### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

September   Committed   Comm	Α	For the	2015 calendar year, or tax year beginning	and	ending					
Deling business as   2.3.2775£24   E. Telephone number   125 WEST PROBLEM   143,187,	В	Check if applicable	C Name of organization			D Employer identifi	cation number			
Deling business as   2.3.2775£24   E. Telephone number   125 WEST PROBLEM   143,187,		Addres	S GELLINGODOVE ADEA COMMUNITARY POLINDAS	TON		N				
Number and street (or PLA box (if mall is not delivered to street address)   Room/sule   E Telephone number   570-752-330	F	Name	The state of the s	TON		23-2775624				
Tax-exempt status:	Ī	Initial	The state of the s	vered to street address)	Room/suite		77 V. 1			
City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City or town and address of principal officer:HEATHER H. ROWS   City of the		Final	A CALCAL AND AND AND THE PARTY AND		riourigoano	Library 13				
Resettick   Part   18603   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Final and address of principal officer: HEAPTHER H. ROWN   Hop   1870   Rown   1870	3	termin-		ZIP or foreign postal code						
Part		Amend				H(a) Is this a group r				
SAME: AS C. ABOVE   Very controlled   Very con		Application		ER H. ROWE						
J. Website:   Now. CSGITING, ORG / PARTNERS / SEACE, HTM.   Hold Group exemption number   Now   Corporation   Trust   Association   Other   Vear of formation: 1994   M State of legal domicitie: PA   Part I   Summary		pendin	a I	25.1		The second secon	Parallel Carlot			
J. Website:   Now. CSGITING, ORG / PARRYERS / SEACE, HTML   Most of logal domicile: PA	1	Tax-exe	mpt status: x 501(c)(3) 501(c) ( )	(insert no.)	or 527	If "No," attach a	list. (see instructions)			
Part     Summary	J	Websit	e: Www.csgiving.org/partners/seacf.ht			H(c) Group exemption	n number 🕨			
Briefly describe the organization's mission or most significant activities: THE SELTINGROVE AREA COMMUNITY   FOUNDATION IS DEDICATED TO THE RENTCHMENT OF THE QUALITY OF LIFE IN   COMMUNITY   SUPPLICATED TO THE RENTCHMENT OF THE QUALITY OF LIFE IN   COMMUNITY   SUPPLICATED TO THE RENTCHMENT OF THE QUALITY OF LIFE IN   A					L Year	of formation: 1994	VI State of legal domicile: PA			
POURDATION IS DIDICATED TO THE BRITCHMENT OF THE QUALITY OF LIPE IN   Check this box	P	art I	Summary			4500 LOVE				
B Net unrelated business taxable income from Form 990-T, line 34   Tib   0,	Φ	1	Briefly describe the organization's mission or most	significant activities: THE SE	LINSGROVI	E AREA COMMUNITY				
B Net unrelated business taxable income from Form 990-T, line 34   To   0,	ů		COUNDATION IS DEDICATED TO THE ENRICHM	ENT OF THE QUALITY OF	LIFE IN					
B Net unrelated business taxable income from Form 990-T, line 34   Tib   0,	šrnš	2	Check this box 🕨 🔲 if the organization discon	tinued its operations or dispo	sed of more	e than 25% of its net a	șsets.			
B Net unrelated business taxable income from Form 990-T, line 34   Tib   0,	Š	3	Number of voting members of the governing body (	Part VI, line 1a)		3	12			
B Net unrelated business taxable income from Form 990-T, line 34   Tib   0,	প্র						12			
B Net unrelated business taxable income from Form 990-T, line 34   Tib   0,	es 8	5	rotal number of individuals employed in calendar y	ear 2015 (Part V, line 2a)		5	0			
B Net unrelated business taxable income from Form 990-T, line 34   To   0,	Viti	6	Total number of volunteers (estimate if necessary)			6	167			
B Net unrelated business taxable income from Form 990-T, line 34   To   0,	\cti	7 a	otal unrelated business revenue from Part VIII, col	umn (C), line 12		7a	0.			
8   Contributions and grants (Part VIII, line 1h)	_	5. 1					0.			
9 Program service revenue (Part VIII, line 2g)						Prior Year	Current Year			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ō	8	Contributions and grants (Part VIII, line 1h)			147,114.	126,828.			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	nue	Of the same of		Service and the service and th	0,	0.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě	10	nvestment income (Part VIII, column (A), lines 3, 4,		109,260,	74,043.				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   59,030, 73,099, 14   Benefits paid to or for members (Part IX, column (A), lines 4)   0, 0, 0, 0, 0, 15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		-70,110.	-76,128.				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Salaries, other compenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25 Net assets or fund balances. Subtract line 18 from line 12 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Not Revenue less expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net asset		12	Fotal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		186,264.	124,743,			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13	Grants and similar amounts paid (Part IX, column (/	\), lines 1-3)		59,030.	73,099.			
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	3enefits paid to or for members (Part IX, column (A	), line 4)		0,	0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)   32,647, 40,000.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   91,677, 113,099.     19 Revenue less expenses. Subtract line 18 from line 12   94,587, 11,644.     20 Total assets (Part X, line 16)   965,271, 988,495.     21 Total liabilities (Part X, line 26)   95,271, 988,495.     22 Net assets or fund balances. Subtract line 21 from line 20   939,975, 951,619.     21 Part II   Signature Block     Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Ses	15	Salaries, other compensation, employee benefits (F		0.	0.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)   32,647, 40,000.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   91,677, 113,099.     19 Revenue less expenses. Subtract line 18 from line 12   94,587, 11,644.     20 Total assets (Part X, line 16)   965,271, 988,495.     21 Total liabilities (Part X, line 26)   25,296. 36,876.     22 Net assets or fund balances. Subtract line 21 from line 20   939,975.     23 Part II   Signature Block     24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	SUS(	16a	<sup>o</sup> rofessional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)   32,647, 40,000.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   91,677, 113,099.     19 Revenue less expenses. Subtract line 18 from line 12   94,587, 11,644.     20 Total assets (Part X, line 16)   965,271, 988,495.     21 Total liabilities (Part X, line 26)   25,296. 36,876.     22 Net assets or fund balances. Subtract line 21 from line 20   939,975.     23 Part II   Signature Block     24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ed x	b	Fotal fundraising expenses (Part IX, column (D), line	25) 🕨5	,017.					
19 Revenue less expenses. Subtract line 18 from line 12   94, 587, 11, 644.   Beginning of Current Year   End of Year	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		32,647.	40,000.			
Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 965 271 988 495.  21 Total liabilities (Part X, line 26) 25 296 36,876.  22 Net assets or fund balances. Subtract line 21 from line 20 939 ,975 951 ,619.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Print/Type or print name and title  Print/Type preparer's name  Preparer  Firm's name MAHER DUESSEL, CPA'S  Firm's address 3003 NORTH FRONT STREET, SUITE 101  HARRISBURG, PA 17110  Phone no.717-232-1230		18	Γotal expenses. Add lines 13-17 (must equal Part Iλ	(, column (A), line 25)		91,677.	113,099.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer		19	Revenue less expenses. Subtract line 18 from line	12		94,587.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer	SOC				В	eginning of Current Year	End of Year			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer	at A	21				25,296,	36,876.			
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  HEATHER H. ROWE, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer Firm's name MAHER DUESSEL, CPA'S Firm's address 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110 Phone no.717-232-1230	_									
Sign Here    HEATHER H. ROWE, PRESIDENT     Type or print name and title    Print/Type preparer's name     Preparer's signature     TRACEY L. RASH     Prim's name   MAHER DUESSEL, CPA'S     Firm's address   3003 NORTH FRONT STREET, SUITE 101     HARRISBURG, PA 17110     Phone no.717-232-1230     Posterior     Date     Check     PTIN     Self-employed     Print's ElN     Phone no.717-232-1230     Phone no.717-232-1230     Phone no.717-232-1230     Print's address     Print's address							ny knowledge and belief, it is			
Here  HEATHER H. ROWE, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature TRACEY L. RASH  Preparer Use Only  Firm's name MAHER DUESSEL, CPA'S Firm's address 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110  Phone no.717-232-1230	true	e, correc	, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich prepare	r has any knowledge.				
Here  HEATHER H. ROWE, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature TRACEY L. RASH  Preparer Use Only  Firm's name MAHER DUESSEL, CPA'S Firm's address 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110  Phone no.717-232-1230		ourser)	Signature of officer			Date				
Type or print name and title  Print/Type preparer's name Paid Preparer Preparer Preparer Preparer Preparer Preparer Prim's name MAHER DUESSEL, CPA'S  Firm's address 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110  Phone no.717-232-1230						Date				
Print/Type preparer's name Pracey L. RASH Preparer  Firm's name  MAHER DUESSEL, CPA'S  Firm's address  3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110  Phone no.717-232-1230	He	re		WOOD COLOR OF THE						
Paid TRACEY L, RASH  Preparer Firm's name MAHER DUESSEL, CPA'S Firm's EIN 25-1622758  Use Only HARRISBURG, PA 17110  Phone no.717-232-1230	5					Date   Check	] PTIN			
Preparer Firm's name MAHER DUESSEL, CPA'S Firm's EIN 25-1622758  Use Only Firm's address 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110 Phone no.717-232-1230	Do!	a	(38) ii ii	rieparer's signature	1	11				
Use Only Firm's address 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110 Phone no.717-232-1230			NOS 12	1-n-11	^	Dropp or Service				
HARRISBURG, PA 17110 Phone no.717-232-1230		There is		7000000 19769		FIFTH'S EIN	25-1622758			
	USE	Ully	The second control of	SUITE 101		Dhone no Ta	7 020 1020			
	N/0	v the IE		ve? (see instructions)		FIIOHE 110.717	x Yes No			

