DLN: 93493060013081

2019

OMB No. 1545-0047

Department of the

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Interna	l Reve	nue Service					
A F	or the	e 2019 c	alendar year, or tax year beginning 07-01-2019 ,and ending	j 06-30-2020			
		pplicable:	C Name of organization COMMUNITY SERVICES FOR CHILDREN INC		D Employ	er identif	ication number
	dress o me cha	change			23-220	4725	
	tial ret	-	Doing business as				
☐ Fina	al returr	n/terminated					
		return 	Number and street (or P.O. box if mail is not delivered to street address) R 1520 HANOVER AVENUE	toom/suite	E Telephon		
⊔ Ар	plicatio	on pending			(610) 4	37-6000	
			City or town, state or province, country, and ZIP or foreign postal code ALLENTOWN, PA 18109				
			F Name and address of universal officers				70,451,253
			F Name and address of principal officer: JOHN PONENTE	H(a)	Is this a group re	turn for	
			1520 HANOVER AVENUE	н/ь)	subordinates? Are all subordinat	es	□Yes ☑No
T Ta	v=even	npt status:	ALLENTOWN, PA 18109	—— ` ´	included?		☐ Yes ☐No
			☑ 501(c)(3) ☐ 501(c)() ◄ (insert no.) ☐ 4947(a)(1) or ☐		If "No," attach a	•	•
J W	ebsit	e:▶ WW	W.CSCINC.ORG	П(С)	Group exemption	number	•
				I Year	of formation: 1981	M State	of legal domicile: PA
K Forr	n of or	ganization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶		or rormadon. 1901	11 State	or regar dofficie. 174
Pa	art I	Sum	mary				
	1 E	Briefly des	cribe the organization's mission or most significant activities:				
a .			ARES YOUNG CHILDREN AND THEIR FAMILIES TO SUCCEED IN LEAF ENSIVE, LEADING-EDGE SERVICES.	RNING AND IN	LIFE THROUGH IN	INOVATI	VE,
)Ce	-	COMPREM	ENSIVE, LEADING-EDGE SERVICES.				
na	-						
Governance	-				_		
Ğ			s box $ ightharpoons \Box$ if the organization discontinued its operations or dispose of voting members of the governing body (Part VI, line 1a) \cdot .			ssets.	21
න් ග	l		of independent voting members of the governing body (Part VI, line 1			4	21
ţĘ.	l		nber of individuals employed in calendar year 2019 (Part V, line 2a)	-	• •	5	473
Activities &			nber of volunteers (estimate if necessary)			6	49
AC	l		elated business revenue from Part VIII, column (C), line 12			7a	0
	l		ated business taxable income from Form 990-T, line 39			7b	0
	<u> </u>	Tree differ	acca pasificas taxable medite from Form 550 1, fine 55 1 1 1		Prior Year	1/5	Current Year
	R	Contribut	ions and grants (Part VIII, line 1h)	_	149,215,8	330	170,231,240
Ravenue	l		service revenue (Part VIII, line 2g)		113,213,0	0	0
ĕ∧ċ	l	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	·	64,6		76,556
α	l		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-24,3	_	-1,307
	l		enue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)	149,256,:		170,306,489
			nd similar amounts paid (Part IX, column (A), lines 1–3)	,	5,589,4	138	4,808,163
	l		paid to or for members (Part IX, column (A), line 4)		, ,	0	0
S		·	other compensation, employee benefits (Part IX, column (A), lines 5	-10)	20,300,8	392	22,752,557
Expenses		•	nal fundraising fees (Part IX, column (A), line 11e)			0	0
D 64			raising expenses (Part IX, column (D), line 25) ▶109,769				
<u> Д</u>	l		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		122,007,0	059	140,750,104
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		147,897,3	389	168,310,824
	19	Revenue	less expenses. Subtract line 18 from line 12		1,358,3	783	1,995,665
<u>≽</u> &				Beg	inning of Current Y	ear	End of Year
Net Assets or Fund Balances		_					
Ass Ba	l		ets (Part X, line 16)		24,592,	_	28,829,163
₹ ₩	l		ilities (Part X, line 26)		14,330,8	_	16,600,631
			s or fund balances. Subtract line 21 from line 20		10,261,6	582	12,228,532
	rt II		ature Block erjury, I declare that I have examined this return, including accompa	anving schodul	oc and statements	and to	the best of my
		•	f, it is true, correct, and complete. Declaration of preparer (other the	, -			,
any k	nowle	edge.					
		*****	•		2021-01-11		
Sign		Signati	ure of officer		Date		
Here		JOHN F	PONENTE VP, FINANCE				
			r print name and title				
		P	rint/Type preparer's name Preparer's signature	Date		PTIN	
Paid	t	L		2021-01-1	self-employed	P0010217	
Pre		er 📴	irm's name ► CAMPBELL RAPPOLD & YURASITS LLP		Firm's EIN ► 23-	1386942	
Use		ь. <u>⊢</u>	irm's address ► 1033 S CEDAR CREST BLVD		Phone no. (610)	435-7489	
			ALLENTOWN, PA 181035443				
M -> - +	he ID	S discuss	this return with the preparer shown above? (see instructions) .				res □ No
may t	יוב זע	_ uiscuss	and recall with the preparet Shown above (1988 HISH utilions) .			<u> </u>	

Form	990 (2	019)					Page 2
Pa	rt III	Statement	of Program Servi	ce Accomplis	hments		
		Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	rganization's mission:				
		ES YOUNG CHI GE SERVICES.	LDREN AND THEIR FA	MILIES TO SUCC	EED IN LEARNING AND	D IN LIFE THROUGH INNOVATIVE, C	OMPREHENSIVE,
	Did the	e organization :	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
		-	r 990-EZ?		- · ·		☐ Yes ☑ No
			se new services on Sc				
3		•			changes in how it cond	ucts, any program	
	service	es?					🗌 Yes 🗹 No
			se changes on Schedu	ıle O.			
4	Sectio	n 501(c)(3) and		ons are required	to report the amount of	largest program services, as measu of grants and allocations to others, t	
4a	(Code:) (Expenses \$	145,900,871	including grants of \$	4,808,163) (Revenue \$)
	See Ad	ditional Data					
4b	(Code:) (Expenses \$	9,936,316	including grants of \$) (Revenue \$)
	See Ad	ditional Data					
4c	(Code:) (Expenses \$	8,252,608	including grants of \$) (Revenue \$)
	See Ad	ditional Data					
	(Code:) (Expenses \$	336,403	including grants of \$) (Revenue \$)
	OTHER	CHILDCARE PRO	GRAMS				
4d	Other	program servic	ces (Describe in Sched	ule O.)			
	(Expe	nses \$	336,403 inc	luding grants of	\$) (Revenue \$)
4e	Total	program serv	/ice expenses ▶	164,426,1	98		

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Pai	Checklist of Required Schedules	1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 2	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV "	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

20a

20b

21

Yes

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	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? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		No
	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,</i> Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> , Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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 $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	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	38	Yes	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
	February and the Board of February 1996 February 1996 February 1996 February 1996 February 1996 February 1996		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1,609			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			ı

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	73		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a 4a		No
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	ces 7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	e 7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ı
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	_		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exces parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	ines
_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		No
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
114	form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	-	16b		
<u>5e</u>	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
	PA PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☑ Another's website ☑ Upon request ☐ 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			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A)	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ 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) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization of the organization organization organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization organization organization organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organiz	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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. See instructions for the order in which to list the persons above. 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Par	Section A. Officers, Direct	tors, Trustee:	s, Key	Emp	loy	ees	, and	Higl	nest Co	mpen	sate	d Employees (conti	inued)	
	(A) Name and title	(B) Average hours per week (list any hours	than c	one b	οοχ, ι an of	ot ch unle ffice	neck mo ess pers er and a etee)	son	comp fro	(D) portable pensatio om the anization	on n	(E) Reportable compensation from related organization		Estima amount of compen from organizat	ated of other esation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		-2/1099 [.] MISC)		(W-2/1099- MISC)	MISC)		
See /	Additional Data Table			+	\dagger	+									
					T	T	+	T							
				\perp	\perp	\perp	\perp	<u> </u>					_		
		<u> </u>	<u> </u>		\downarrow	\downarrow	<u> </u>	<u> </u>					\perp		
		<u> </u> '	<u> </u>	—	\downarrow	\perp							\perp		
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		<u> </u>	<u> </u>		\downarrow	\bot	—	+					_		
	Sub-Total	art VII, Section	 A .	<u> </u>	<u></u>	<u></u>	<u> </u>	<u></u>							
d T	Total (add lines 1b and 1c)	<u> </u>					<u> </u>			956,162			0		147,947
2	Total number of individuals (including of reportable compensation from the) but not limited organization ▶	to thos	e list	ed a	3bov	e) who	rece	eived m	ore thar	n \$10	00,000		,	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	:ey e	∍mpl •	oyee,	or hi	ghest co	ompensa • •	ated •	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organizations individual	ns greater than \$										the	4	Yes	
5	Did any person listed on line 1a receiv									ation or	indi	vidual for		103	<u> </u>
Se	ection B. Independent Contract										-	<u>'</u>	5		No
1	Complete this table for your five higher from the organization. Report comper	est compensate											npens	sation	
		(A) and business addre		уса.	CIN	All 19	VVICITO)1 vvic	Jilli Gic			(B)		(Compar	
CHILD	DEVELOPMENT INC	ind pusiness addre	355									iption of services ARE SERVICE		Compe	945,313
	POTTSVILLE MINERSVILLE HWY ST RSVILLE, PA 17954														
	HAMPTON COMMUNITY COLLEGE									PROFES	SSION	IAL DEVELOPMENT			324,969
	GREEN POND ROAD LEHEM, PA 18020														
	UTER MANAGEMENT & MARKETING ASSOC	_			_		_	_	_	COMPU SERVIC		k IT MANANGEMENT	Г	_	257,861
BATH,	BETH-BATH PIKE , PA 18014									TANITO	DIAL	COL E A NITNIC			146.460
	BUILDING SERVICES CARMEL DRIVE									JANITO	RIAL/	CLEANING			146,468
MACUI	NGIE, PA 18062 CARE PROVIDERSGOODWILL INDUSTRIES									CIVII	FAGU	IES AND SOCIAL			131,850
925 PF	ROSPECT AVENUE									WELFA		LS AND SOCIAL			131,000
	NTON, PA 18505 Total number of independent contractor	re (including but	t not lim	nited	to th	0056	listed	aho:	ve) who	receive	d mo	ore than \$100 00	O of		

		(2019)								Page 9
Part	VIII				2 rec=	onse or note to assis	line in this Part VIII			
		Check II Sched	auie_	O contains a	a respo	nise or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s 2	18	a Federated campa	aigns	5	1 a		-	-		
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.		1 b					
وَ ق	'	c Fundraising even	its .	• •	1c	74,340				
ills,	'	d Related organiza			1d					
ے ر E ری	'	e Government grants			1e	169,335,033				
io Si is	1	f All other contribution and similar amount.			1f	821,867				
Contributions, Gifts, Grants and Other Similar Amounts	١,	above g Noncash contribution	ns in	ncluded in	_ _	<u> </u>				
		lines 1a - 1f:\$			1g					
ರಿ ಕ		h Total. Add lines	1a-1	.f		•	170,231,240			
						Business Code				
	2a									
ınıe										
e Ke	b									
Program Service Revenue	c									
Xer x										
3	d	·								
ogra	e	1								
\$	_	All other program		ice rever						
		Total. Add lines 2								
	—	Investment income				nterest, and other	1			
	s	similar amounts) .	•			•	50,748			50,748
		Income from invest Royalties		nt of tax-exe	-					
		Noyaleles I I I	Ė	(i) Rea		(ii) Personal	1			
	_ ا	Gross rents	<u>۔</u> ۔							
		Less: rental	6a				_			
	_	expenses	6b							
	С	Rental income or (loss)	6c							
	c	Net rental income	or	(loss)			1			
				(i) Secur	ities	(ii) Other				
	7a	Gross amount from sales of	7a		138,525	5				
		assets other than inventory								
	ь	Less: cost or other basis and	7b		112,717	7				
		sales expenses					_			
	c	Gain or (loss)	7с		25,808	3				
	c	l Net gain or (loss)	•				25,808	25,808		
<u>a</u>	8a	Gross income from fu (not including \$	ındra	ising events 74,340 of						
E E		contributions reporte See Part IV, line 18		line 1c).		22.404				
Other Revenue		Less: direct expen			8a 8b	22,104 32,047				
er	l	Net income or (los				<u> </u>				-9,943
	9a	Gross income from See Part IV, line 19			· 9a					
	l b	Less: direct expen	ses		9b					
	۰	Net income or (los	s) fr	rom gaming	activit	ies >	_			
	10:	aGross sales of inve	ento	ry, less						
		returns and allowa			10a					
		Less: cost of good			10 b					
	_ c	Net income or (los Miscellaneo	_		invent	Business Code				
	11	MISCELLANEOUS		evenue		90009	9 8,636	8,636		
	l b	·								+
	٠									1
	6	All other revenue								
	•	Total. Add lines 1	1a-:	11d		•	8,636			
	12	Total revenue. S	ee ir	nstructions			170,306,489			0 40,805
							170,300,409	1 34,444	I .	Form 990 (2019)

Forr	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				(1)
	Section 501(c)(3) and 501(c)(4) organizations must co		-		ımn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(c)	⊔ (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,737,780	4,737,780		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	70,383	70,383		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	391,301		379,113	12,188
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	16,406,698	15,067,462	1,279,300	59,936
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	438,009	402,968	30,661	4,380
9	Other employee benefits	3,985,037	3,667,487	310,006	7,544
	Payroll taxes	1,531,512	1,377,986	146,984	6,542
	Fees for services (non-employees):	, ,	. ,		· · ·
	Management				
	o Legal	20,047	61	19,986	
	 	60,235		60,235	
	Accounting	00,233		00,233	
	Destacional fundacione comicas. See Bort IV. Jime 17				
	e Professional fundraising services. See Part IV, line 17	20.255	35	26 492	2 027
	Investment management fees	29,355		26,483	2,837
-	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,211,933	1,130,825	77,179	3,929
12	Advertising and promotion	32,380	8,596	20,617	3,167
13	Office expenses	248,696	178,312	70,337	47
14	Information technology	288,896		288,896	
15	Royalties				
16	Occupancy				
17	Travel	197,336	180,230	17,084	22
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	49,149		49,149	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	578,282	522,692	55,590	
23	Insurance	70,248		70,248	
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 SUDSIDY	133,449,638	133,449,638	0	0
	b RENT - CLASSROOM/OTHER	800,733	800,283	450	0
	c CLASSROOM SUPPLIES	626,594	626,594	0	0
	d BUILDING REPAIRS AND MA	595,255	122,381	472,024	850
	e All other expenses	2,491,327	2,082,485	400,515	8,327
	Total functional expenses. Add lines 1 through 24e	168,310,824	164,426,198	3,774,857	109,769
	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				
					Form 000 (2010)

