KUTZTOWN RD READING, PA 19605	23-1352615	SCHOOL	29,610				KEYSTONE STARS GRANT

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(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIEDENS LUTHERAN CHURCH CHILD CARE CENTER 1076 MEMORIAL HWY OLEY, PA 19547	23-7199273	501(C)(3)	29,950				KEYSTONE STARS GRANT
KINDERCARE LEARNING CENTER 3023 865 BERKSHIRE BLVD READING, PA 19610	63-0941966		30,585				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 GROWING TREE ROUTE 209N JAY PARK PLAZA DARTMOUTH DRIVE MARSHALLS CREEK, PA 18335	33-1000248		31,215				KEYSTONE STARS GRANT
KINDERCARE LEARNING CENTER 1810 S MAIN ST HANOVER TOWNSHIP, PA 18706	06-1097006		32,185				KEYSTONE STARS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF SCRANTON EARLY LEARNING CENTER 528 QUINCY AVE SCRANTON, PA 18510	24-0795495	501(C)(3)	33,760				KEYSTONE STARS GRANT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
KEYSTONE STARS GRANT	1	600			
KEYSTONE STARS GRANT	1	1,000			
KEYSTONE STARS GRANT	1	1,000			
KEYSTONE STARS GRANT	1	1,000			
KEYSTONE STARS GRANT	1	1,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
KEYSTONE STARS GRANT	1	1,600			
KEYSTONE STARS GRANT	1	1,600			
KEYSTONE STARS GRANT	1	2,000			
KEYSTONE STARS GRANT	1	2,000			
KEYSTONE STARS GRANT	1	2,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
KEYSTONE STARS GRANT	1	2,000			
KEYSTONE STARS GRANT	1	2,200			
KEYSTONE STARS GRANT	1	2,200			
KEYSTONE STARS GRANT	1	2,200			
KEYSTONE STARS GRANT	1	2,200			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
KEYSTONE STARS GRANT	1	2,200			
KEYSTONE STARS GRANT	1	2,200			
KEYSTONE STARS GRANT	1	2,200			
KEYSTONE STARS GRANT	1	4,060			
KEYSTONE STARS GRANT	1	5,005			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
KEYSTONE STARS GRANT	1	6,120			
KEYSTONE STARS GRANT	1	6,120			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY SERVICES FOR CHILDREN INC

Employer identification number
23-2204725

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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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.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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		12-01-2010	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	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	3,790,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		
15	Were the bonds issued as part of an advance refunding issue?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the 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)?		X						
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?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY SERVICES FOR CHILDREN INC

Employer identification number

23-2204725

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>1 ANNUALLY AS PART OF THE SINGLE AUDIT, THE VICE PRESIDENT OF FINANCE ENSURES THE COMPLETION OF THE REQUIRED FORM 990 AND SINGLE AUDIT AND ITS ACCOMPANYING SCHEDULES 2 THE 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 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 FORM 990 WILL BE DISTRIBUTED ELECTRONICALLY TO ALL BOARD MEMBERS ONE WEEK PRIOR TO THE BOARD MEETING 6 THE TREASURER OF THE BOARD OF DIRECTORS OR DESIGNEE WILL REVIEW THE SINGLE AUDIT AND THE FORM 990 WITH THE BOARD OF DIRECOTRS HIGHLIGHTING FOR THE BOARD MEMBERS SIGNIFICANT CHANGES 7 THE BOARD OF DIRECTORS WILL APPROVE THE SINGLE AUDIT AND FORM 990 PRIOR TO SUBMISSION TO THE IRS, FUNDING SOURCES, AND THE SINGLE AUDIT CLEARING HOUSE 8 THE FORM 990 DRAFT IS SENT TO THE FINANCE COMMITTEE UPON RECEIPT OF THE DRAFT FORM</p>

990 Schedule O, Optional Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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 COMMUNITY SERVICES FOR CHILDREN, INC (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 CSC 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 RECUSE 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 CSC 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 RECUSE 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ACQUIRE LISTS OF VENDORS, DONORS, PAID OR NON-PAID STAFF FOR THE PURPOSES OF SOLICITING BUSINESS FOR PERSONAL GAIN OR BENEFIT 9 DISCLOSURE OF A CONFLICT OF INTEREST DOES NOT MEAN RESIGNATION FROM THE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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 OF INITIAL EMPLOYMENT THE TERMS AND CONDITIONS MAY BE AMENDED OVER TIME A COMPETITIVE BENCHMARK STUDIES - MARKET SURVEYS OF COMPARABLE POSITIONS USING INDUSTRY SPECIFIC DATA WILL BE USED TO ESTABLISH THE SALARY RANGE FOR THE CEO/PRESIDENT POSITION UNDER THE REQUIREMENTS OF THE HEAD START STANDARDS, COMPETITIVE BENCHMARK STUDIES MUST BE CONDUCTED EVERY THREE YEARS FOR ALL POSITIONS CSC EMPLOYS THE SERVICES OF AN INDEPENDENT COMPENSATION FIRM TO PROVIDE THIS SERVICE COMPARABILITY STUDIES ARE CONDUCTED FOR EVERY POSITION IN THE PAY PLAN, INCLUDING THE CEO/PRESIDENT THE COMPARABILITY DATA INVOLVES COMPENSATION LEVELS IN A SIMILARLY SITUATED ORGANIZATION FOR A FUNCTIONALLY COMPARABLE POSITION THE DATA FROM THE SURVEY IS USED TO ESTABLISH SALARY RANGES FOR ALL POSITIONS WHICH ARE REVIEWED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS BASED ON THIER 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COMMUNITY SERVICES FOR CHILDREN PROVIDES THE FOLLOWING DOCUMENTS FOR PUBLIC INSPECTION AND COPYING UPON REQUEST THE CHARGE FOR COPYING WILL BE \$1 FOR THE FIRST PAGE AND \$ 15 FOR EACH ADDITIONAL PAGE POSTAGE WILL ALSO BE REQUIRED OF THE REQUESTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII LINE 2C	PROCESS HAS NOT CHANGED FROM PRIOR YEAR