	1990 (2015) SELINSGROVE AREA COMMUNITY FOUNDATION	23-2775624	L P	age ∠
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			_ <u>Lx_</u>
1	Briefly describe the organization's mission:			
	THE SELINSGROVE AREA COMMUNITY FOUNDATION IS DEDICATED TO THE			
	ENRICHMENT OF THE QUALITY OF LIFE IN THE SELINSGROVE AREA AND			
	SURROUNDING COMMUNITIES THROUGH SUPERIOR STEWARDSHIP OF ENDURING			
	CHARITABLE GIFTS, IT EXISTS TO ASSIST AND ENCOURAGE DONORS OF ALL			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes x	□No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes x	No
•	If "Yes," describe these changes on Schedule O.	**************		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by	ovnoncoc	
4				
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, me total ex	cpenses, and	,
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$	ıe \$		} }
	THE SELINSGROVE AREA COMMUNITY FOUNDATION HAS BEEN GIVING GRANTS AND			
	SCHOLARSHIPS TO BENEFIT SNYDER COUNTY'S RESIDENTS FOR OVER 20 YEARS.			
	IT BEGAN IN 1994 AS A COMMUNITY ENDOWMENT BY THE SELINSGROVE ROTARY			
	CLUB TO ESTABLISH SCHOLARSHIPS FOR LOCAL STUDENTS, IT HAS SINCE BECOME			
	A WIDE-REACHING SOURCE OF FUNDS FOR SELINSGROVE AND THE SURROUNDING			
	COMMUNITIES, SACF IS GOVERNED BY A 12-MEMBER VOLUNTEER BOARD, IN JUNE			
	2006. THE SELINSGROVE AREA COMMUNITY FOUNDATION. THEN SELINSGROVE AREA			
	YOUTH FOUNDATION, JOINED CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION			
	(CSCF) AS AN AFFILIATE, CSCF PROVIDES INVESTMENT, ADMINISTRATIVE, AND			
	PROGRAM SUPPORT FOR SACF, WHICH DEPENDS SOLELY ON ITS VOLUNTEERS AND			
	HAS NO STAFF OR ADMINISTRATIVE STRUCTURE, SACF MAINTAINS ITS			
	INCORPORATION AND CONTROL OF ITS GRANTMAKING DECISIONS, IN 2015, THE			
4b	(Code:) (Expenses \$	ie \$		)
4c	(Code:) (Expenses \$	ле \$		)
	Other program continue (Describe in Schedule O.)			
4d			,	
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4-	Total program consider expenses			