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Grants payable .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

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24,592,552

13,089,615

12.000

1,229,255

14.330.870

9,572,482

689,200

10,261,682

24,592,552

Page 11

28,829,163

15,113,365

362,386

1,124,880

16.600.631

11,234,440

12,228,532

28,829,163

Form 990 (2019)

994,092

Check if Schedule C) contains a	response	or note to	any line in	this Part IX	

	Beginning of year		End of year
Cash-non-interest-bearing	13,011,315	1	16,201
Savings and temporary cash investments		2	
_, , , , , , , , , , , , , , , , , , ,	000.070		222

3	Pledges and grants receivable, net	809,676	3	980,29
4	Accounts receivable, net		4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
-	Natural languages in the control of		-	

	5	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons		5			
	6	Loans and other receivables from other disqualif section $4958(f)(1)$), and persons described in se	ied pe	rsons (as defined under		6	
S	7	Notes and loans receivable, net				7	
sets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			101,722	9	204,404
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	16,512,142			

	"	section $4958(f)(1)$), and persons described in section				6	
S	7	Notes and loans receivable, net				7	
set	8	Inventories for sale or use				8	
AS	9	Prepaid expenses and deferred charges	101,722	9	204,404		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	16,512,142			
	ь	Less: accumulated depreciation	8,891,150	10c	8,877,095		
	11	Investments—publicly traded securities .			1,778,689	11	2,566,149
	12	Investments—other securities. See Part IV, line		12			
	13	Investments—program-related. See Part IV, line	e 11 .	•		13	

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Yes

Form 990 (2019)

Additional Data

Software ID:

Software Version:

EIN: 23-2204725

Name: COMMUNITY SERVICES FOR CHILDREN INC.

Form 990 (2019)

Form 990, Part III, Line 4a:

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. THE ELRC HELPS FAMILIES FIND HIGH QUALITY CHILD CARE THAT BEST MEETS THEIR NEEDS. 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 SERVICESTHE ELRC WORKS WITH CHILDCARE PROVIDERS IN THE COMMUNITY TO IMPROVE THE OUALITY OF CARE OFFERED TO CHILDREN AND THEIR FAMILIES THROUGH THE KEYS TO QUALITY (STARS) PROGRAM. QUALITY COACHES ARE AVAILABLE TO PROVIDE ON-SITE AND REMOTE SERVICES TO PROVIDERS. GRANTS AND AWARDS ARE MADE AVAILABLE TO QUALIFIED PROGRAMS TO SUPPORT THEIR EFFORTS TOWARD QUALITY. THE ELRC ALSO ENCOURAGES PROGRAMS TO PARTICIPATE IN THE CHILD CARE WORKS (SUBSIDY) PROGRAM, IN ORDER TO INCREASE THE AVAILABILITY OF ALL TYPES OF CARE IN EACH COMMUNITY ELRCS HAVE PROVIDED ACCESS TO INFORMATION ABOUT THESE SERVICES UNDER ONE ROOF, MAKING IT EASIER FOR FAMILIES AND PROVIDERS TO ACCESS THE INFORMATION THEY NEED.CSC OPERATES ELRCS IN REGION 11: BRADFORD, COLUMBIA, LUZERNE, MONTOUR, 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.OVER THE COURSE OF THE PAST YEAR, CSC'S ELRC'S HAVE ACCOMPLISHED THE FOLLOWING:-ESTABLISHED FULLY REMOTE TEMPORARY OPERATIONS DURING THE COVID-19 PANDEMIC. CONTINUING TO OFFER ALL SERVICES AND SUPPORTS TO FAMILIES AND CHILDCARE PROVIDERS THROUGHOUT-SUPPORTED 55 CHILD CARE PROGRAMS TO INCREASE THEIR STAR RATING LEVEL FOR QUALITY-ADMINISTERED \$120 MILLION IN CHILD CARE SUBSIDY FUNDS FOR OVER 20.000 CHILDREN-MADE OVER 5.000 COMMUNITY REFERRALS FOR FAMILIES IN NEED OF ADDITIONAL SERVICES-DISTRIBUTED MONTHLY E-NEWSLETTERS TO CHILD CARE PROVIDERS TO KEEP THEM INFORMED OF PERTINENT SYSTEM ISSUES/CHANGES AND TO SHARE INFORMATION RELATED TO QUALITY CARE-DEVELOPED AND FACILITATED MONTHLY CHILD CARE DIRECTOR NETWORKING MEETINGS-DISTRIBUTED \$4.8 MILLION IN GRANTS AND AWARDS TO SUPPORT OUALITY AND STAFF RETENTION IN CHILD CARE PROGRAMS-DISTRIBUTED \$2.2 MILLION IN RISING STARS GRANTS TO 255 EARLY LEARNING PROFESSIONALS TO SUPPORT THEIR CONTINUED EDUCATION-ADMINISTERED CARES ACT PAYMENTS TOTALING \$10 MILLION IN PAYMENTS TO CHILDCARE PROVIDERS-FACILITATED MULTIPLE REGIONAL MEETINGS TO SUPPORT PROVIDERS AROUND SHARED SERVICE ALLIANCES AND COVID-19 RELATED RESOURCES, POLICIES, AND PRACTICES-PARTICIPATED IN MULTIPLE STATE-LEVEL MEETINGS AND WORK GROUPS TO SUPPORT THE CONTINUED DEVELOPMENT OF PROCEDURES AND PRACTICES IN ELRC'S ACROSS THE STATE-DEVELOPED A RESOURCES AND REFERRAL DATABASE TO SUPPORT THE WORK OF STAFF IN ALL 5 REGIONS-PROVIDED CONSULTATIVE SERVICES AND TECHNICAL ASSISTANCE TO THE NEWLY ESTABLISHED FLRC IN REGION 18

BEGINNING JULY 1, 2018, PENNSYLVANIA'S OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING (OCDEL) DESIGNED EARLY LEARNING RESOURCE CENTERS (ELRCS)

Form 990, Part III, Line 4b:

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 (85%) 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)

HEAD START/PRE-K AND EARLY HEAD START OF THE LEHIGH VALLEY IS OUR NATION'S PREMIER PROVIDER OF DEVELOPMENTAL AND EDUCATIONAL SERVICES TO

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 92% OF ALL CHILDREN RECEIVING PREVENTIVE DENTAL CARE. TWENTY-THREE PERCENT (23%) OF HEAD START CHILDREN, AND 36% 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 ITS ACCREDITATION BY THE MIDDLE STATE ASSOCIATION COMMISSION FOR GRADES INFANT THROUGH FOUR. IN ADDITION. THE HEAD START/EARLY HEAD START PROGRAM IS DESIGNATED AS A PROGRAM OF EXCELLENCE BY THE NATIONAL HEAD START ASSOCIATION.

Form 990, Part III, Line 4c: OTHER PRESCHOOL PROGRAMS

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	1				•	,			(14) 2 (4,000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CAROL ANN CAMIE MODJADIDI CHAIR	5.00	х		х				0	0	0	
JOHN R DIAMANT VICE CHAIR	5.00	х		х				0	0	0	
KIM CAPERS DIRECTOR	2.00	х						0	0	0	
I/FLLT NAVAL/ MD	2.00										

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KIM CAPERS	2.00
DIRECTOR	
KELLI NAYAK MD	2.00
DIRECTOR	
ANDREA BRADY	5.00

TREASURER

DIRECTOR

DIRECTOR

SECRETARY

DIRECTOR

DIRECTOR

JOSEPH JACKSON

MARY S COLON

JULISSA BURGOS

CHRISTINE NELSON

CHRISTOPHER L DONIGAN

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

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

	any nours		a dir			ustee)	,	organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ELSBETH HAYMON DIRECTOR	2.00	Х						0	0	0	
KATHRYN E LEBER DIRECTOR	2.00	Х						0	0	0	
JOHN ROSARIO DIRECTOR	2.00	Х						0	0	0	
DON BERNHARD	2.00	X						0	0	0	

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DIRECTOR CHARLES STINNER

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

COLLEEN MCGEE

PAULA MARGRAF

PRESIDENT/CEO

PAMELA WHITT

LAUREN SORRENTINO

DEIRDRE KAMBER TODD ESO

and Independent Contractors

(A) (C) (D) (E) (F) (B) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per amount of other compensation compensation from the compensation

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

and Independent Contractors

LORAINE N NEAL

PAMELA E CHO

MATTHEW J YENCHA

VP ELRC QUALITY ASSURANCE

VP, FACILITIES AND OPERATIONS

VP, EARLY LEARNING RESOURCE CENTERS

	any hours				ustee		organization	organizations	from the	
	for related organizations below dotted line)	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOHN PONENTE	40.00		x				130,447	0	1,700	
VP, FINANCE			^				150,447		1,700	
DEIDRA VACHIER VP, EARLY CHILDHOOD DEVELO	40.00				х		127,784	0	18,705	

JOHN PONENTE	40.00		v		130,447	0	1
VP, FINANCE			^		130,447	0	-,
DEIDRA VACHIER	40.00			×	127,784	0	18.
VP, EARLY CHILDHOOD DEVELO				^	127,704	0	10,
SUSAN POWELL	40.00			¥	127.784	0	29.

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DEIDRA VACHIER	40.00			×	127,784	0	18,7
VP, EARLY CHILDHOOD DEVELO					12,,,01		10,,
SUSAN POWELL	40.00			v	127,784	0	29,5
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VP, FINANCE	•••••		Х		130,447	0	1,700
DEIDRA VACHIER VP, EARLY CHILDHOOD DEVELO	40.00			Х	127,784	0	18,705
	40.00						

VP, FINANCE							
DEIDRA VACHIER	40.00			х	127.784	0	18,705
VP, EARLY CHILDHOOD DEVELO					,,		
SUSAN DOWELL	40.00						

VP, EARLY CHILDHOOD DEVELO							
SUSAN POWELL VP, HUMAN RESOURCES	40.00			Х	127,784	0	29,519
		l .			I		

148,507

126,771

120,013

17,773

28,406

19,030

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SCI	4FD	ULE A	- Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047	
(Form 990 or co 990EZ)				ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019	
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Internal Revenue Service Name of the organization COMMUNITY SERVICES FOR CHILDREN I							Employer identific	<u> </u>	
	011111						23-2204725		
	rt I		for Public Charity Statu				See instructions.		
1 ne c	rganiz		a private foundation because	`	-		(A)(:)		
		•	onvention of churches, or as						
2			scribed in section 170(b)(,	, ,			
3	Ш	·	or a cooperative hospital serv	-			-		
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5			ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170	
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).		
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in	
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. Se					ege or university or a	
10		from activit	ation that normally receives: lies related to its exempt fun income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross	
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).		
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a		
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or coppoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization sup- nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i Ition vested in the sar					
c		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ted with, its	
d		Type III n	on-functionally integrated integrated. The organization (s). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
e		Check this	box if the organization receiv or Type III non-functionally	red a written determir	ation from the I		pe I, Type II, Type II	I functionally	
f	Enter	the number	of supported organizations				<u> </u>		
g	Provi	de the follow	ing information about the su	pported organization(r '				
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
_									
Tota			tion Act Notice, see the In		Cat. No. 11285		Schedule A (Form 9	000 ==\ -==	

Page 2 Ί.

ناد	(Complete only if you c						
	If the organization faile						acr rait III.
s	Section A. Public Support	· ,		· · ·	•		
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") Tax revenues levied for the	50,290,999	49,602,551	51,184,024	149,135,591	170,156,900	470,370,065
_	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	50,290,999	49,602,551	51,184,024	149,135,591	170,156,900	470,370,065
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						
6	(f) Public support. Subtract line 5						
	from line 4.						470,370,065
	Section B. Total Support	Т	ı		Т	Т	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7		50,290,999	49,602,551	51,184,024	149,135,591	170,156,900	470,370,065
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,862	36,455	45,734	60,570	50,748	236,369
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.).	118,303	70,927	69,483	16,380	8,636	283,729
11	Total support. Add lines 7 through 10 Gross receipts from related activities,	etc (see instructi	ons)			12	470,890,163
						L	
13	First five years. If the Form 990 is f	-			•	• • • • • •	
_	check this box and stop here Section C. Computation of Publi					<u></u>	
	Public support percentage for 2019 (I			column (f))		14	99.890 %
	Public support percentage for 2018 S					15	99.820 %
	a 33 1/3% support test—2019. If the						
	and stop here. The organization qua 33 1/3% support test—2018. If the	lifies as a publicly	supported organiz	ation			. ▶ 🗹
17	box and stop here. The organizatio a 10%-facts-and-circumstances tes is 10% or more, and if the organizatio in Part VI how the organization meets	st— 2019. If the or on meets the "fact	ganization did not s-and-circumstanc	check a box on lir es" test, check thi	ne 13, 16a, or 16b, s box and stop he	and line 14 re. Explain	. ▶□
Ŀ	organization	st—2018. If the dization meets the "	organization did no facts-and-circums	t check a box on li tances" test, checl	ine 13, 16a, 16b, o k this box and stor	r 17a, and line here.	▶□
18	supported organization						▶□
	t						►

Р	art III Support Schedule for								
	(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.)								
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)				
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)		
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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								
4	under section 513 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								
L	3 received from disqualified persons Amounts included on lines 2 and 3								
D	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.)								
Se	ection B. Total Support		1				Г		
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.								
С	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								
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.).								
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>		
	check this box and stop here						▶ ⊔		
	ection C. Computation of Public S			! (6))		1 1			
15	Public support percentage for 2019 (lin		•			15			
16	Public support percentage from 2018 S	-	<u> </u>			16			
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17			
17 10	Investment income percentage for 201	-		-		17			
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not		
	more than 33 1/3%, check this box and s								
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the								
ט	not more than 33 1/3%, check this box	-			•		_		
20	Private foundation. If the organization	-	-						
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖		