Form 990 (2015) SELINSGROVE AREA COMMUNITY FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			Ì
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	ļ	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	٠		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	<u> </u>	X
b	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		х
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		х
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	х
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	X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	Х

Form 990 (2015) SELINSGROVE AREA COMMUNITY FOUNDATION
Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate one or more hospital facilities? If "Yes," complete Schedule If Dit the organization report more than \$5,000 of grants or other assistance to any domestic organization or other ones than \$5,000 of grants or other assistance to any domestic organization or other of the organization report more than \$5,000 of grants or other assistance to any domestic organization or other of the organization report more than \$5,000 of grants or other assistance to any domestic individuals on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II  20				Yes	No
b If Yes' to line 20s, did the organization stach a copy of its audited financial statements to this neturn?  20b   21	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government or Part X, column (A), line 21 if "Yes," complete Schedule I, Parts and III 22 X Did the organization report more than \$5,000 of grants or other assistance to or for domostic individuals on Part X, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X Did the organization newer "Yes" to Part VI X, section (A), line 3, 4 or 5 shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part VI and III 24 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 Docesmer 31,0000 II "Yes," annews line 24 th trinuing 24 and complete Schedule K. If "Wo," go to line 25a Did the organization maintain an ascrive account other than a retinding secrow at any time during the year to defease any tax-exempt bonds?  24a Did the organization maintain an ascrive account other than a retinding excrow at any time during the year?  24b Did the organization nature as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization aware that it engaged in an excess benefit transaction with a discussified person in a prior year, and that the transaction with a discussifier ports on the proper to any of the organization engage in an excess benefit transaction with a discussifier person in a prior year, and that the transaction with a discussifier person in a prior year, and that the transaction with a discussifier person in a prior year, and that the transaction with a discussifier person if If "Yes," complete Schedule I, Part II Did the organization report any amount on Part X, line 6, 6, or 22 for receivables from or payables to a			_		
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Part IX, column [A], line 2? II "Yes," complete Schedule I, Parts I and III and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and tomer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II in a city of 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 II "No", and line 25s 24		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
23 Did the organization answer "Yes" to Part VII, Section A, Inn S, 4, or s about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 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 25s  24e	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b		• • • • • • • • • • • • • • • • • • • •	24d		
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31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  16 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, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30				
If "Yes," complete Schedule N, Part I   31			30		Х
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b	31				
Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ines 11b and 19?			31		X
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 X  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 X  Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  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 X  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 X  Bid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	32			1	l
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  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		· · · · · · · · · · · · · · · · · · ·	32		<u> </u>
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	33	· · · · · · · · · · · · · · · · · · ·	22		
Part V, line 1  34	0.4		33		_ X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Value 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 Value Organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34		24		<sub>v</sub>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	250				1
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			- 00a		Λ
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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	D		35b		
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36				
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 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		37		х
Note. All Form 990 filers are required to complete Schedule O	38				
		Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2015) SELINSGROVE AREA COMMUNITY FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u>X</u>	<b> </b>
b		7b	Х	<del>                                     </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ч	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
-	organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		r	$\Delta \Omega \Omega$	10045

Form 990 (2015) SELINSGROVE AREA COMMUNITY FOUNDATION 23-2775624 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			$\begin{bmatrix} x \end{bmatrix}$
Sec	tion 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			
	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			
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		Χ
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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶₽A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website x Another's website x Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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:			
	THE ORGANIZATION - 570-752-3930			
	725 WEST FRONT STREET, BERWICK, PA 18603			

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E C O A	Dage	7

Form	aan	(2015)	ι

SELINSGROVE AREA COMMUNITY FOUNDATION

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(do box	not c	(0 Pos heck ss pe	ition more		one han	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HEATHER H. ROWE	2,50									
PRESIDENT (2) MICHAEL F. FLOCK	0.50	X		Х				0,	0,	0.
VICE PRESIDENT	0.50	х		.,				0.	0	0
(3) MARVIN J. RUDNITSKY	0.60	_		X					V.	0.
SECRETARY	0.00	x		х				0.	0.	0.
(4) JOHN B. FISCHER	1.50			-					<del>``</del>	
TREASURER		x		x				0.	0,	0.
(5) ARTHUR F. BOWEN	0,30									
DIRECTOR		x						0,	0.	0.
(6) JULIE L. ERIKSSON	0.30									
DIRECTOR		х	<u> </u>				L	0,	0.	0.
(7) CAROL L. HANDLAN	0,30									
DIRECTOR		x	ļ	<u> </u>	ļ		<u>.</u>	0.	0.	
(8) L. JAY LEMONS	0,30				l					
DIRECTOR THRU MARCH 2015		х		_		ļ		0,	0.	0.
(9) CHAD L. COHRS	0,30									
DIRECTOR		<u>x</u>	ļ	ļ	<u> </u>		<u> </u>	0,	0.	0,
(10) KENDRA A. AUCKER	0.30	-							_	_
DIRECTOR		х			<u>-</u>	_		0,	0.	0.
(11) ERIC ROWE	0,30									
DIRECTOR	0 20	X				$\vdash$		0.	0,	0.
(12) DAVID A. LAWER DIRECTOR	0,30	x						0.	0.	
(13) PHILIP E. WINGER	0.30	<del>  ^-</del>					<del>                                     </del>	V.	U.,	
DIRECTOR	0.30	х						0.	0.	0.
DIRECTOR		A.							<u> </u>	<u> </u>

(A) Name and title	(B) Average hours per week (list any	box	not d unle:	ss pe	ition more rson i	than is both or/trus	h an i	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estim amou oth comper	ated nt of er
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organia and re organiz	the zation lated
										-		
										-		<del></del>
							<b>-</b>			-		
										+		*
												·
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	0.		0.		0
<ul> <li>Total number of individuals (including but n compensation from the organization</li> </ul>								eceived more than \$100	1,000 of reportable			
3 Did the organization list any former officer,										Γ	Ye	s No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	ım of reportab	le co	mp	ensa	ation	anc	i oth	ner compensation from		.  -	3	X
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com</li> </ul>	accrue compe	nsati	ion f	rom	any	unr	elate	ed organization or indiv		.  _	5	X
Section B. Independent Contractors  1 Complete this table for your five highest co										nsat		
the organization. Report compensation for (A)	-										(C)	
Name and business	address	NO	NE				_	Description of s	ervices	Co	mpensa	tion
										-		
												<u>_</u>
2 Total number of independent contractors (i \$100,000 of compensation from the organi	_	ot li	mite	d to		se lis 0	sted	above) who received m	nore than			