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

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 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
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.
```

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

ciie	ddie A (Form 990 of 990-22) 2019			age :
Pa	Tt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	ection B. Type I Supporting Organizations			
	solon Britype Leapporting enganizations		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? 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.			
	Did the supprise time and the bounds of any supprised arraying the standard arraying the supprised arraying the	1		
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? 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.			
S	ection C. Type II Supporting Organizations			
	second Type 11 supporting organizations		Yes	No
L	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)? 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).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
L	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?	1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
,	Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the	2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
á	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? 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.	2a		
ŀ	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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	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> .	3a		
i	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	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		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	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	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

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.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(iii) Distributable		

115				
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 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493060013081

OMB No. 1545-0047

2019

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	ne of the organization IMUNITY SERVICES FOR CHILDREN INC			Employer ide	entification i	number
CO	INDIVITY SERVICES FOR CHILDREN INC			23-2204725		
Pa	rt I Organizations Maintaining Donor Advis			r Accounts.		
	Complete if the organization answered "Yes		rt IV, line 6. dvised funds	(b) For d		
1	Total number at end of year	(a) Donor a	avisea runas	(b) Fund	s and other a	ccounts
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	essets held in donor ad	viced funds are	the	
3	organization's property, subject to the organization's excl					Yes 🗌 No
6	Did the organization inform all grantees, donors, and don charitable purposes and not for the benefit of the donor oprivate benefit?	or donor advisor, or	or any other purpose o		missible	Yes 🗌 No
Pa	t II Conservation Easements. Complete if the organization answered "Yes	" on Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organi					
	Preservation of land for public use (e.g., recreation	or education) [Preservation of an	historically imp	ortant land ar	rea
	Protection of natural habitat	, [Preservation of a c			
	Preservation of open space	-		continued motorie	ou acture	
2	Complete lines 2a through 2d if the organization held a q			of a company		
2	easement on the last day of the tax year.	uanned conservation	contribution in the for		at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic	structure included in	ı (a)	2c		
d	Number of conservation easements included in (c) acquire structure listed in the National Register	ed after 7/25/06, an	d not on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	, released, extinguis	hed, or terminated by	the organizatior	during the	
4	Number of states where property subject to conservation	easement is located	>			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds?	e periodic monitoring	, inspection, handling o	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecti	ing, handling of viola	tions, and enforcing co	onservation ease	ements during	g the year
7	Amount of expenses incurred in monitoring, inspecting, h ▶ \$	nandling of violations	, and enforcing conserv	vation easemen	ts during the	year
8	Does each conservation easement reported on line 2(d) a	above satisfy the rec	uirements of section 1	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				☐ Yes	□ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the fithe organization's accounting for conservation easements	ootnote to the organ				
Pai	Organizations Maintaining Collections of Complete if the organization answered "Yes			er Similar As	ssets.	
1a	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for p provide, in Part XIII, the text of the footnote to its finance	ublic exhibition, edu	cation, or research in f			orks of
b	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public following amounts relating to these items:	(ASC 958), to repo	t in its revenue statem	ent and balance erance of public	e sheet works service, prov	of art, ride the
(i) Revenue included on Form 990, Part VIII, line $1 \ \ldots \ \ldots$			> \$		
(i)Assets included in Form 990, Part X			🕨 \$		
2	If the organization received or held works of art, historica following amounts required to be reported under SFAS 11	al treasures, or othe	similar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1			▶\$		
b	Assets included in Form 990, Part X					
	Paperwork Reduction Act Notice, see the Instructions			_	edule D (For	m 990) 2019

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$

 \boldsymbol{d} Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

		(101111 990) 2019									Page 2
	t IIII	Organizations M									
3		g the organization's acq s (check all that apply):		and other reco	·	any of	the foll	lowing that	are a significant	use of its	collection
а		Public exhibition			d		Loan	or exchange	e programs		
b		Scholarly research			е		Other	·			
С		Preservation for future	e generations								
4	Provi Part :	de a description of the XIII.	organization's collec	ctions and exp	lain how the	ey furth	er the	organizatio	on's exempt purp	ose in	
5		ng the year, did the org s to be sold to raise fu								☐ Yes	□ No
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			Form 990	, Part	IV, lir	ne 9, or re	ported an amo	ount on Fo	orm 990, Part
1a		e organization an agent ded on Form 990, Part								☐ Yes	□ No
b	If "Y€	es," explain the arrange	ement in Part XIII a	nd complete th	ne following	table:				Amount	
c		nning balance			_			10	c		
d	_	ions during the year .						10	d		
е		ibutions during the yea							e		
f		ng balance							f		
2a	Did tl	he organization include	an amount on Form	n 990. Part X.	line 21. for	escrow	or cus	stodial acco	unt liability?	. ∏ Yes	
		es," explain the arrange							•	_	
	rt V	Endowment Fun		THEER THEFE II EI	ic explainat	ion nas	DCCII	provided in	Ture XIII	<u> </u>	
		Complete if the or		red "Yes" on	Form 990	, Part	IV, lin	ne 10.			
			L	(a) Current yea		rior yea			back (d) Three y	ears back (e) Four years back
1 a	Beginn	ning of year balance .	[148,	495	141	,776	13	35,487	104,235	101,334
b	Contrib	butions	Γ							20,442	
c	Net inv	vestment earnings, gair	ns, and losses	3,	279	ϵ	,719		6,289	10,810	2,901
d	Grants	or scholarships									
е		expenditures for faciliti	es								
f	Admin	istrative expenses .	[
g	End of	year balance	[151,	774	148	,495	14	41,776	135,487	104,235
2 a		de the estimated perce d designated or quasi-e	-	t year end bala 3.700 %	ance (line 1	g, colu	mn (a)) held as:	·	•	
b		anent endowment >	66.300 %								
		oorarily restricted endo	wment >								
С		percentages on lines 2a	***************************************								
За	Are t	here endowment funds nization by:			nization tha	t are h	eld and	d administer	red for the		Yes No
	(i) u	nrelated organizations								3a((i) No
	(ii) r	elated organizations .								3a(ii) No
b	If "Y∈	es" on 3a(ii), are the re	lated organizations	listed as requi	red on Sche	dule R	?.			. 31	,
4	Desci	ribe in Part XIII the into	ended uses of the or	ganization's e	ndowment	funds.					
Pai	rt VI	Land, Buildings, Complete if the or			Form 990	, Part	IV, lir	ne 11a. Se	e Form 990, P	art X, line	10.
	Descr	iption of property	(a) Cost or other (investment		Cost or other	basis (d	other)	(c) Accumu	lated depreciation	(d) Book value
1a	Land					22	9,565				229,565
b	Buildin	ngs				11,99	5,405		4,808,978		7,186,427

1,709,058

2,578,114

1,101,580

359,523

607,478

2,218,591

Part VII Investments—Other Securities.) + T) / :	11h C F 000	Doub V. Bing 4.2
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives			
(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, P (a) Description of investment	art IV, li	ne 11c. See Form 990, (b) Book value	Part X, line 13. (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, Pa	art IV, lin	ne 11d. See Form 990, Pai	
(a) Description			(b) Book value
(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, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
 (a) Description of liability (1) Federal income taxes 			(b) Book value
(2)			
(3)			
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (h) must equal Form 990, Part Y, col (R) line 25.)			
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	e to the or	ganization's financial state	
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if the		een provided in Part XIII Schedule D (Form 990) 2019

Part XI

2

3

4

b

C 5

1

2

d

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

-28,815

0

170,306,489

170,306,489

168,310,824

168,310,824

168.310.824

Schedule D (Form 990) 2019

C	Recoveries of prior year grants	•	•	•	
d	Other (Describe in Part XIII.)				
_	Add lines 2a through 2d				

Net unrealized gains (losses) on investments . . . Donated services and use of facilities . b Description of prior consumers

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

2d

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

2a

2b

2c

2a 2b

2c 2d

4a 4b

Explanation

2e 3

-28.815

4c 5

1

2e

3

4c

5

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

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software Version: EIN: 23-2204725

Software ID:

Name: COMMUNITY SERVICES FOR CHILDREN INC

Supplemental Information

PART V, LINE 4:

Return Reference

Explanation

TO PROMOTE OVERALL MISSION OF THE ORGANIZATION

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION FOLLOWS THE ACCOUNTING GUIDANCE AS CODIFIED IN FINANCIAL ACCOUNTING STAND ARDS 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 THRESHO LD OF MORE LIKELY THEN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTH ORITY. 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 A CCRUED 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.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493060013081 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization COMMUNITY SERVICES FOR CHILDREN INC 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	dule G (Form 990 or 990-EZ) 2019 rt II					
	than \$15,000 of fundraising egross receipts greater than \$		gross income on Form	990-EZ, lines 1 and 6	6b. List events with	
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through	
		GALA (event type)	(event type)	(total number)	col. (c))	
e e						
Revenue						
Re						
	1 Gross receipts	96,444			96,444	
	2 Less: Contributions	74,340			74,340	
	3 Gross income (line 1 minus line 2)	22,104			22,104	
	4 Cash prizes					
se es	5 Noncash prizes					
Direct Expenses	6 Rent/facility costs7 Food and beverages	16 351			16 351	
<u>a</u>	8 Entertainment	16,351			16,351	
Şire Fe	9 Other direct expenses	15,696			15,696	
_	10 Direct expense summary. Add lines 4	through 9 in column (d)			32,047	
	11 Net income summary. Subtract line 10	from line 3, column (d)			-9,943	
Par	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000	
Revenue	·	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))	
Re	1 Gross revenue					
ses	2 Cash prizes					
Direct Expense	3 Noncash prizes					
<u>й</u> Т	4 Rent/facility costs					
2 1						
۵	5 Other direct expenses					
۵	5 Other direct expenses	☐ Yes <u>%</u>	☐ Yes %	☐ Yes%		
۵	5 Other direct expenses 6 Volunteer labor	☐ Yes <u>%</u> ☐ No	☐ Yes <u>%</u>	☐ Yes % ☐ No		
		□ No	_			
ā	6 Volunteer labor	No	□ No	□ No ►		
	6 Volunteer labor7 Direct expense summary. Add lines 2	through 5 in column (d)	No	□ No ►		
	6 Volunteer labor	through 5 in column (d) t line 7 from line 1, colum ion conducts gaming activi aming activities in each of	No n (d)	No	☐ Yes ☐ No	
9 a	6 Volunteer labor	through 5 in column (d) It line 7 from line 1, colum It line 3 from line 1 activities in each of	No n (d)	No		
9 a	6 Volunteer labor	through 5 in column (d) It line 7 from line 1, column It line 7 from line 1 activities in each of	No n (d)	No		

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3	
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	□No		
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes			
13	Indicate the percentage of gam	ing activity conducted in:						
а	The organization's facility .			13a			%	
b	An outside facility			13b			%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name •							
	Address >							
15a			m the organization receives gaming		· 🗆 Yes	Пио		
b	If "Yes," enter the amount of g amount of gaming revenue reta	anization 🕨 \$ and	the					
c	If "Yes," enter name and addre	ss of the third party:						
	Name •							
	Address •							
16	Gaming manager information:							
	Name 🟲							
	Gaming manager compensation	1 ▶ \$						
	Description of services provided	d ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor					
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
b	Enter the amount of distributio	t						
		pt activities during the tax year	·					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional int				5.	
	Return Reference		Explanation					

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493060013081

Open to Public Inspection

nternal Revenue Service							
lame of the organization COMMUNITY SERVICES FOR CHIL	DDEN INC					Employer identific	ation number
COMMONITY SERVICES FOR CHIL	LDREN INC					23-2204725	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used in	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistant	e, and	☑ Yes ☐ No
2 Describe in Part IV the org	•	_	=				
Part II Grants and Other that received more	Assistance to Dom than \$5,000. Part II	nestic Organizations a can be duplicated if ad	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	21, for any recipient
(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)							
Enter total number of sectionEnter total number of othe		-					84
2 Eliter total mamber of othe		a in the line I table I			· · · · · ·		

(Form 990)

Department of the

Treasury

Schedule I (Form 990) 2019	b. Danaskia Indiai	decada Camandaha	:6 bla	biom amounted Ward and	- F (000 Part IV line 22		Page 2
Part III Grants and Other Assista Part III can be duplicated i			ir the organiza	tion answered Yes or	n Form :	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number recipients		(c) Amount of cash grant	(d) Amount o		(e) Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance
See Additional Data Table		1						
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplemental Info	prmation. Provide the i	nformation red	quired in Part	I, line 2; Part III, c	olumn	(b); and any other a	dditional i	nformation.