Form 990 (2015) SELINSGROVE AREA COMMUNITY FOUNDATION 23-2775624 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D)
Revenue excluded
from tax under
sections
512 - 514 Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a Membership dues ..... 1b c Fundraising events ..... 1c 42,723 d Related organizations ld e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 84,105 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 126.828 Business Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 74.043. 74,043 Income from investment of tax-exempt bond proceeds 4 Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ....... c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 42,723, of

Other Revenue contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities ...... 10 a Gross sales of inventory, less returns

and allowances \_\_\_\_\_a

b Less: cost of goods sold ...... b c Net income or (loss) from sales of inventory ... Miscellaneous Revenue **Business Code** 11 a CHANGE IN BENEFICIAL I 900099 -70,731 -70.731d All other revenue e Total. Add lines 11a-11d -70.731 Total revenue. See instructions. 12 124,743 2 085.

-5,397

13.047

18,444

-5,397.

	990 (2015) SELINSGROVE AREA rt IX Statement of Functional Expens	COMMUNITY FOUNDATI	ON	23-277	5624 Page <b>10</b>
Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
_	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	54,449.	54,449,		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	18,650.	18,650.		
3	Grants and other assistance to foreign		L		
	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		İ		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	14,499,	4,654,	4.828,	5.017.
b	Legal				
С	Accounting	2,796.	2,796,		
d		•	•		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,913.	3,913,		
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	100.	100.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,448.		1,448.	
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.)				
а	MISCELLANEOUS	17,244.	17,244,		
b		•			
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	113,099.	101,806,	6,276.	5,017.
26	Joint costs. Complete this line only if the organization	, –	. –	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
-	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
- 1		Part II of Schedule L	••	5	
	6	Loans and other receivables from other disqualified persons (as defined under	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ıg		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
\$		employees' beneficiary organizations (see instr). Complete Part II of Sch L $\dots$		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
ĺ	10a	Land, buildings, and equipment: cost or other		i i	E
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11	. 965,271,	15	988,495,
$\longrightarrow$	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	988 495
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	36,876.
	19	Deferred revenue		19	
İ	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
# I		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		]	
	00	Schedule D		25	26.086
	26	Total liabilities, Add lines 17 through 25	. 25,296.	26	36.876.
.		Organizations that follow SFAS 117 (ASC 958), check here   x and			
ğ	27	complete lines 27 through 29, and lines 33 and 34.	rn Enn		
lan	27	Unrestricted net assets		27	0.
Ba	28 29	Temporarily restricted net assets  Permanently restricted net assets	<b>{</b>	28 29	951,619.
Ĕ	25	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶	882,475.	29	331,619.
Ľ.		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances		33	951,619,
	34	Total liabilities and net assets/fund balances	965,271,	34	988,495

orm	990 (2015) SELINSGROVE AREA COMMUNITY FOUNDATION 2	3-2775624		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		,,,,,,,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		124	743.
2	Total expenses (must equal Part IX, column (A), line 25)	2		113	099.
3	Revenue less expenses. Subtract line 2 from line 1	3		11	644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		939	975,
5	Net unrealized gains (losses) on investments	5			
6		6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9		9			0,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	io İ		951	619.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\begin{bmatrix} \mathbf{x} \end{bmatrix}$
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash x Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a			2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	Г			
	separate basis, consolidated basis, or both:				
	x Separate basis Consolidated basis Both consolidated and separate basis	1			
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	Ì			ľ
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit.			
Ū	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu				
39	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
Ju	Act and OMB Circular A-133?		За		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
.,	or audits, explain why in Schedule O and describe any stens taken to undergo such audits		3h		

Form **990** (2015)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

| ZU 10

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	lame of the organization Employer identification number								
_				MUNITY FOUNDATION					-2775624
Pai		Reason for Public (					e instruction	3.	
	rgan	zation is not a private found							
1		A church, convention of ch					)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative						_	
4		A medical research organiza	ation operated in co	njunction with a hospita	described	in section	n 170(b)(1)(A	)(iii). Enter t	the hospital's name,
		city, and state:							
5		An organization operated for		ollege or university owner	d or operat	ted by a go	overnmental u	ınit describ	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6	_	A federal, state, or local gov	ernment or governr	mental unit described in	section 17	70(b)(1)(A)(	(v).		
7		An organization that norma	lly receives a substa	antial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8	x	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma		-					
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busing	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor							
10		An organization organized a	•	•					
11		An organization organized a	•	<del>-</del>				·	
		more publicly supported or							heck the box in
	_	lines 11a through 11d that						_	
а	<u> </u>	Type I. A supporting orga							
		the supported organization	•		a majority	of the direc	ctors or truste	es of the s	upporting
	г	organization. You must o	•						
b	Ь.	Type II. A supporting org							
		control or management o			ame perso	ons that co	introl or mana	ige the sup	ported
		organization(s). You mus	•						1 114
C	L	☐ Type III functionally inte						ily integrate	ed with,
		its supported organization		•	-		•		
d		J Type III non-functionally							
		that is not functionally int	-	. ·	-		-	d an attenti	veness
		requirement (see instruct							
е	Ь.	Check this box if the orga					i Type I, Type	II, Type III	
		functionally integrated, or	- •	, ,					
		r the number of supported of				•••••••			
<u>g</u>		ride the following information  Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
	•	organization	<b>(,</b>	(described on lines 1-9	listed i	in your document?	support	, i	other support (see
				above (see instructions))	Yes	No	instruct	ions)	instructions)
		······································							
						<u> </u>			
						-			
			1	1	1	1			

Page 2

Schedule A (Form 990 or 990-EZ) 2015 SELINSGROVE AREA COMMUNITY FOUNDATION 23-2775624