Return Reference Ex	planation	_						

Additional Data

4 R STARS INC

670 WOODBOURNE RD LANGHORNE, PA 19047 A CHILDRENS PLACE

LEARNING CENTER INC 719 ROBLE RD ALLENTOWN, PA 18109

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

47-4059484

01-0556935

Software ID:

Form 990,Schedule 1, Part	11, Grants and	Otner Assistance to	o Domestic Organiza	tions and Domest	ic 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)

nesti	ic Governments.
ion-	(f) Method of valua (book, FMV, apprais

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

KEYSTONE STARS

KEYSTONE STARS

GRANT

GRANT

7,780

7,555

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 23-2741196 21.570 A CHILD'S WORLD IKEYSTONE STARS DEVELOPMENT CENTER INC IGRANT

2001 S EASTON RD
DOYLESTOWN, PA 18901

A CHILD'S WORLD
DEVELOPMENTAL CENTERS
INC
183 BRISTOL OXFORD VALLEY

S ASSOCIATION STARS
GRANT

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

LANGHORNE, PA 19047

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 23-2623665 12.948 KEYSTONE STARS ABC KIDDIE KAMPUS INC. 701 S MAIN ST IGRANT

IGRANT

10.932

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

OLD FORGE, PA 18518

ABC KIDDIE KAMPUS INC

1069 WYOMING AVE EXETER, PA 18643

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 23-2623665 9.540 KEYSTONE STARS ABC KIDDIE KAMPUS INC. 3 MILL ST IGRANT

IGRANT

14.475

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

PITTSTON, PA 18640

ACE ONE INC

240 W SWAMP RD DOYLESTOWN, PA 18901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government ACTIVE LEARNING CENTER LLC 20-8908359 9.214 KEYSTONE STARS 7150 HAMILTON BLVD IGRANT TREXLERTOWN, PA 18087

IGRANT

22,639

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

ACTIVE LEARNING CENTER LLC

7150 HAMILTON BLVD TREXLERTOWN, PA 18094

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government AGES & STAGES CHILD CARE 46-3614054 5.705 KEYSTONE STARS LLC IGRANT

186 BELMONT TPKE WAYMART, PA 18472

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

ALBRIGHT COLLEGE

23-1352615 33.610 KEYSTONE STARS 3040 KUTZTOWN RD IGRANT READING, PA 19605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ALL STAR CHILDCARE 14-1985875 10.310 KEYSTONE STARS ACADEMY INC IGRANT 2866 FORREST AVE

2866 FORREST AVE BENSALEM, PA 19020 ALLENTOWN JEWISH

ALLENTOWN JEWISH 23-0734200 501 (C) (3) 9,940 KEYSTONE STARS GRANT GRANT ALLENTOWN, PA 18104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

IGRANT

ALMOST HOME LTD 611 MONTGOMERY AVE BOYERTOWN, PA 19512	23-2703573	6,180		KEYSTONE STARS GRANT
ALMOST HOME LTD	23-2703573	7,930		KEYSTONE STARS

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

611 MONTGOMERY AVE BOYERTOWN, PA 19512

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ANA M VFI F7 23-2872639 6.810 KEYSTONE STARS

1025 INTERCHANGE ROAD IGRANT GILBERT, PA 18331 ANITA L BUTZ 20-0548554

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

POTTSVILLE, PA 17901

6.120 KEYSTONE STARS 24 BETTY RD IGRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) ANTOSHKA DAYCARE CENTER 45-3795208 8.306 KEYSTONE STARS IGRANT 195 PHILMONT AVE FEASTERVILLE

GRANT

TREVOSE PA 19053 FEASTERVILLE TREVOSE, PA

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

6690 LOW ST

BLOOMSBURG, PA 17815

19053 20-8122722 11,815 AUCKLAND INC KEYSTONE STARS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-5184037 9.415 BABA'S CHILD CARE LLC IKEYSTONE STARS 1775 SULLIVA TRAIL IGRANT EASTON, PA 18040 BABY GEIUS DAY CARE 61-1444222 15.224 KEYSTONE STARS CENTER INC. IGRANT

517 E LINCOLN HWY LANGHORNE, PA 19047

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BABY GEIUS DAY CARE 82-3728302 14.760 KEYSTONE STARS CENTER INC IGRANT 153 LUMBER ST MACUNGIE, PA 18062 BABY GEIUS DAY CARE 82-3728302 9.240 KEYSTONE STARS CENTER INC IGRANT

153 LUMBER ST MACUNGIE, PA 18062

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 23-2755143 7.710 KEYSTONE STARS

IGRANT

BANGOR PRESCHOOL INC 23-2755143 7,710 KEYSTONE STARS 420 S 1ST ST BANGOR, PA 18013 16.480 KEYSTONE STARS 6RANT KEYSTONE STARS 6RANT 6RANT

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

221 S 4TH ST BANGOR, PA 18013

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-1740825 8.580 KEYSTONE STARS BERKS COUNTY INTERMEDIATE UNIT 14 IGRANT

705 FRIEDENSBURG RD READING, PA 19606

BERKS COUNTY 23-1740825 6.725 KEYSTONE STARS INTERMEDIATE UNIT 14 IGRANT 2101 CENTRE AVE READING, PA 19605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-2589099 501 (C) (3) 14.475 BETHANY WESLEYAN CHURCH IKEYSTONE STARS 675 BLUE MOUNTAIN DR IGRANT CHERRYVILLE, PA 18035

BETHLEHEM AREA SCHOOL 24-0862592 5.690 KEYSTONE STARS DISTRICT IGRANT 1260 GRESHAM ST

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

BETHLEHEM, PA 18017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 24-0862592 5.690 KEYSTONE STARS BETHLEHEM AREA SCHOOL DISTRICT IGRANT 1621 CATASAUOUA RD BETHLEHEM, PA 18018 BETHLEHEM AREA SCHOOL 24-0862592 5.690 KEYSTONE STARS

IGRANT

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

DISTRICT

1021 CALYPSO AVE BETHLEHEM, PA 18018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 83-1197333 9.232 BETHLEHEM EARLY LEARNERS IKEYSTONE STARS IGRANT 529 E BROAD ST

IGRANT

BETHLEHEM, PA 18018 47-5606051 6.161 KEYSTONE STARS

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

BLASIS BEGINNINGS LLC 8958 ROUTE 220

DUSHORE, PA 18614

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 30-0248531 7.940 BLOOM EARLY EDUCATION IKEYSTONE STARS CENTER INC IGRANT

IGRANT

5.241

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

501 (C) (3)

135 OWEN ST

THROOP, PA 18512

24-6000668

SWOYERSVILLE, PA 18708 BOROUGH OF THROOP 500 SANDERSON ST

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 23-2684362 8.010 KEYSTONE STARS BOYERTOWN CHILDREN'S CENTER INC IGRANT

1431 N 9TH ST

STROUDSBURG, PA 18360

515 OLD SWEDE RD DOUGLASSVILLE, PA 19518				
BRIGHT BEGINNINGS DAYCARE AND PRESCHOOL INC	83-1797989	15,347		KEYSTONE STARS GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 04-2949680 6.180 KEYSTONE STARS BRIGHT HORIZONS CHILDRENS CENTERS LLC IGRANT

1150 E MOUNTAIN BLVD WILKES BARRE, PA 18702				
BROOKSIDE CHILDREN'S EARLY EDUCATION CENTER LLC	45-4944566	9,115		KEYSTONE STARS GRANT

675 N BROOKSIDE ROAD ALLENTOWN, PA 18106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BROOKSIDE CHILDREN'S 45-4944566 12.430 KEYSTONE STARS EARLY EDUCATION CENTER IGRANT

IGRANT

14.171

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

II C 357 S ROUTE 100 ALLENTOWN, PA 18106

BUSY LITTLE BEAVERS INC.

23 WESNER LN

DANVILLE, PA 17821

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BUTTERFLY LEARNING CENTER 46-0842920 13,079 KEYSTONE STARS II C CRANT

STARS

1828 W ALLEN ST ALLENTOWN, PA 18104					ONAIVI
CALVARY CHURCH OF THE NAZARENE 3301 STOUDTS FERRY BRIDGE	23-1667033	501 (C) (3)	14,118		KEYSTONE S GRANT

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

RD READING, PA 19605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 45-3645473 10.820 KEYSTONE STARS CAMP RESTORATION INC. 417 N 14ST IGRANT

IGRANT

28,696

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

501 (C) (3)

ALLENTOWN, PA 18102

CARBONDALE YMCA

CARBONDALE, PA 18407

82 N MAIN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-1661367 8.380 KEYSTONE STARS CAREER INSTITUTE OF TECHNOLOGY IGRANT 5335 KESSLERSVILLE RD

EASTON, PA 18040 CAROUSEL FARM'S 23-2133769 21.235 KEYSTONE STARS EDUCATION CENTER INC IGRANT

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

226 GRENOBLE RD WARMINSTER, PA 18974

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government CATHOLIC YOUTH CENTER INC. 23-7227221 501 (C) (3) 11.015 KEYSTONE STARS 36 S WASHINGTON ST IGRANT

IGRANT

8.240

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

WILKESBARRE, PA 18701
CATHRYN COLE-BROWN

75 S WASHINGTON ST CANTON, PA 17724

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CENTER FOR DEVELOPMENTAL 23-2691523 501 (C) (3) 7,084 KEYSTONE STARS DICABILITIES OF DIVE CDANT

1352

ALLENTOWN, PA 18109

COUNTY 101 POCONO DR MILFORD, PA 18337				GRAINT
CERETA JOHNSON 1302 HANOVER AVE SUITE	26-1584157	7,105		KEYSTONE STARS GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-1875342 501 (C) (3) 6.399 CHILD DEVELOPMENT KEYSTONE STARS COUNCIL OF NORTHEASTERN IGRANT 161 E MARKET ST

PA
161 E MARKET ST
WILKESBARRE, PA 18702

CHILD DEVELOPMENT
COUNCIL OF NORTHEASTERN
PA

KEYSTONE STARS
GRANT

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

827 EXETER AVE EXETER, PA 18643

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-1875342 501 (C) (3) 12.841 KEYSTONE STARS CHILD DEVELOPMENT COUNCIL OF NORTHEASTERN IGRANT

IGRANT

7.555

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

20 2ND ST TUNKHANNOCK, PA 18657

CHILDREN CENTRAL LLC

882 TOWN CENTER DR

LANGHORNE, PA 19047

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-1981629 501 (C) (3) 14.094 KEYSTONE STARS CHILDREN DEVELOPMENT PROGRAM INC IGRANT

995 DOYLESTOWN PIKE QUAKERTOWN, PA 18951 CHILDREN OF AMERICA 90-0881245 5.215 KEYSTONE STARS (PLUMSTEADVILLE) LLC IGRANT

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

4139 FERRY RD DOYLESTOWN, PA 18916

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-2098508 15.330l KEYSTONE STARS CHILDREN OF AMERICA IVYLAND LLC IGRANT

880 JACSONVILLE RD STE 105 WARMINSTER, PA 18974 CHILDREN OF AMERICA 14-1942684 10.890 KEYSTONE STARS WARMINSTER LLC IGRANT

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

1187 YORK RD

WARMINSTER, PA 18974

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 65-0847351 14.990 CHILDREN OF AMERICA INC IKEYSTONE STARS 590 KANSAS RD IGRANT WARRINGTON, PA 18976 CHILDREN OF AMERICA NEW 20-3663336 9.040 KEYSTONE STARS

IGRANT

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

BRITAIN LLC

386 W BUTLER AVE DOYLESTOWN, PA 18901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-2302463 501 (C) (3) 6.310 CHRISTIAN LIFE ASSEMBLY IKEYSTONE STARS 2209 W MAIN ST IGRANT STROUDSBURG, PA 18360

COLUMBIA DAYCARE 23-1877155 501 (C) (3) 11.836 KEYSTONE STARS PROGRAM INC. IGRANT

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

215 E 5TH ST

BLOOMSBURG, PA 17815

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 23-2825876 21.140 KEYSTONE STARS COMMUNITY EDUCATIONAL CENTER IGRANT

RD DOYLESTOWN, PA 18902				
COPE CHILDCARE AND	81-0840380	7,010		KEYSTONE

TAMAQUA, PA 18252

VE STARS LEARNING CENTER LLC IGRANI 562 W PENN PIKE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-0840380 6.161 KEYSTONE STARS COPE CHILDCARE AND LEARNING CENTER LLC IGRANT 2075 W PENN PIKE ANDREAS, PA 18211 COPE CHILDCARE AND 81-0840380 5.991 KEYSTONE STARS LEARNING CENTER LLC IGRANT

521 SCHUYLKILL AVE TAMAQUA, PA 18252

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-2915265 24.534 KEYSTONE STARS COUNTRY CHARM EARLY LEARNING CENTER INC IGRANT 9 F BUTI FR DR

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

DRUMS. PA 18222

CREATE AND SHARE EARLY 45-5088376 8.925 KEYSTONE STARS LEARNING CENTER LLC IGRANT 83 DIVISION ST SAYRE, PA 18840

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government KEYSTONE STARS

CREATION PLAYSTATION INC. 23-2965239 13.620 1336 W MINOR ST IGRANT EMMAUS, PA 18049

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

SCRANTON, PA 18503

CREATIVE CRITTERS INC. 23-3054185 5.235 KEYSTONE STARS IGRANT 234 MIFFLIN AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-4698843 6.161 KEYSTONE STARS CREATIVE KIDS LEARNING ACADEMY LLC IGRANT 2925 W FMAUS AVE ALLENTOWN, PA 18103 CREATIVE LEARNING CENTER 57-1178821 18.540 KEYSTONE STARS OF THE LV INC IGRANT 3421 NIGHTINGALE DR

EASTON, PA 18045

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 65-1165275 18.650l CURIOUS KIDS INC IKEYSTONE STARS 102 STEWARD LN IGRANT

CHALFONT, PA 18914

DANVILLE CHILD 23-1915333 501 (C) (3) 27,810

DEVELOPMENT CENTER 398 WALL ST

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

DANVILLE, PA 17821

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-1915333 501 (C) (3) 7.210 KEYSTONE STARS DANVILLE CHILD DEVELOPMENT CENTER IGRANT 1459 BLOOM RD DANVILLE, PA 17821 DARILYNS KIDDIE CITY 47-2250899 5.235 KEYSTONE STARS

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

DAYCARE CENTER LLC

1668 N 10TH ST READING, PA 19604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ONE STARS

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

FLEETVILLE, PA 18420

DAYDREAMERS CHILD CARE 26-1705286 11.320 KEYSTONE STARS IGRANT 140 N ROUTE 407

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-1705286 22.430 KEYSTONE STARS IGRANT

DAYDREAMERS CHILD CARE 1814 NEWTON RANSOM BLVD CLARK SUMMIT, PA 18411

DAYDREAMERS CHILD CARE 26-1705286 6,110

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

CLIFFORD, PA 18413

KEYSTONE STARS IGRANT 119 CEMETERY ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-4310787 5.081 DDG CHILDCARE LLC IKEYSTONE STARS 1218 CANAL ST IGRANT NORTHAMPTON, PA 18067 DELAWARE VALLEY CHILD 23-2672491 7.912 KEYSTONE STARS

CARE ASSOC INC IGRANT 185 WALTON DR

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

MORRISVILLE, PA 19067

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) DELAWARE VALLEY CHILD 23-2672491 5.431 KEYSTONE STARS CARE ASSOC INC IGRANT 601 N 7TH ST PERKASIE, PA 18944 DELAWARE VALLEY CHILD 23-2672491 7.322 KEYSTONE STARS

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

CARE ASSOC INC

430 TRENTON RD

FAIRLESS HILLS, PA 19030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) DELAWARE VALLEY CHILD 23-2672491 8.502 KEYSTONE STARS CARE ASSOC INC IGRANT 899 OXFORD VALLEY RD YARDLEY, PA 19067 DELAWARE VALLEY CHILD 23-2672491 6.142 KEYSTONE STARS

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

CARE ASSOC INC

200 LAKESIDE DR LEVITTOWN, PA 19054

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) DELAWARE VALLEY CHILD 23-2672491 7.322 KEYSTONE STARS CARE ASSOC INC IGRANT 1673 OUARRY RD

YARDLEY, PA 19067 DISCOVER THE WORLD 45-4230728 15.745 KEYSTONE STARS

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

CHILDREN'S CENTER INC 2431 PENNSYLVANIA AVE

SAYRE, PA 18840

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government NE STARS

DISCOVERY MI PRESCHOOL 1301 BEECH ST SCRANTON, PA 18505	47-5504807	501 (C) (3)	7,788		KEYSTONE STARS GRANT
DOYLESTOWN HOSPITAL	23-1352174	501 (C) (3)	71,118		KEYSTONE STARS

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

595 W STATE ST DOYLESTOWN, PA 18901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government DW DAYCARE LLC 26-0836801 5.790 KEYSTONE STARS IGRANT

3025 NORTH ST MORGANTOWN, PA 19543

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

WHITEHALL, PA 18052

E AND J KERN INC 46-1772321 8.330 KEYSTONE STARS IGRANT 2532 BERYL AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-2585754 6.035 ECLECTIC MANAGEMENT CORP IKEYSTONE STARS 69 N MAIN ST IGRANT CARBONDALE, PA 184071919

CARBONDALE, PA 184071919

EMILIE UNITED METHODIST CHURCH
7300 NEW FALLS RD

CHURCH CHU

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

LEVITTOWN, PA 19055

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 83-0754516 12,577 KEYSTONE STARS ENDLESS INNOVATIONS IGRANT ACADEMY LLC

1901 S 12TH ST BLDG 1 SUITE 8 ALLENTOWN, PA 18103				
ENDLESS MOUNTAIN LEARNING CENTER INC	20-0180530	11,433		KEYSTONE STARS GRANT

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

117 JACKSON ST NEW MILFORD, PA 18834

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ENRICHMENT WORKSHOP FOR 23-2467678 6.090 KEYSTONE STARS CHILDREN INC IGRANT 3100 DONALLEN DR BENSALEM, PA 190201838

EXPLORE AND LEARN 47-1740413 13.160 KEYSTONE STARS CHILDCARE AND LRN CTR IGRANT

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

510 N 5TH ST PERKASIE, PA 18944

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 23-2519420 9.165 KEYSTONE STARS FIRST FRIENDS INC 938 TOWN CENTER IGRANT DOYLESTOWN, PA 189015182

DOYLESTOWN, PA 189015182

FLYING HILLS PRESCHOOL
AND INFANT TODDLER CNTR
INC 11 VILLAGE CENTER DR
RE
11 VILLAGE CENTER DR

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

READING, PA 19607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-1275358 10.920 FOGELSVILLE ALC LLC IKEYSTONE STARS 7200 B WINDSOR DR IGRANT 46-0817482 5.410 KEYSTONE STARS

ALLENTOWN, PA 181069318 FOREVER FRIENDS CHILD CARFILC IGRANT 2 BELVIDERE ST 4

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

NAZARETH, PA 18064

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government FRANCKOWIAK 84-4055488 26.820 KEYSTONE STARS 1600 MEYER WAY IGRANT

KEYSTONE STARS

IGRANT

7.550

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

JAMISON, PA 18929
FRECKLES AND FRILLS INC

SCRANTON, PA 18505

515 FIG ST

23-2981780

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 24-0795422 501 (C) (3) 13.445 FREINDSHIP HOUSE IKEYSTONE STARS 1509 MAPLE ST IGRANT SCRANTON, PA 18505 FRIEDENS EVANGELICAL 23-7199273 501 (C) (3) 31.580 KEYSTONE STARS

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

LUTHERAN CHURCH

1076 MEMORIAL HWY OLEY, PA 19547

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) GEORGE SCHOOL CHILDREN'S 33-1044968 501 (C) (3) 10,150 IKEYSTONE STARS

IKEYSTONE STARS

IGRANT

CENTER 1690 NEWTOWN LANGHORNE RD NEWTOWN, PA 189402414				GRANT
GRACE EDUCATION INC	20-3857100	10.595		KEYSTONE

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

DOYLESTOWN, PA 189014713

100 FARM LANE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government NE STARS

GREATER PHILADELPHIA YMCA 301 W SPRING ST BOYERTOWN, PA 19512	23-1243965	501 (C) (3)	5,210		KEYSTONE GRANT

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

DUNMORE, PA 18512

KEYSTONE STARS GREATER SCRANTON YMCA 24-0795516 9.8701 501 (C) (3) 706 N BLAKELY ST IGRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government ONE STARS

GREATER VALLEY YMCA 315 W PENNSYLVANIA AVE PEN ARGYL, PA 18072	24-0798706	501 (C) (3)	6,161		KEYSTONE STARS GRANT
GREATER VALLEY YMCA	24-0798706	501 (C) (3)	6,161		KEYSTONE STARS

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

312 S RR 100

FOGELSVILLE, PA 18051

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 24-0798706 501 (C) (3) 7.706 KEYSTONE STARS GREATER VALLEY YMCA 2200 HUCKLEBERRY RD CRANT

ALLENTOWN, PA 18104				GRANT
GROWING YEARS CHILDCARE CENTER INC ROUTE 93 16 GOULDS LANE CONYNGHAM PA 18219	23-2830588	11,730		KEYSTONE STARS GRANT

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

CONYNGHAM, PA 18219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) GUMMY BEARS LEARNING 46-1149352 6.142 KEYSTONE STARS CENTER LLC IGRANT 413 UNION BLVD ALLENTOWN, PA 18109 HEATHER PENAROBERT 81-4732443 5.796 KEYSTONE STARS

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

MORRIS AFTER SCHOOL

111 N APPLE ST DUNMORE, PA 18512

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-3097342 30.440 KEYSTONE STARS HILDEBRANDT LEARNING CENTERS LLC IGRANT 3500 CORPORATE PKWY CENTER VALLEY, PA 18034 HILDEBRANDT LEARNING 23-3097342 21.780 KEYSTONE STARS CENTERS LLC IGRANT

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

420 S 10TH ST EMMAUS, PA 18049

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HOLLI D ZELINSKY 74-3210674 16.122 KEYSTONE STARS 7A BUILTWELL RD IGRANT SCHUYLKILL HAVEN, PA

KEYSTONE STARS

IGRANT

9.215

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

501 (C) (3)

23-2046281

17972

HOLY CROSS EVANGELICAL LUTHERAN CHURCH

696 JOHNSON ROAD NAZARETH, PA 18064

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 20-2316970 12.695 KEYSTONE STARS HORWITH RENTALS LLC 7033 PA ROUTE 873 IGRANT

KEYSTONE STARS

IGRANT

7.555

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

SLATINGTON, PA 18080
HUSH LITTLE ANGELS LLC

1036 N GODFREY ST ALLENTOWN, PA 18109 75-3235099

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) IMAGINATION STATION 81-3349744 9.832 IKEYSTONE STARS

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

COVENANT PRESBYTERIAN 550 MADISON AVE SCRANTON, PA 18510

CHILDCARE CENTER LLC 626 CAN DO EXPY STE 3 AND			·		GRANT
4 HAZLE TOWNSHIP, PA 18202					
INFANT CARE PROGRAM AT	23-3073719	501 (C) (3)	6.310		KEYSTONE STARS

IGRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government IVETTE ACEVEDO 26-4409642 6.120 KEYSTONE STARS 608 N 6TH ST IGRANT

KEYSTONE STARS

IGRANT

8.915

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

ALLENTOWN, PA 181021666

83-4424426

JAMIE THREE LLC

3525 HULMEVILLE RD BENSALEM, PA 19020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 23-3015334 5.105 KEYSTONE STARS IGRANT

JEAN GARNETT 809 EMILY AVE CROYDON, PA 190216727

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

LUZERNE, PA 18709

JENNIFER L SCHWEIZER 32-0154745 5.215 KEYSTONE STARS IGRANT 517 CHARLES ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JERUSALEM LUTHERAN 25-1207913 501 (C) (3) 13.125 IKEYSTONE STARS

KEYSTONE STARS

IGRANT

CHURCH		i i		GRANT
252 DOCK ST				
SCHUYLKILL HAVEN, PA				
17972				

10,300

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

501 (C) (3)

24-0795964

JEWISH COMMUNITY CENTER

SCRANTON, PA 18510

601 JEFFERSON ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government JMF INC 23-3012640 15.950 IKEYSTONE STARS 138 MILL RD IGRANT QUAKERTOWN, PA 189512643 JOLLY TODDLERS II INC 36-4659721 15.245 KEYSTONE STARS

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

275 2ND SREET PIKE

SOUTHAMPTON, PA 189663833

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 23-2853369 19.575 JUST CHILDREN BENSALEMS KEYSTONE STARS INC IGRANT 2354 GALLOWAY RD 23-2359349 9.410 KEYSTONE STARS IGRANT

BENSALEM, PA 19020 JUST CHILDREN DEVELOPMENTAL CENTER INC 2607 NESHAMINY INTERPLEX DR STE F FEASTERVILLE TREVOSE, PA

190536946

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 56-2513206 7.415 JUST CHILDREN OF AMERICA IKEYSTONE STARS HILLTOWN LLC IGRANT 4030 BETHLEHEM PIKE

IKEYSTONE STARS

IGRANT

12.020

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

4030 BETHLEHEM PIKE TELFORD, PA 18969 JUSTIN ABROMAVAGE

COVINGTON, PA 18444

989 DRINKER TPKE

80-0690044

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 80-0690044 6.161 KEYSTONE STARS JUSTIN ABROMAVAGE 1201 CHURCH ST IGRANT MOSCOW, PA 18444

KALAIMAGAL CORPORATION 46-3862417 17.949 KEYSTONE STARS

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

8829 NEW FALLS RD LEVITTOWN, PA 19054

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government KANDKEREYILC 82-2029876 17.850 KEYSTONE STARS

	22 2242422	10.000		
EMMAUS, PA 18049				GIVAINT
3853 ALLEN ST				GRANT

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

423 CENTER ST

CLARKS SUMMIT, PA 18411

IKEYSTONE STARS KATHLEEN BUNNELL 23-2918439 13.8901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 24-0795441 501 (C) (3) 10.022 KEYSTONE COLLEGE IKEYSTONE STARS ONE COLLEGE GREEN IGRANT 6.142 KEYSTONE STARS

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

LA PLUME, PA 18440 KIDDIE CITY FARLY LEARNING 82-1450009 CENTER INC. 1309 W GORDON ST

ALLENTOWN, PA 18102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-1450009 13.666 KIDDIE CITY EARLY LEARNING IKEYSTONE STARS CENTER INC IGRANT 1309 W GORDON ST ALLENTOWN, PA 18102 KIDDIE KAPERS INC. 23-3069204 6.780 IKEYSTONE STARS

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

37 W PATTERSON ST

LANSFORD, PA 18232

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KIDS CAMPUS NURSERY AND 83-2269652 6,761 KEYSTONE STARS

DAYCARE LLC 1100 BLUE VALLEY DR PEN ARGYL, PA 18072				GRANT
PEN ARGIL, PA 10072				
KIDS COUNTRY INC	23-2641439	13.970		KEYSTONE STAR

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

175 HARVEST LN SUITE 101

POCONO SUMMIT, PA 18346

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government NE STARS

KID'S EXPRESS INC 385 BLUE VALLEY DR BANGOR, PA 18013	23-2694289	10,985		KEYSTONE STARS GRANT
KIDS PLAY TODAY LLC	26-0283686	10.420		KEYSTONE STARS

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

KIDS PLAY TODAY LLC 837 ROUTE 6 UNIT 5

SHOHOLA, PA 184583523

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 45-3176640 11.525 KIDZ PARADISE LLC IKEYSTONE STARS 1340 W WYOMISSING BLVD IGRANT WEST LAWN, PA 19609 24-0804602 501 (C) (3) 26.770 KEYSTONE STARS

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

KINGS COLLEGE 177 N MAIN ST

WILKES BARRE, PA 187012007

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) KMP INC 65-1209589 12,020 IKEYSTONE STARS

2790 SCRANTON-				GRANT
CARBONDALE HWY SUITE				
OLYPHANT, PA 18447				
KNS ENTERPRISES INC	23-2801348	6,180		KEYSTONE STARS

4500 EDUCATION PARK DR IGRANT SCHNECKSVILLE, PA

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

180782501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) KOL EMET YARDLEY 22-2596919 501 (C) (3) 9.575 KEYSTONE STARS RECONSTRUCTIONIST CONG IGRANT 1360 OXFORD VALLEY RD YARDLEY, PA 190674414 KOZY KASTLE SCHOOL AGE 46-5147507 5.410 KEYSTONE STARS PROGRAM LLC IGRANT

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

253 PENNSYLVANIA AVE ATHENS, PA 18810

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government NE STARS

KUEHG CORP	47-4478313	18,800		KEYSTON
35 WINGCO LN				GRANT
READING, PA 19605				
4				

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

23 GIBRALTAR RD

READING, PA 19606

KUEHG CORP 47-4478313 11.270 KEYSTONE STARS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government KUFHG CORP 47-4478313 20.030 KEYSTONE STARS IGRANT

IGRANT

18.420

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

195 OLD SWEDE RD DOUGLASSVILLE, PA 19518 KUEHG CORP

READING, PA 19608

5 MORGAN DR

47-4478313

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government NE STARS

IGRANT

KUEHG CORP 7575 PENN DR ALLENTOWN, PA 18106	47-4478313	15,790		KEYSTONE GRANT
KUEHG CORP	47-4478313	38 <i>.</i> 450		KEYSTONE

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

KUEHG CORP 865 BERKSHIRE BLVD

READING, PA 19610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 47-4478313 26.115 KEYSTONE STARS KUEHG CORP 1810 S MAIN ST IGRANT HANOVER TOWNSHIP, PA

IGRANT

16.620

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

47-4478313

18706 KUEHG CORP

451 S OLDS BLVD

FAIRLESS HILLS, PA 19030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KUFHG CORP 47-4478313 11.440 KEYSTONE STARS 9 PHEASANT RUN IGRANT NEWTOWN, PA 18940

IGRANT

19.900

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

47-4478313

KUEHG CORP

390 F MAPLE AVE

LANGHORNE, PA 19606

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government KUFHG CORP 47-4478313 17.200 KEYSTONE STARS IGRANT

748 STONY HILL RD YARDLEY, PA 19067

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

READING, PA 19606

KUEHG CORP 47-4478313 12.240 KEYSTONE STARS 23 GIBRALTAR RD IGRANT

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government NE STARS

IGRANT

KUEHG CORP 23 GIBRALTAR RD READING, PA 19606	47-4478313	15,330		KEYSTONI GRANT

12.240

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

47-4478313

KUEHG CORP

489 W BUTLER AVE

CHALFONT, PA 18914

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LAM LLC 20-3265368 5.010 KEYSTONE STARS 25 COMMERCE DR IGRANT READING, PA 19610

LACKAWANNA CO DHSOFFICE 24-6000729 501 (C) (3) 33.300 KEYSTONE STARS IGRANT OF YOUTH AND FAMILY SERVI 99 GLENMAURA NATIONAL

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

BLVD MOOSIC, PA 18507

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-1658418 501 (C) (3) 12.050 KEYSTONE STARS LAKE-LEHMAN SCHOOL DISTRICT IGRANT

1237 MARKET ST DALLAS, PA 18612 LAKERUN LEARNING CENTER 47-2053199 7.299 KEYSTONE STARS IGRANT LLC

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

23 ROOSEVELT DR HAWLEY, PA 18428

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 30-0191414 7.707 LAND OF CHILDREN INC IKEYSTONE STARS 1331 OREILLY DR IGRANT FEASTERVILLE, PA 19053

FEASTERVILLE, PA 19053

LANGHORNE TERRANCE 23-1946407 501 (C) (3) 26,480

KEYSTONE STARS GRANT

1271 E MAPLE ST

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

LANGHORNE, PA 190473021

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-3161153 6.142 LEADERS OF OUR FUTURE INC IKEYSTONE STARS 825 N 12TH ST IGRANT ALLENTOWN, PA 18102 LEADERS OF OUR FUTURE 82-1949596 9.832 KEYSTONE STARS

LEARNING CENTER LLC. IGRANT 815 N 12TH ST

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

ALLENTOWN, PA 18102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 6.110 LEAPS AND BOUNDS INC 46-3922117 IKEYSTONE STARS 556 ELMIRA ST IGRANT TROY, PA 16947 LEARNING AND GROWING 46-2008364 9.180 KEYSTONE STARS CHILD CARE CENTER IGRANT

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

60 MILANVILLE RD BEACH LAKE, PA 18405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LEARNING CIRLCE LLC 47-1928339 22.225 KEYSTONE STARS 105 PHILMONT AVE IGRANT FEASTERVILLE TREVOSE, PA 19053

LEARNING LADDER ACADEMY 81-4697514 18.375 KEYSTONE STARS IGRANT LLC

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

2250 RIDGEWOOD RD READING, PA 19610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-0436409 10.560 LEARN-PLAY DAY CARE LLC IKEYSTONE STARS 301 W MAIN ST IGRANT BATH, PA 18014

LEE ANN PERRYS ACADEMY OF 27-4629630 9.020 KEYSTONE STARS LEARNING CENTER IGRANT

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

104 PROSPECT ST 106 DUNMORE, PA 18512

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LEHIGH VALLEY CHILDREN'S 23-1908158 501 (C) (3) 8.189 KEYSTONE STARS CENTER INC IGRANT

1621 UNION BLVD ALLENTOWN, PA 18109 LEHIGH VALLEY CHILDREN'S 23-1908158 501 (C) (3) 13.390

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

BETHLEHEM, PA 18015

KEYSTONE STARS CENTER INC IGRANT 729 DELAWARE AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LEHIGH VALLEY CHILDREN'S 23-1908158 501 (C) (3) 5.727 KEYSTONE STARS CENTER INC IGRANT 540 W CHEW ST

IGRANT

540 W CHEW ST
ALLENTOWN, PA 18102

LEHIGH VALLEY CHILDREN'S 23-1908158 501 (C) (3) 7,969

CENTER INC

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

938 MAIN ST

BETHLEHEM, PA 18018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LEHIGH VALLEY CHILDREN'S 23-1908158 501 (C) (3) 14.601 KEYSTONE STARS CENTER INC IGRANT

1313-1335 FAIRMONT ST
WHITEHALL, PA 18052

LEHIGH VALLEY CHILDREN'S 23-1908158 501 (C) (3) 6,750

KEYSTONE STARS
GRANT

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

2002 S ALBERT ST ALLENTOWN, PA 18103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LEHIGH VALLEY CHILDREN'S 23-1908158 501 (C) (3) 5.326 KEYSTONE STARS IGRANT

IGRANT

11.840

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

501 (C) (3)

CENTER INC 410 F 5TH ST BETHLEHEM, PA 18015

CENTERS INC

3880 PARK AVE NEFF, PA 18065

LEHIGH VALLEY CHILDRENS

23-1908158