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		•	<u>'</u>			
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				1/		
	membership fees received. (Do not						
	include any "unusual grants.")	196,326,	74,969,	94,903.	147,114.	126.828.	640,140.
2	Tax revenues levied for the organ-	,	·	,	<b>V</b>		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to					]	
	the organization without charge						
4	Total. Add lines 1 through 3	196,326,	74,969,	94,903.	147,114,	126,828.	640,140.
5	The portion of total contributions				·		
	by each person (other than a					1	
	governmental unit or publicly						
	supported organization) included			ļ			
	on line 1 that exceeds 2% of the			-			
	amount shown on line 11,						
	column (f)						184,746.
	Public support. Subtract line 5 from line 4.						455,394,
	ction B. Total Support	410044	# N 0040	( ) 0040	4 10 0004 4		(A) Total
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	196,326,	74,969.	94,903.	147,114.	126,828.	640,140.
8	Gross income from interest,		ļ				
	dividends, payments received on						
	securities loans, rents, royalties			## <b>50</b>			000 40=
^	and income from similar sources  Net income from unrelated business	73,057,	85,147.	57,600.	109,260.	74,043.	399,107.
Ð							
	activities, whether or not the		:				
40	business is regularly carried on Other income. Do not include gain						
IU	or loss from the sale of capital		i				
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						1 020 247
12		eta (see instruction	one)			12	1,039,247.
	First five years. If the Form 990 is for			I fourth or fifth to			50,031,
10	organization, check this box and stor	-			•	* ***	
Se	ction C. Computation of Publ		rcentage		******************************		
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	43.82 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	40,94 %
	33 1/3% support test - 2015. If the c					ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************			<b>&gt;</b> [x]
k	33 1/3% support test - 2014. If the o	organization did no	t check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶∐
17a	10% -facts-and-circumstances tes	•					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		▶∐
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ		•	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	, check this box a	nd see instructions	<u> </u>

# Schedule A (Form 990 or 990-EZ) 2015 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the	e organization fails to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose	<del></del>			<b>_</b>		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513			***************************************			
4 Tax revenues levied for the organ-						
ization'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						
- ··· <del>-</del>		<del>                                     </del>				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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		ļ				
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital				,		
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	41	- Contract the			- F01/-V0\	
4 First five years. If the Form 990 is for	•		•	•		
check this box and stop here lection C. Computation of Public	a Cumand Da					<b>P</b> L
			1 (0)		14-1	
5 Public support percentage for 2015 (lin		-	***		15	
6 Public support percentage from 2014					16	
ection D. Computation of Inves					- I	
7 Investment income percentage for 20	=				17	
8 Investment income percentage from 2						
19a 33 1/3% support tests - 2015. If the o	organization did r	not check the box	on line 14, and lin	e 15 is more than (	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶∟
b 33 1/3% support tests - 2014. If the	organization did ı	not check a box or	line 14 or line 19	a, and line 16 is me	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization		= -				<b>&gt;</b> [

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. Al	l Supporting Organiz	ati	ons

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c 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 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
ļ	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	40		
	<u>4c</u>		
	5a		
	5b		
	5c_		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		<u></u>

			res	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.	11		
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.	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

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?

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).

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 organization's supported organization have a supported organization played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s)	,
2	Activities Test. Answer (a) and (b) below.	Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ĺ

- 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in *Part VI*.
- b 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.

2a	
2b	
3a	
3b	

Yes

No

	dule A (Form 990 or 990-EZ) 2015 SELINSGROVE AREA COMMUNITY FOUNDAT			23-2775624	Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970. <b>See inst</b> i	ructions. All	
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (options	
_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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (options	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
_ a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
_ с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
_ 2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
_7	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	/ear
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		1	
7	Check here if the current year is the organization's first as a non-functiona	ly-integrate	d Type III supporting or	ganization (see	

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Sche	dule A (Form 990 or 990-EZ) 2015 SELINSGROVE AREA CON			3-2775624 Page	7_
Par		(a)(3) Supporting Orga	anizations (continued)	·· T	
	on D - Distributions			Current Year	_
	Amounts paid to supported organizations to accomplish exe				_
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity				
	Administrative expenses paid to accomplish exempt purpos	IS		—	
	Amounts paid to acquire exempt-use assets				
	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which to	he organization is responsive	<del>)</del>		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6				_
2	Underdistributions, if any, for years prior to 2015				_
	(reasonable cause required see instructions)				
3	Excess distributions carryover, if any, to 2015:				_
a		, , , , , , , , , , , , , , , , , , ,			_
b					
C					
	From 2013				_
	From 2014				_
	Total of lines 3a through e				—
	Applied to underdistributions of prior years				—
	Applied to 2015 distributable amount				
	Carryover from 2010 not applied (see instructions)				
_ <u>L</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.				—
	Distributions for 2015 from Section D.				
4	,				
	line 7: \$				_
	Applied to underdistributions of prior years				—
	Applied to 2015 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j			***	
	and 4c.				
8	Breakdown of line 7:				
а					

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013
 d Excess from 2014
 e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 SE	ELINSGROVE AREA COM	MUNITY FOUNDATION		23-2775624 Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; a	3b, 3c, 4b, 4c, 5a, 6, 9a, 9 s 2 and 3; Part IV, Sectior	9b, 9c, 11a, 11b, and 11c; n E, lines 1c, 2a, 2b, 3a and	Part IV, Section B, lines 1 d 3b; Part V, line 1; Part V,	and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See instructions.)				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		-			

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number Name of the organization SELINSGROVE AREA COMMUNITY FOUNDATION 23-2775624 Organization type (check one): Filers of: Section: x 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Name of organization Employer identification number SELINSGROVE AREA COMMUNITY FOUNDATION 23-2775624

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 20,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Control of the Control		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

SELINSGROVE AREA COMMUNITY FOUNDATION

23-2775624

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
and the second s		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2015)		Page 4
Name of organiz	ration		Employer identification number
Part III	AREA COMMUNITY FOUNDATION  Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	Columns (a) through (e) and the followin is, charitable, etc., contributions of \$1,000 or les	23-2775624  section 501(c)(7), (8), or (10) that total more than \$1,000 for g line entry. For organizations s for the year. (Enter this info. once.)
(a) No.	Ose duplicate copies of Fart III II addition	ai space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			· · · · · · · · · · · · · · · · · · ·