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LEUTOU VALLEY OUTLINDENS 22-1009159 EU1 (C) (3) 6 917 LEACTURE CLYDC

CENTERS INC 395 BRIDLE PATH RD BETHLEHEM, PA 18017	23-1900130	301 (C) (3)	0,617		GRANT
LEHIGH VALLEY HOSPITAL	23-1689692	501 (C) (3)	26,560		KEYSTONE STARS

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

1200 S CEDAR CREST BLVD

ALLENTOWN, PA 181036202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-2976928 7.780 LEHIGH VALLEY MARTIAL ARTS IKEYSTONE STARS INC IGRANT

IGRANT

18.314

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

544 JUBILEE ST EMMAUS, PA 18049

NAZARETH, PA 18064

4076 JANDY BLVD

46-1100517

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

LIFE SPAN DAY CARE INC 2460 JOHN FRIES HWY QUAKERTOWN, PA 189512182	22-2616028	501 (C) (3)	31,119		KEYSTONE STARS GRANT
LIFESPAN DAY CARE INC	22-2616028	501 (C) (3)	11.585		KEYSTONE STARS

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

1651 N CEDAR CREST BLVD

ALLENTOWN, PA 18104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-3460162 10.015 KEYSTONE STARS LITTLE ARCHIES CLUBHOUSE DAY CARE CENTER LLC IGRANT

635 W TURNER ST ALLENTOWN, PA 18102 LITTLE BIG THINKERS 47-1107276 7.215

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

EDWARDSVILLE, PA 18704

KEYSTONE STARS LEARNING CENTER LLC IGRANT 523 MAIN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government NE STARS

LITTLE BOMBERS LLC 180 DELAWARE AVE PALMERTON, PA 18071	47-5215128	6,010		GRANT
LITTLE BOMBERS LLC	47-5215128	6.142		KEYSTONE STARS

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

LITTLE BOMBERS LLC 180 DELAWARE AVE

PALMERTON, PA 18071

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-3934720 16.545 LITTLE BUDDIES CHILDCARE & IKEYSTONE STARS PRESCHOOL LLC IGRANT 1068 BUSHKILL CENTER RD NAZARETH, PA 18064 LITTLE CUB'S DEN 75-3095154 5.410 IKEYSTONE STARS 2833 STATE ROUTE 487 IGRANT

ORANGEVILLE, PA 17859

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-0901873 7.706 LITTLE DESK PRESCHOOL INC IKEYSTONE STARS 3357 GREENWOOD AVE IGRANT MOOSIC, PA 18507 LITTLE PEEPS LEARNING 83-0710458 KEYSTONE STARS

6.142 IGRANT

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

CENTER INC. 3364 SCRANTON CARB HWY

BLAKELY, PA 18447

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LITTLE PEOPLE DAY CARE 26-2995104 10.626 KEYSTONE STARS SCHOOL SOUTH INC IGRANT 280 HANOVER ST WILKES BARRE, PA 18702

IGRANT

8.725

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

LITTLE PEOPLE DAY CARE

KINGSTON, PA 187045727

SCHOOL INC

154 3RD AVE

23-2837236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-1122903 6.110 KEYSTONE STARS LITTLE SPROUTS EARLY LEARNING CENTER LLC IGRANT 7168 BERNVILLE RD BERNVILLE, PA 19506

LITTLE WIGGLES GIGGLES 46-4956974 15.720 KEYSTONE STARS LEARNING CENTER INC IGRANT

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

581 N PENNSYLVANIA AVE WILKES BARRE, PA 18705

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-2940801 8.959 LIVE 'N LEARN STATION INC IKEYSTONE STARS 135 S 5TH ST IGRANT

READING, PA 19602

LONGSWAMP UNITED CHURCH 23-2417193 501 (C) (3) 9,440

OF CHRIST 200 CLAY RD

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

MERTZTOWN, PA 19539

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) LOTS OF LOVE LEARNING 57-1171300 5,410 KEYSTONE STARS

CENTER 4800 E STREET RD FEASTERVILLETREVOSE, PA 190536658				GRANT
LOVE ABC LEARNING CENTER	81-2010332	8,580		KEYSTONE S

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

WHITEHALL, PA 18102

IE STARS INC IGRANT 2203 N 1ST AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government LPCC INC 23-2653303 18.310 KEYSTONE STARS IGRANT

IGRANT

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

100 FLORAL VALE BLVD MORRISVILLE, PA 19067

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 47-1959183 5,131 KEYSTONE STARS MALAS ROOTS AND SHOOTS DAVICABE AND DESCRIPTION CDANT

LLC 2118 WASHBURN ST SCRANTON, PA 18504				GRANT
MARIA VERAS FAMILY DAYCARE INC	83-3208835	6,120		KEYSTONE STARS GRANT

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

27 N 12TH ST ALLENTOWN, PA 18101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 80-0510842 11.377 MARSHALL AND FRIENDS IKEYSTONE STARS CHILD CARE CENTER LLC IGRANT 1101 HAMILTON ST STE 169 ALLENTOWN, PA 18101

IGRANT

5.130

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

MARYS DAY CARE CENTER LLC

550 N 3RD ST

READING, PA 19601

46-1976631

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

IGRANT

MARYWOOD UNIVERSITY INC 2300 ADAMS AVE SCRANTON, PA 18509	24-0795453	501 (C) (3)	17,975		KEYSTONE STARS GRANT
MCSM ENTERPRISES INC	20-1689246		6.985		KEYSTONE STARS

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

MCSM ENTERPRISES INC 20-1689246 4485 HANOVERVILLE RD

BETHLEHEM, PA 180209462

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-3009027 7.380 MEL MEG CORPORATION INC IKEYSTONE STARS 80 WOOD ST IGRANT WILKESBARRE, PA 18702

IGRANT

WILKESBARRE, PA 18702

MIDDLE BUCKS INSTITUTE OF 23-1701582 501 (C) (3) 7,915

TECHNOLOGY 2740 YORK RD

JAMISON, PA 189291046

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government MILDRED TORRES RAMIREZ 26-1656322 5.490 KEYSTONE STARS

101 SPRING ST IGRANT READING, PA 19601

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

E STROUDSBURG, PA 18302

MIRACLES 3 INC 33-1000248 32.790 KEYSTONE STARS IGRANT 309 DARTMOUTH DR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-2372948 9.920 MOPPETS ON MULBERRY LLC IKEYSTONE STARS 35 FOX CHASE DR IGRANT TOWANDA, PA 18848 MT TOP KIDS INC 23-2495351 14.390 KEYSTONE STARS 1 MARION COURT KIRBY IGRANT

ESTATES MT TOP, PA 18707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-2388936 501 (C) (3) 6.495 KEYSTONE STARS NESACCNASHAMINY ELEMENTARY SCHOOL AGE IGRANT KEYSTONE STARS

IGRANT

300 HEIGHTS LANE FEASTERVILLE, PA 190537681 23-2388936 6.280 NESHAMINY ELEMENTARY

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

SCHOOL AGE CHILD CARE

LANGHORNE, PA 190475953

501 TRENTON RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NORTH POCONO PRESCHOOL 23-1987582 501 (C) (3) 13.960 KEYSTONE STARS INC IGRANT 126 BROOK ST MOSCOW, PA 18444

IGRANT

11.100

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

501 (C) (3)

NORTH POCONO PRESCHOOL

INC 17 MOORE RD LAKE ARIEL, PA 18436 23-1987582

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-6417444 10.205 KEYSTONE STARS NORTHAMPTON AREA COMMUNITY COLLEGE IGRANT KEYSTONE STARS

2411 ROUTE 715 TANNERSVILLE, PA 18372 23-6417444 10.035 NORTHAMPTON AREA COMMUNITY COLLEGE IGRANT

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

3835 GREEN POND RD BETHLEHEM, PA 180207568

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-2896131 12.475 KEYSTONE STARS NORTHWEST CHILDREN'S CENTRE INC IGRANT 6301 ROUTE 309 STE 2H BOX

IGRANT

14.144

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

NEW TRIPOLI, PA 18066
OLIVE BRANCH BP INC

41 ABBOTT ST

PLAINS, PA 18705

46-3877652

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ONE STARS

IGRANT

OLIVE BRANCH BP INC 2010 CONYINGHAM ST DALLASTOWNSHIP, PA 18612	46-3877652	9,251		KEYSTOI GRANT

17.395

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

501 (C) (3)

OPPORTUNITY HOUSE

READING, PA 19601

430 N 2ND ST

23-2543677

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1031869 14.570 PALMER ALC LLC IKEYSTONE STARS 3601 NAZARETH RD IGRANT EASTON, PA 18045 PARKLAND PRESCHOOL INC. 45-4764287 9.385 KEYSTONE STARS DBA THE GODDARD SCHOOL IGRANT

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

8230 HAMILTON BLVD BREINIGSVILLE, PA 18031

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) PENNRIDGE FULL GOSPEL 23-1735117 501 (C) (3) 14,967 KEYSTONE STARS 00 4 517

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

915 CHESTNUT ST COPLAY, PA 18037

720 BLOOMING GLEN RD BLOOMING GLEN, PA 189110361				GRANI
PETITE SCHOLARS LEARNING CENTER	46-5512155	10,060		KEYSTONE STARS GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-5512155 5.976 KEYSTONE STARS PETITE SCHOLARS LEARNING CENTER IGRANT

| CENTER | GRANT | GRA

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

2990 STREET RD BENSALEM, PA 19020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 57-1196825 13.390 PHILIP BEHM'S DAYCARE LLC IKEYSTONE STARS 3570 OLD ROUTE 22 IGRANT HAMBURG, PA 19526 POCONO MOUNTAIN KIDS 46-3035979 5.811 KEYSTONE STARS

VILLAGE LLC IGRANT 1180 POCONO BLVD

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

MOUNT POCONO, PA 18344

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) PRECIOUS ONES DAYCARE LLC 75-3014332 5.235 KEYSTONE STARS 260 ROUTE 247 IGRANT GREENFIELD TOWNSHIP, PA 18407 PRINCES AND PRINCESSES 82-1501278 6.742 KEYSTONE STARS DAY CARE CORP IGRANT

1360 N 10TH ST READING, PA 19604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 23-2679960 6.660 RALLY ROUND CHILD CARE IKEYSTONE STARS INC IGRANT

580 F MAIN ST PLYMOUTH, PA 186513123

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

SHAVERTOWN, PA 18708

REBECCA ZIMMERMAN 35-2208326 8.481 IKEYSTONE STARS 5 DUG RD IGRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) REFUGE FOR THE PERISHING 23-2152575 8.481 IKEYSTONE STARS HOLY TEMPLE IGRANT 1230 PLYMOUTH AVE BRISTOL, PA 19007

IGRANT

18.710

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

RHEANGEL CHILDCARE INC.

BETHLEHEM, PA 180209598

4500 FALMER DR

20-5809269

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government RIGHT STEPS INC. 20-1742780 14.990 KEYSTONE STARS 29 TANYARD RD IGRANT RICHBORO, PA 18954

IGRANT

21.750

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

RISING STAR DAY CARE INC.

1411 HIGHLAND AVE LANGHORNE, PA 190473840 20-1994480

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ROSE MEKEEL CHILD CARE 23-3026680 501 (C) (3) 15.735 KEYSTONE STARS

CRANT

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

CENTER

PLAZA 315 PLAINS, PA 18705

CENTER ST EAST STROUDSBURG, PA 18301				ONANT
SAEED FAMILY CORPORATION 1082 ROUTE 315 NORTH	23-3066070	23,530		KEYSTONE STARS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government NE STARS

IGRANT

SAEED FAMILY CORPORATION 502 S MOUNTAIN BLVD MOUNTAIN TOP, PA 18707	23-3066070	22,772		KEYSTONE GRANT

9.193

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

SAEED FAMILY CORPORATION 23-3066070

447 S MOUNTAIN BLVD MOUNTAIN TOP, PA 18707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SAEED FAMILY CORPORATION 23-3066070 15.925 IKEYSTONE STARS

IGRANT

1176 TWIN STACKS DR TWIN		,		GRANT
STACKS				
MALL				
DALLAS, PA 18612				
SARAS MOM LLC	46-5417164	22,359		KEYSTONE STARS

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

QUAKERTOWN, PA 18951

1200 AM DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 24-0795681 501 (C) (3) 20.350 KEYSTONE STARS SAYRE CHILD CENTER 349 HAMILTON AVE IGRANT BETHLEHEM, PA 18017 KEYSTONE STARS

SCHOOLHOUSE LEARNING 23-2479947 24.300 IGRANT CENTER INC

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

21 N MAIN ST TRUMBAUERSVILLE, PA 189700877

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 23-2479947 24.300 SCHOOLHOUSE LEARNING KEYSTONE STARS CENTER INC IGRANT 295 W STREET RD WARMINSTER, PA 189743206

WARMINSTER, PA 189743206

SCHOOLHOUSE LEARNING
CENTER INC
600 S MAIN ST SELLERSVILLE
PA 18960
18960

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

SELLERSVILLE, PA 189601637

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 23-2479947 19.845 KEYSTONE STARS SCHOOLHOUSE LEARNING CENTER INC IGRANT 131 2ND ST PIKE CENTER

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

SOUTHAMPTON, PA 189663808 SEEDS AND SPROUTS 83-45

SEEDS AND SPROUTS 83-4594789 6,142
ACADEMY LLC
101 FIREMANS RD
FRACKVILLE, PA 17931

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SHIR AMI BUCKS COUNTY 23-1995847 501 (C) (3) 14.600 KEYSTONE STARS JEWISH CONGREGATION IGRANT 101 RICHBORO RD NEWTOWN, PA 18940

IGRANT

6.761

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

501 (C) (3)

ST ANDREWS UNITED

METHODIST CHURCH

1382 W MAIN ST VALLEY VIEW, PA 17983 23-2054006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-4469211 501 (C) (3) 15.650 ST MICHAEL EVANGELICAL IKEYSTONE STARS LUTHERAN CHURCH O IGRANT 4004 W TILGHMAN ST

IGRANT

ALLENTOWN, PA 18104 23-1615210 501 (C) (3) 11.680 IKEYSTONE STARS

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

ST PAULS LUTHERAN CHURCH 548 OLD SWEDE RD

DOUGLASSVILLE, PA 19518

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) ST GABRIEL'S GOOD 23-1866496 501 (C) (3) 11.900 KEYSTONE STARS

SHEPHERD LEARNING CENTER 1188 BEN FRANKLIN HWY E DOUGLASSVILLE, PA 19518	23 1000 130	301 (6) (3)	11,500		GRANT
ST JOSEPH'S (HILL) EVANGELICAL LUTHERAN	23-6269853	501 (C) (3)	18,120		KEYSTONE STARS GRANT

CHURCH 244 KOCH RD BOYERTOWN, PA 19512

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 82-4234424 6.161 KEYSTONE STARS STARRY KNIGHTS LEARNING CENTER LLC IGRANT 50 ALBERDEEN RD MOUNTAIN TOP, PA 18707 STEPPING STONES EARLY 46-0919782 9.877 KEYSTONE STARS

LEARNING CENTER LLC IGRANT

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

50 STURGES RD PECKVILLE, PA 18452

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-3705823 7.725 SUNNY HISS PRESCHOOL INC IKEYSTONE STARS 227 W 5TH ST IGRANT MIFFLINVILLE, PA 18631 SUSQUEHANNA VALLEY CHILD 26-2424634 19.785 KEYSTONE STARS DEV CENTER LLC IGRANT

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

6850 LOWS RD

BLOOMSBURG, PA 17815

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 47-0877676 15.335 SYD ENTERPRISES INC IKEYSTONE STARS 119 PHEASANT RUN IGRANT NEWTOWN, PA 18940 TARA JO EVITTS 25-1737292 9.232 KEYSTONE STARS 214 N MARGARETTA ST IGRANT

SCHUYLKILL HAVEN, PA

17972

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TEDDY BEAR COLLEGE 23-2823305 12.130 KEYSTONE STARS 5285 BENSALEM BLVD IGRANT BENSALEM, PA 19020 TGPC FOR C&L OF ST PAUL 23-2021066 501 (C) (3) 20.748 KEYSTONE STARS

IGRANT EVANGELICAL LUTHERAN CHURCH INC

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

630 INTERCHANGE RD KRESGEVILLE, PA 18333

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) TGPC FOR C&L OF ST PAUL 23-2021066 501 (C) (3) 15,666 KEYSTONE STARS EVANGELICAL LUTHERAN IGRANT CHURCH INC

2147 RTE 115 BRODHEADSVILLE, PA 18322						
TGPC FOR C&L OF ST PAUL EVANGELICAL LUTHERAN CHURCH INC	23-2021066	501 (C) (3)	6,930		l l	KEYSTON GRANT

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

STROUDSBURG, PA 18360

ONE STARS 200 MOUNTAINEER DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-2820467 10.915 KEYSTONE STARS THE ART LEARNIGN CENTER INC IGRANT 3225 N 5TH ST

IGRANT

8.155

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

501 (C) (3)

EAST STROUDSBURG, PA

THE BRIDGE CHURCH

HAMBURG, PA 19526

3561 OLD ROUTE 22

23-1675637

18301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE CHILDREN'S GARDEN INC 23-3070472 16.125 IKEYSTONE STARS 61 KUNKLE DR IGRANT EASTON, PA 18045 THE CHILDREN'S LC 26-3250016 24.800 KEYSTONE STARS COOPERSBURG CAMPUS LLC IGRANT

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

7001 SOUTH RTE 309 COOPERSBURG, PA 18036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE CUDDLE LEARNING 23-2830744 25.772 KEYSTONE STARS CENTER INC IGRANT 445 ALLENTOWN DR ALLENTOWN, PA 18109 THE GOOD SHEPHERD CHILD 46-3476142 10.092 KEYSTONE STARS

IGRANT

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

CARE CENTER INC