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Inspection

Name of the organization

Employer identification number

	SELINSGROVE AREA COMMUNITY F	OUNDATION	23-2775624
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	÷ 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	
	Aggregate value of contributions to (during year)	31,877,	
	Aggregate value of grants from (during year)	39,066.	
	Aggregate value at end of year	•	
	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's e	<del>-</del>	(
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?	•	
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, F	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		•
-	listed in the National Register		I i
3	Number of conservation easements modified, transferred, rele		
	year▶	, , , ,	· ·
	Number of states where property subject to conservation ease	ement is located >	
	Does the organization have a written policy regarding the period	•	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	<b>&gt;</b>	-	
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		<u> </u>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items,	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990 Part X		<b>▶</b> \$

		AREA COMMUNITY					23-2775		Page 4
Pai	rt III   Organizations Maintaining C	ollections of A	rt, Historical	Treasures,	or Oth	er Simi	lar Asse	<b>ts</b> (continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	is, check any of	he following th	at are a s	ignifican	t use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or	exchange progr	ams				
b	Scholarly research	e	L	3.3					
c	Preservation for future generations	•							
4	Provide a description of the organization's co	allections and evolui	n how they furth	er the organizat	ion's eve	mnt nur	oose in Par	rt XIII	
5	During the year, did the organization solicit or	•	=	-			2030 BTT Q		
5	to be sold to raise funds rather than to be ma						Г	Yes	☐ No
Dai	t IV Escrow and Custodial Arrang								NO
	reported an amount on Form 990, Par		ete ir trie organiz	ation answered	Yes O	i comi a:	ou, Part IV,	illie 9, of	
	***************************************		E						
1a	Is the organization an agent, trustee, custodia		•					٦.,	г
	on Form 990, Part X?						L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:			· · · · · · ·	T		
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					<u>1e</u>			
f	Ending balance								
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow o	r custodial acc	ount liab	ility?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation has b	en provided or	Part XII	l			
Pai									40
		(a) Current year	(b) Prior year				vears back	(e) Four v	vears back
1a	Beginning of year balance	(6) 555	(2)	(0) / ) (0)			, , , , , , , , , , , , , , , , , , , ,	1,3,,,	1
b	Contributions								
	Net investment earnings, gains, and losses						•	<del>                                     </del>	
Ç	<b>*</b> • • • • • • • • • • • • • • • • • • •								
d	Grants or scholarships							1	
е	Other expenditures for facilities								
	and programs							ļ <u> </u>	
f	Administrative expenses							<del></del>	
g	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
C	Temporarily restricted endowment >	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiz	ation that are he	d and administ	ered for t	he organ	ization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							f	
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the			* * * * * * * * * * * * * * * * * * * *	************			· • ****	
	t VI Land, Buildings, and Equipm		ioni landoi						
	Complete if the organization answered		0. Part IV line 11	a. See Form 99	0. Part X	line 10			
	Description of property	(a) Cost or o		ost or other		ccumula	ted	(d) Book	value
	Description of property	basis (investr	, , .	sis (other)		preciatio		(a) book	value
_	Land	<u> </u>	none) Da	ora (Ora lea)	"	PICCIANO			
	Land								<u>_</u>
	Buildings		1						
	Leasehold improvements								
	Equipment								
	Other		<u> </u>						
intal	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (R) li	ne 10c l					n

		line 11b. See Form 990, Part X, li	
(a) Description of security or category (including name of securi	y) <b>(b)</b> Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) ·			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related	•		
Complete if the organization answered "Y	es" on Form 990, Part IV	, line 11c. See Form 990, Part X, li	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX Other Assets.			
Complete if the organization answered "Y	es" on Form 990, Part IV	, line 11d, See Form 990, Part X, li	ne 15.
	(a) Description		(b) Book value
(1) BENEFICIAL INTEREST IN NET ASSETS C	E A GOLGGDITHY HOLDS		
	F A COMMINSTRY PUBLIC	DATTON	988 49
(2)	F A COMMUNITY FOUN	DATION	988,49
(2)	F A COMMUNITY FOON	DATION	988,49
(3)	F A COMMUNITY FOUN.	DATION	988,49
(3) (4)	F A COMMUNITY FOUN.	DATION	988,49
(3) (4) (5)	F A COMMUNITY FOUN.	DATION	988,49
(3) (4) (5) (6)	F A COMMUNITY FOUN.	DATION	988,49
(3) (4) (5) (6) (7)	F A COMMUNITY FOUN.	DATION	988,49
(3) (4) (5) (6) (7) (8)	F A COMMUNITY FOUN.	DATION	988,49
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B)			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	) line 15.)		988,49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.  Complete if the organization answered "Y	) line 15.)	, line 11e or 11f. See Form 990, Pa	988.49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.  Complete if the organization answered "Y 1. (a) Description of liability	) line 15.)		988,49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability (1) Federal income taxes	) line 15.)	, line 11e or 11f. See Form 990, Pa	988,49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.  Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2)	) line 15.)	, line 11e or 11f. See Form 990, Pa	988,49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability (1) Federal income taxes (2) (3)	) line 15.)	, line 11e or 11f. See Form 990, Pa	988.49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.  Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	) line 15.)	, line 11e or 11f. See Form 990, Pa	988.49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.  Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	) line 15.)	, line 11e or 11f. See Form 990, Pa	988.49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.  Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	) line 15.)	, line 11e or 11f. See Form 990, Pa	988.49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.  Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	) line 15.)	, line 11e or 11f. See Form 990, Pa	988,49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	) line 15.)	, line 11e or 11f. See Form 990, Pa	988.49
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.  Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	es" on Form 990, Part IV	, line 11e or 11f. See Form 990, Pa	988,49!  988,49!  988,49!

nedule D (Form 990) 2015 SELINSGROVE AREA COMMUNITY FOUNDAT	ION	23-2775624 F
art XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	•
Total revenue, gains, and other support per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1 1
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	5
art XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************	
a Donated services and use of facilities	2a	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		
		1
Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	4a	
Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b	4a 4b	4c
Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)	4a 4b 8.)	4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
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Amounts included on Form 990, Part IX, line 25, but not on line 1: In Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: In Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4c 5

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding 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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **Employer identification number** SELINSGROVE AREA COMMUNITY FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply, Mail solicitations e Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Nο key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) 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.

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receif	ots greater than \$5,000.
			(a) Event #1	( <b>b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF TOURNAMENT #1	GOLF TOURNAMENT #2		col. (c))
ø			(event type)	(event type)	(total number)	001. (0)/
au a						
Revenue	1	Gross receipts	31,924.	23,846.		55,770,
	2	Less: Contributions	26,437.	16,286,		42,723,
	3	Gross income (line 1 minus line 2)	5,487.	7,560,		13,047.
	4	Cash prizes				
	5	Noncash prizes		690.		690,
Direct Expenses	6	Rent/facility costs	5,246.	4.923.		10,169,
Ž.	_	,	<u> </u>	*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
irect l	7	Food and beverages	2,436,	3,358.		5,794.
LJ	8	Entertainment				
	9	Other direct expenses	\$	975.		1,791,
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	18 444,
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<u> </u>	-5,397,
Pa	ırt İ		answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				I
e D			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Dilligo/brodiessive pilligo		cor. (a) through cor. (c)/
Ř		0		ļ		
		Gross revenue				
S	2	Cash prizes				
nse						
×	3	Noncash prizes				
世世						
Direct Expenses	4	Rent/facility costs		,		
	E	Other direct expenses	T-PER-OWNER			
		Olital direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No No	No No	
				•		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming a				. Lifes Lino
i.		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	/ear?	Yes No
		Yes," explain:		-		

Schedule G (Form 990 or 990-EZ) 2015 SELINSGROVE AREA COMMUNITY FOUNDATION 23-2775624 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Page 2

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2015 SELINSGROVE AREA COMMUNITY FOUNDATION 23-27	75624	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		<del></del> 1
	to administer charitable gaming?	Y	es L No
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility		%
	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	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Ү	es No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >	<del></del>	
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
4-	B. A. m. alakara a disabilar shi a mar		
17	Mandatory distributions:		
2	Is the organization required under state law to make charitable distributions from the gaming proceeds to		os No
	retain the state gaming license?	'	es140
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$  rt IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines O. O	b 10b 15b
ГС	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	mies 9, 9	iu, 100, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		<u> </u>
			77

Schedule (	G (Form 990 or 990-EZ)	SELINSGROVE AREA COMMUNITY FOUND	ATION	23-2775624	Page 4
Part IV	Supplemental Info	SELINSGROVE AREA COMMUNITY FOUNDA rmation (continued)			
	<del> </del>				
****					

#### SCHEDULE I (Form 990)

# 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.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization  SELINSGROVE_AF	REA COMMUNITORY	FOUNDATTON					Employer identification number 23-2775624
Part I General Information on Grants a		1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				atritica de	25 2
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's properties.    Part II	stance? ocedures for mon Domestic Organ	itoring the use of gran	t funds in the Unite	d States. complete if the org			x Yes No
recipient that received more than S  1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A COMMUNITY CLINIC, INC. 344 MARKET ST SUNBURY, PA 17801	20-4051982	501 (C) (3)	6,000.	0.			STUDENT BACKPACK PROGRAM
SNYDER COUNTY 4-H FOUNDATION 10541 ROUTE 522 MIDDLEBURG, PA 17842	23-6278273	501 (C) (3)	19,066.	0.			ORGANIZATIONAL SUPPORT
SNYDER COUNTY COALITION FOR KIDS, INC P.O. BOX 103 - SELINSGROVE, PA 17870	46-3844013	501 (C) (3)	17,000	0.			MEALS FOR SEALS
					-		
4.00.00	AMA, N. 13. 17 MJ/						
Enter total number of section 501(c)(3) a     Enter total number of other organizations     LHA For Paperwork Reduction Act Notice	s listed in the line	1 table	he line 1 table				3. Schedule I (Form 990) (2015)

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
(4) ///	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(1) 0000111211111111111111111111111111111
SCHOLARSHIPS PAID TO COLLEGES AND UNIVERSITIES FOR					
STUDENTS FROM THE SELINSGROVE AREA WHO ARE					
PURSUING A DEGREE IN HIGHER LEARNING.	8	18,650.	0.		
	}		}		
		ki a sa a sa a sa a sa a sa a sa a sa a			
				1	
Part IV Supplemental Information. Provide the information req	uîred in Part I, line	2. Part III, column	(b), and any other ac	dditional information.	
			<u> </u>		
PART I LINE 2:					
GRANTS TO SECTION 501(C)(3) ORGANIZATIONS AND OTHER	COMMUNITY TA	X-EXEMPT			
					-
ORGANIZATIONS ARE PAID ACCORDING TO THE SPECIFIC NE	EDS OF EACH C	RGANIZATION			
AFTER THIS ORGANIZATION GAINS KNOWLEDGE OF THE ORGA	NIZATION, ITS	PURPOSE,		***************************************	
AND ITS TAX-EXEMPT STATUS. GRANTS ARE PAID TO ORGAN	IZATIONS PRIM	ARILY IN			
THE LOCAL AREA OF SELINSGROVE, PA. THE USE OF THE G	RANTS ARE REA	DILY			
•					
MONITORED DUE TO LOCAL PUBLIC DISCLOSURE OF EACH OR	GANIZATION RE	CEIVING THE			
GRANTS AND OTHER CONTACT BY THE MEMBERS OF THIS ORG	ANIZATION.				