102 STATE ROUTE 2001 MILFORD, PA 18337

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE GROWING TREE CHILD 23-2608748 20,110 KEYSTONE STARS

WHITEHALL, PA 18052				
3000 S 3RD ST				
CARE CENTER INC				GRANT

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

THE JOURNEY FELLOWSHIP 501 (C) (3) 7.320l IKEYSTONE STARS 32-0282482 600 ALTON AVE IGRANT READING, PA 19605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE LEARNING LOCOMOTION 23-2966142 9.840 KEYSTONE STARS INC IGRANT 622 BANGOR RD EASTON, PA 18040 THE LEARNING LOCOMOTION 23-2966142 10.365 KEYSTONE STARS

IGRANT

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

INC

215 S FIRST ST BANGOR, PA 18013

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 32-0218670 12.927 THE LEARNING STATION LLC IKEYSTONE STARS 1870 N TOWNSHIP BLVD IGRANT

PITTSTON, PA 18640

THE PERCEPTION TRAINING
CENTER INC
1265 B LAUREL BLVD

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

POTTSVILLE, PA 17901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE SCHOOLHOUSE DAY CARE 23-2865298 9.075 IKEYSTONE STARS CENTERS INC IGRANT 270 S RIVER ST

IGRANT

PLAINS, PA 18705 23-2903661 501 (C) (3) 8.897 KEYSTONE STARS

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

THE SUNSHINE STATION 476 ROUTES 6 209

MILFORD, PA 18337

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 24-0795639 501 (C) (3) 6.254 KEYSTONE STARS THIRD ST ALLIANCE FOR WOMEN IGRANT KEYSTONE STARS

IGRANT

41 N 3RD ST EASTON, PA 18042 TINY TOES LEARNING CENTER 45-3941149 6.142 LLC

1235 POCONO BLVD STE 105 MOUNT POCONO, PA 18344

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TINY TOTS LEARNING CENTER 20-1964189 6.010 KEYSTONE STARS INC IGRANT 1897 ROUTE 212

1897 ROUTE 212
QUAKERTOWN, PA 18951

TOBYHANNA ARMY DEPOT 24-0811317 501 (C) (3) 6,290

KEYSTONE STARS 11 HAP ARNOLD BLVD BLDG

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

335

TOBYHANNA, PA 18466

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-1925744 501 (C) (3) 9.232 TODAYS CHURCH IKEYSTONE STARS 3208 KUTZTOWN RD IGRANT READING, PA 19605 KEYSTONE STARS

TOTAL CHILDCARE SOLUTION 20-8176176 14.045 INC IGRANT 48 CHURCHVILLE LANE

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

SOUTHAMPTON, PA 18966

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) TOTS & TYKES INC. 23-2542312 19.760 KEYSTONE STARS

22.938

IGRANT

IGRANT

KEYSTONE STARS

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

254 MERIDIAN AVE

254 MERIDIAN AVE

SCRANTON, PA 18504
TOTS & TYKES INC

SCRANTON, PA 18504

23-2542312

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) TOUCHING THE FUTURE LLC. 41-2038925 8.058 KEYSTONE STARS IGRANT

KEYSTONE STARS

IGRANT

109 W VINE ST FLEETWOOD, PA 19522 TRI STAR CHILD CARE INC. 82-2509140 9.232

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

626 MADISON AVE JERMYN, PA 18433

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TRINITY LUTHERAN CHURCH 23-1463049 18.512 IKEYSTONE STARS 19 S 5TH ST IGRANT

PERKASIE, PA 18944 TRINITY UNITED METHODIST 23-2032327 501 (C) (3) 14.440 KEYSTONE STARS CHURCH IGRANT

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

84 LOMBARD AVE DANVILLE, PA 17821

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 82-5104209 7.455 TWIN DOC II INC IKEYSTONE STARS 174 LYNDWOOD AVE IGRANT

IGRANT

174 LYNDWOOD AVE
HANOVER TOWNSHIP, PA
18706

TWIN DOC INC 47-3493255

KEYSTONE STARS

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

14 W KIRMAR PKWY

NANTICOKE, PA 18634

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government STARS

KEYSTONE STARS

IGRANT

TWO E L INC 828 ELBOW LANE WARRINGTON, PA 18976	23-2437360	16,025		KEYSTONE ST GRANT

11.840

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

TWO E L INC 23-2437360 828 ELBOW LANE

WARRINGTON, PA 18976

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 24-0795389 501 (C) (3) 7,710 KEYSTONE STARS UNITED NEIGHBORHOOD CENTERS OF MORTHEACT CDANE

1917 BLVD AVE SCRANTON, PA 18509					GRANT
UNITED NEIGHBORHOOD	24-0795389	501 (C) (3)	14,401		KEYSTONE

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

SCRANTON, PA 18509

NE STARS CENTERS OF NORTHEAST IGRANT 414 OLIVE ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF SCRANTON 24-0795495 501 (C) (3) 33.300 KEYSTONE STARS

9.510

IGRANT

IGRANT

KEYSTONE STARS

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

501 (C) (3)

UNIVERSITY OF SCRANTON
528 QUINCY AVE
SCRANTON, PA 18510

UPPER BUCKS YMCA

401 FAIRVIEW AVE QUAKERTOWN, PA 18951 23-1713382

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) VALLEY CHILD CARE & 46-5574716 5.410 KEYSTONE STARS IGRANT

LEARNING CENTER LLC 703 S FLMER AVE STE 102 SAYRE, PA 18840 VIA OF THE LEHIGH VALLEY 23-1457999 501 (C) (3) 23.675

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

ALLENTOWN, PA 18106

KEYSTONE STARS IGRANT INC 5910 HAMILTON BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government VILLA DAVCADE CENTED INC 22 2000242 5.060 KEYSTONE STARS IGRANT

KEYSTONE STARS

IGRANT

23,800

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

501 (C) (3)

140 E WASHINGTON ST SHENANDOH, PA 17976	23-2909243	
VOLUNTEERS OF AMERICA INC	23-1932916	_

730 W UNION ST ALLENTOWN, PA 18101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government WEE CARE FOUNDATIONS LLC. 20-1416135 5.235 KEYSTONE STARS

IGRANT

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

350 JUMPER RD

WILKES BARRE, PA 18702

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 24-0795638 501 (C) (3) 16.485 WILKES BARRE FAMILY YMCA IKEYSTONE STARS 40 W NORTHAMPTON ST IGRANT WILKES BARRE, PA 18701 WILKINSON EDUCATION 82-0593089 7.687 KEYSTONE STARS

CENTERS LLC IGRANT 25 N 16TH ST

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

EASTON, PA 18042

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-1667988 10.205 WILSON SCHOOL DISTRICT IKEYSTONE STARS 711 N WYOMISSING BLVD IGRANT 83-3649978 10.607 KEYSTONE STARS

WYOMISSING, PA 19610 WINELAND EDUCATION SERVICES INC. IGRANT 5172 NEW YORK ST

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

WHITEHALL, PA 18052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-0625404 13.591 KEYSTONE STARS WYALUSING VALLEY CHILDREN'S CENTER INC IGRANT 866 GOLDEN MILE RD TOWANDA, PA 18848

KEYSTONE STARS

IGRANT

8.657

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

WYALUSING VALLEY

42932 ROUTE 6 WYALUSING, PA 18853

CHILDREN'S CENTER INC

81-0625404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-1244009 501 (C) (3) 5.120 KEYSTONE STARS YMCA OF READING AND BERKS COUNTY IGRANT 110 WOODLAND RD READING, PA 19610

IGRANT

YMCA OF READING AND 23-1244009 501 (C) (3) 6.921 KEYSTONE STARS

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

BERKS COUNTY

631 WASHINGTON ST READING, PA 19601

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 5.720 YMCA OF READING AND 23-1244009 IKEYSTONE STARS BERKS COUNTY IGRANT 201 4TH ST

SHOEMAKERSVILLE, PA 19555

KEYSTONE STARS GRANT	1	8,115		
KEYSTONE STARS GRANT	1	8,115		
KEYSTONE STARS GRANT	1	6,761		
KEYSTONE STARS GRANT	1	4,616		
KEYSTONE STARS GRANT	1	4,120		

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

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.								
KEYSTONE STARS GRANT	1	4,060						
KEYSTONE STARS GRANT	1	4,060						
KEYSTONE STARS GRANT	1	3,071						
KEYSTONE STARS GRANT	1	2,800						
KEYSTONE STARS GRANT	1	2,800						

form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.								
KEYSTONE STARS GRANT	1	2,200						
KEYSTONE STARS GRANT	1	2,200						
KEYSTONE STARS GRANT	1	2,200						
KEYSTONE STARS GRANT	1	2,000						
KEYSTONE STARS GRANT	1	1,600						

form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.						
KEYSTONE STARS GRANT	1	1,575				
KEYSTONE STARS GRANT	1	1,575				
KEYSTONE STARS GRANT	1	1,575				
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.							
KEYSTONE STARS GRANT	1	1,000					
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.							
KEYSTONE STARS GRANT	1	1,000					
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.						
KEYSTONE STARS GRANT 1 1,000						
KEYSTONE STARS GRANT	1	1,000				

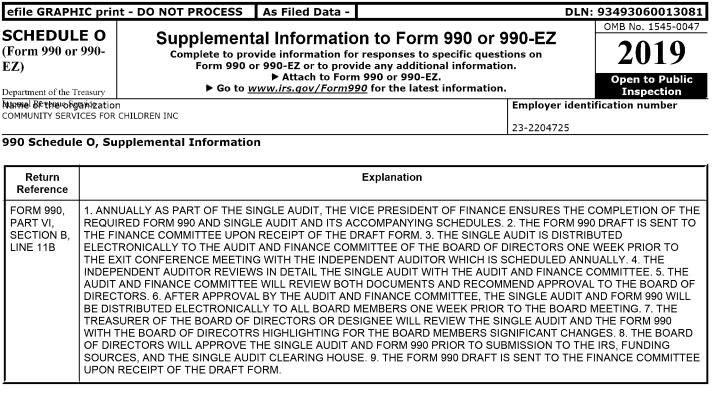
efil	le GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 93	49306	50013	081		
Sch	nedule J	Cor	npensati	on Information	0	MB No.	1545-0	0047		
(For	m 990)	For certain Officers		rustees, Key Employees, and Hig	hest	•				
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						2019			
Denar	tment of the Treasury	▶ Go to www.irs.gov/		to Form 990. instructions and the latest inform	nation.	Open				
Intern	al Revenue Service	-				Insp	ectio	n		
	me of the organiza MMUNITY SERVICES				Employer identifica	tion nu	ımber			
					23-2204725					
Pa	rt I Questi	ons Regarding Compensation	on							
1 a				the following to or for a person listed y relevant information regarding thes			Yes	No_		
	☐ First-class	or charter travel		Housing allowance or residence for p	personal use					
	Travel for	companions		Payments for business use of person	nal residence					
	☐ Tax idemr	nification and gross-up payments	닏	Health or social club dues or initiation				1		
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pays		1 b				
2				or allowing expenses incurred by all	- 4-2	2				
	airectors, truste	es, officers, including the CEO/Exe	ecutive Director	r, regarding the items checked on Lin	ela?					
3				d to establish the compensation of th	ne					
		EO/Executive Director. Check all the d organization to establish compe		CEO/Executive Director, but explain i	n Part III.					
	✓ Compensa	ation committee	П	Written employment contract						
		ent compensation consultant	<u> </u>	Compensation survey or study						
		of other organizations	✓	Approval by the board or compensa	tion committee					
4	During the year, related organiza		0, Part VII, Sed	ction A, line 1a, with respect to the fi	ling organization or a					
а	Receive a sever	ance payment or change-of-contro	pavment? .			4a		No		
b		r receive payment from, a supplem				4b	Yes			
c	Participate in, o	r receive payment from, an equity	-based comper	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and p	rovide the app	licable amounts for each item in Part	III.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	raanizations	must complete lines 5-9						
5			_	the organization pay or accrue any						
	compensation co	ontingent on the revenues of:		,						
а	The organization	1?				5a		No		
b		anization?				5b		No		
6		ed on Form 990, Part VII, Section / ontingent on the net earnings of:	A, line 1a, did t	the organization pay or accrue any						
а	The organization	1?				6a		No		
b						6 b		No		
	•	6a or 6b, describe in Part III.								
7				the organization provide any nonfixed rt III		7		No		
8	subject to the in	nitial contract exception described i	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No		
9	If "Yes" on line 8	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		No		
For I	Panerwork Redu	ction Act Notice, see the Instri	uctions for Fo	rm 990 Cat No. 5	0053T Schedule 3		990)	2019		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 PAULA MARGRAF PRESIDENT/CEO	(i)	174,856	0	0	0	32,814	207,670	0
	(ii)	0	0	0	0	0	0	0
2 SUSAN POWELL VP, HUMAN RESOURCES	(i)	127,784	0	0	0	29,519	157,303	0
	(ii)	0	0	0	0	0	0	0
3 LORAINE N NEAL VP ELRC QUALITY	(i)	148,507	0	0	0	17,773	166,280	0
ASSURANCE	(ii)	0	0	0	0	0	0	0
4 PAMELA E CHO	(i)	126,771	0	0	0	28,406	155,177	0
VP, EARLY LEARNING RESOURCE CENTERS	(ii)	0	0	0	0	0	0	0
	+							





Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY FOR MEMBERS AND OFFICERS OF THE BOARD OF DIRECTORS GENERAL PRINCIPALS CONFLICT OF INTEREST IS GENERALLY PRESENT WHEN A DIRECTOR HAS THE OPPORTUNITY TO I NFLUENCE DECISIONS IN WAYS THAT COULD LEAD TO PERSONAL BENEFIT OR IMPROPER ADVANTAGE, RESU LTING IN THE COMPROMISE OR APPEARANCE OF COMPROMISE OF JUDGMENT AND ABILITY TO CARRY OUT H IS OR HER DUTIES AS A MEMBER OF THE BOARD OF DIRECTORS. COMMUNITY SERVICES FOR CHILDREN, I NC (CSC) BOARD MEMBERS AND OFFICERS ARE PROHIBITED FROM USING THEIR POSITIONS ON CSC'S BOA RD 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 C OMPENSATION ARRANGEMENT WITH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT WITH WHICH THE ORGANIZATION ARRANGEMENT WITH THE ORGANIZATION AND WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION ARRANGEMENT WITH HIS ORDIVIDUAL WITH WHICH THE ORGANIZATION ARRANGEMENT WITH HIS ORDIVIDUAL WITH WHICH THE ORGANIZATION ARRANGEMENT WITH HIS ORDIVIDUAL WITH WHICH THE ORGANIZATION OR DESCRIVING ON THE BOARD OR PROVIDING SERVICES TO THE AGENCY FOR COMPENSATION. COMPENSATION FOR SERVING ON THE BOARD OR PROVIDING SERVICES TO THE AGENCY FOR COMPENSATION. COMPENSATION FOR SERVING ON THE BOARD OR PROVIDING SERVICES TO THE AGENCY FOR COMPENSATION. COMPENSATION FOR SERVING ON THE BOARD OR PROVIDING SERVICES TO THE AGENCY FOR COMPENSATION. COMPENSATION FOR SERVING ON THE BOARD OR PROVIDING SERVICES TO THE AGENCY FOR COMPENSATION. COMPENSATION FOR SERVING ON THE BOARD OR PROVIDING SERVICES TO THE AGENCY FOR SERVING THE REST ORDIVIDITE OR THE SERVING ON THE AGENCY. (IMMEDIATE FAMILY, PARENTS AND GRANDPARENT S; SPOUSES; SIBLINGS; MOTHERS; FATHERS; SISTERS; BROTHERS; SONS; AND DAUGHTER-IN-LAW; CHIL DREN; GRANDCHILDREN). 1. NO MEMBER S

990 Schedule O, Supplemental Information

Return

Reference	·	
FORM 990,	T ACQUIRE LISTS OF VENDORS, DONORS, PAID OR NON-PAID STAFF FOR THE PURPOSES OF SOLICITING BUSINESS	1
PART VI,	FOR PERSONAL GAIN OR BENEFIT. 9. DISCLOSURE OF A CONFLICT OF INTEREST DOES NOT ME AN RESIGNATION	Т
SECTION B,	FROM THE BOARD OR ELIMINATION OF THE CONFLICT. IN CASE OF A CONFLICT, THE P ROCEDURE TO FOLLOW	ı
LINE 12C	NCLUDES FULL DISCLOSURE, FOLLOWED BY THE MEMBER'S RECUSAL FROM DISCUSS ION AND VOTING ON THE	ı
	SSUE PERTAINING TO THE CONFLICT. 10. THE BOARD GOVERNANCE/NOMINATIN G COMMITTEE SHALL HAVE THE	ı
	DISCRETION TO DETERMINE THE EXISTENCE OF A CONFLICT OF INTEREST AND TO ENSURE THAT PROPER	ı
	PROCEDURES TO ELIMINATE ANY THREAT TO THE INTEGRITY OF THE BOAR D'S DECISIONS AS THEY RELATE TO THE	ı
	OPERATION OF THE ORGANIZATION ARE FOLLOWED AND DULY DO CUMENTED.	ı

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE OBJECTIVE OF CSC'S EXECUTIVE COMPENSATION PLAN IS TO PROVIDE REASONABLE AND COMPETITIVE COMPENSATION FOR THE POSITION OF THE CEO/PRESIDENT. THE PLAN IS CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES. IT PROVIDES A TOTAL COMPENSATION PROGRAM WHICH RECOGNIZES INDIVIDUAL PERFORMANCE, AS WELL AS OVERALL AGENCY PERFORMANCE. THE ORIGINAL LETTER OF EMPLOYMENT AND ASSOCIATED CONTRACT WILL ESTABLISH COMPENSATION AND BENEFITS FOR THE CEO/PRESIDENT AT THE TIME OF INITIAL EMPLOYMENT. THE TERMS AND CONDITIONS MAY BE AMENDED OVER TIME. A. COMPETITIVE BENCHMARK STUDIES - MARKET SURVEYS OF COMPARABLE POSITIONS USING INDUSTRY SPECIFIC DATA WILL BE USED TO ESTABLISH THE SALARY RANGE FOR THE CEO/PRESIDENT POSITION. UNDER THE REQUIREMENTS OF THE HEAD START STANDARDS, COMPETITIVE BENCHMARK STUDIES MUST BE CONDUCTED EVERY THREE YEARS FOR ALL POSITIONS. CSC EMPLOYS THE SERVICES OF AN INDEPENDENT COMPENSATION 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 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

Return Explanation
Reference

FORM 990, PART VI, 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.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Return **Explanation** Reference

Reference

PART XII PROCESS HAS NOT CHANGED FROM PRIOR YEAR.
LINE 2C