Schedule   (Form 990)	23-2775624	Page 2
Part IV Supplemental Information		
SCHEDULE I, PART III		
THE ORGANIZATION PAYS THE COLLEGE OR UNIVERSITY DIRECTLY FOR THE		
STUDENT'S SCHOLARSHIP AFTER THE SELECTION IS MADE BY THE HIGH SCHOOL		
SCHOLARSHIP SELECTION COMMITTEE OF THE LOCAL SCHOOL DISTRICT. THE		
SCHOOL SELECTION COMMITTEE DETERMINES THE ELIGIBILITY FOR THE GRANTS		
FROM ITS APPLICATION AND REVIEW PROCESS. IF THE STUDENT DOES NOT		
COMPLETE HIS/HER EDUCATION CREDITS FOR THE SCHOLARSHIP, THE SCHOLARSHIP		
PORTION NOT USED IS RETURNED TO THE ORGANIZATION. IF THE SCHOLARSHIP		
IS FOR MORE THAN ONE YEAR AND THE STUDENT DOES NOT COMPLETE HIS/HER		
EDUCATION CREDITS, THEN THE REMAINING SCHOLARSHIP GRANT IS FORFEITED		
AND IS AVAILABLE FOR FUTURE GRANTS.		
		·
· · · · · · · · · · · · · · · · · · ·		

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OM8 No. 1545-0047

► Attach to Form 990 or 990-EZ.

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

Inspection

Name of the organization	Employer identification number
SELINSGROVE AREA COMMUNITY FOUNDATION	23-2775624
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE SELINSGROVE AREA AND SURROUNDING COMMUNITIES THROUGH SUPERIOR	
STEWARDSHIP OF ENDURING CHARITABLE GIFTS. IT EXISTS TO ASSIST AND	
ENCOURAGE DONORS OF ALL LEVELS TO ACHIEVE THEIR DIVERSE PHILANTHROPIC	
INTERESTS WHILE PROVIDING A LEGACY THAT WILL SERVE THE COMMUNITIES FOR	
PRESENT AND FUTURE GENERATIONS.	
FORM 990 PART III, LINE 1. DESCRIPTION OF ORGANIZATION MISSION:	
TOWN 570, TAKE III, BIND I, DESCRIPTION OF ORGANIZATION MISSION.	
LEVELS TO ACHIEVE THEIR DIVERSE PHILANTHROPIC INTERESTS WHILE PROVIDING	
A LEGACY THAT WILL SERVE THE COMMUNITIES FOR PRESENT AND FUTURE	
GENERATIONS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
COMMUNITY FOUNDATION AWARDED SCHOLARSHIPS TO HIGH SCHOOL SENIORS AND	
GRANTS TO LOCAL NON-PROFIT ORGANIZATIONS FROM ITS OWN ENDOWED FUND,	
FUNDS WERE ALSO RAISED THROUGH THE FOUNDATION'S GOLF TOURNAMENTS.	
FORM 990, PART VI, SECTION A, LINE 3:	
SELINSGROVE AREA COMMUNITY FOUNDATION HAS DELEGATED MANAGEMENT DUTIES TO	
THE CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION.	
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 11:	
MEMBERS OF THE BOARD ARE PROVIDED WITH THE FORM 990 FOR REVIEW AND APPROVAL	
PRIOR TO FILING,	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization  SELINSGROVE AREA COMMUNITY FOUNDATION	Employer identification number 23-2775624
DESIREMANCE AREA COMMUNITY FOUNDATION	1 43-41/3044
THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AS PART OF ITS	
ADOPTED BYLAWS. EACH BOARD MEMBER HAS A BOARD MANUAL THAT INCLUDES A COPY	
OF THE BYLWAS, A MANUAL IS GIVEN TO NEW DIRECTORS WHEN THEY COME ON THE	
DOXDD	
BOARD,	
THE FOUNDATION HAS NO EMPLOYEES AND ALL BOARD MEMBERS SERVE AS VOLUNTEERS	
FORM 990, PART VI, SECTION C, LINE 19:	
REQUEST AT THE ORGANIZATION'S LOCATION,	
FORM 990, PART XII, LINE 2C	
THE FOUNDATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE	
ACCOUNTANT, THIS HAS NOT CHANGED FROM THE PREVIOUS YEAR.	

## Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

	<del></del>		<del></del>				
	u are filing for an Automatic 3-Month Extension, comple					<b>&gt;</b> x	
	u are filing for an Additional (Not Automatic) 3-Month Ex						
	complete Part II unless you have already been granted					.,	
	onic filing (e-file). You can electronically file Form 8868 if						
	d to file Form 990-T), or an additional (not automatic) 3-mo		· · · · · · · · · · · · · · · · · · ·				
	to file any of the forms listed in Part I or Part II with the ex	•					
	al Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details o	n the elec	tronic filing o	f this form,	
	ww.irs.gov/efile and click on e-file for Charities & Nonprofit		whenit original (no conice no	odod)			
Pari							
A corp Part I d	oration required to file Form 990-T and requesting an auto			piete		▶ □	
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	AICs, and t	rusts must use Form 7004 to reques			a numbor	
Туре		uctions.		Enter filer's identifying number Employer identification number (EIN) or			
print	.				imployer toorumouter riamber (inty or		
•	SELINSGROVE AREA COMMUNITY FOUNDATION			23-2775624			
File by ti due date	6 North and and an arrangement for D.O. have	see instruc	tions.	Social security number (SSN)			
filing you return, S	725 WEST PRONT STREET				_		
instruction		oreign add	ress, see instructions.				
	BERWICK, PA 18603						
	•						
Enter t	he Return code for the return that this application is for (fil	le a separa	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For Co				
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)				
Form 9	90-BL	02	Form 1041-A			80	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
	THE ORGANIZATION						
• The	books are in the care of > 725 WEST FRONT STREET	- BERWI	CK, PA 18603				
Tel	phone No. > 570-752-3930		Fax No. 🕨				
	e organization does not have an office or place of busines						
• If th	is is for a Group Return, enter the organization's four digit	_					
box 🕨					ers the exten	sion is for.	
1	request an automatic 3-month (6 months for a corporation						
-	AUGUST 15, 2016 , to file the exemp	ot organiza	tion return for the organization name	ed above.	The extension	n	
į	s for the organization's return for:						
	x calendar year 2015 or						
J	tax year beginning	, an	d ending		·		
2	f the tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Final retur	n		
	Change in accounting period						
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any			_	
	nonrefundable credits. See instructions.			3a	\$	0,	
	f this application is for Forms 990-PF, 990-T, 4720, or 606				_	_	
	estimated tax payments made. Include any prior year over			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your p	-	·				
	v using FETPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	. <b>.</b>	0 .	

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.