** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AI	or the	2016 calendar year, or tax year beginning	and	ending							
В	Check if applicable	C Name of organization			D Employer identifi	cation number					
	Addres	SELINSGROVE AREA COMMUNITY FOUNDATION									
	Name change	Doing business as			23-277	5624					
	Initial	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	suite E Telephone number						
	Final return/	725 WEST FRONT STREET	·		2	2-3930					
	termin- ated	City or town, state or province, country, and ZIP or f	G Gross receipts \$ 245,859								
	Amend	BERWICK PA 18603			H(a) Is this a group re	eturn					
	Application	F Name and address of principal officer:HEATHER H.	ROWE		for subordinates	s? Yes X No					
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in						
1.	Tax-exe	mpt status: x 501(c)(3) 501(c) () ◀ (ins	ert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)					
J	Websit	e: Www.csgiving.org/partners/seacf.html			H(c) Group exemption	n number 🕨					
K	orm of	organization: x Corporation Trust Association	n Other ▶	L Year	of formation: 1994	M State of legal domicile: PA					
P	art I	Summary									
ø	1 1	Briefly describe the organization's mission or most signific	ant activities: THE SE	LINSGROVE	AREA COMMUNITY						
Activities & Governance]	FOUNDATION IS DEDICATED TO THE ENRICHMENT O	F THE QUALITY OF	LIFE IN							
¥ru	2 (Check this box 🕨 🔲 if the organization discontinued	its operations or dispo-	sed of more	than 25% of its net as	ssets.					
Š	3	Number of voting members of the governing body (Part VI	, line 1a)		3	12					
S S	4	Number of independent voting members of the governing	body (Part VI, line 1b)		4	12					
es	5	Total number of individuals employed in calendar year 20°	6 (Part V, line 2a)		5	0					
Viti	6	Total number of volunteers (estimate if necessary)	***************************************	•••••	6	186					
Cţ		Total unrelated business revenue from Part VIII, column (C				0.					
_	b	Net unrelated business taxable income from Form 990-T,	ine 34		7b	0,					
					Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)			126,828.	166,065.					
		Program service revenue (Part VIII, line 2g)			0.	0.					
		investment income (Part VIII, column (A), lines 3, 4, and 70			74,043.	130,880.					
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10			-76 128	-68 746.					
		Total revenue - add lines 8 through 11 (must equal Part VI			124,743.	228 199.					
	13	Grants and similar amounts paid (Part IX, column (A), lines		73,099.	56,850.						
		Benefits paid to or for members (Part IX, column (A), line 4		0.	0.						
S	1	Salaries, other compensation, employee benefits (Part IX,			0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e			0.	0,					
g	b.	Total fundraising expenses (Part IX, column (D), line 25)									
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			40,000.	56.370.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, colur			113,099.	113 220.					
	19	Revenue less expenses. Subtract line 18 from line 12			11,644.	114,979.					
70	8			Ве	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)			988,495.	1,098,799,					
AB	21	Total liabilities (Part X, line 26)			36,876.	32,201.					
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20			951,619.	1,066,598.					
P	art II	Signature Block			•	•					
Und	ier pena	Ities of perjury, I declare that I have examined this return, includir	g accompanying schedule	s and statem	ents, and to the best of m	ny knowledge and belief, it is					
true	, соггес	t, and complete. Declaration of preparer (other than officer) is bas	sed on all information of w	hich preparei	has any knowledge.						
Sig	ın	Signature of officer			Date						
He		HEATHER H. ROWE PRESIDENT									
		Type or print name and title									
		Print/Type preparer's name Prenar	signature	1	Date Check	PTIN					
Pai	d	TRACEY L, RASH	a do	1	5-15-17 self-emplo	yed P00252345					
Pre	parer	Firm's name MAHER DUESSEL, CPA'S			Firm's EIN 25-1622758						
Use	Only	Firm's address 3003 NORTH FRONT STREET, SUIT	E 101								
		HARRISBURG, PA 17110			Phone no.717	7-232-1230					
NA-	u dha 15	OC diagram this return with the property shares =	a inaturational			W Ves Ne					

	990 (2016) SELINSGROVE AREA COMMUNITY		23-2775624	Page 2
Pal	t III Statement of Program Service Accomplis			
	Check if Schedule O contains a response or note to any	/ line in this Part III		x
1	Briefly describe the organization's mission:			
	THE SELINSGROVE AREA COMMUNITY FOUNDATION IS I	EDICATED TO THE		
	ENRICHMENT OF THE QUALITY OF LIFE IN THE SELIN	SGROVE AREA AND		
	SURROUNDING COMMUNITIES THROUGH SUPERIOR STEWA	RDSHIP OF ENDURING		
	CHARITABLE GIFTS. IT EXISTS TO ASSIST AND ENG			
2	Did the organization undertake any significant program service			
			Yes	x_ No
	If "Yes," describe these new services on Schedule O.			_
3	Did the organization cease conducting, or make significant ch	anges in how it conducts, any program service	s?Yes L	x_ No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishment	s for each of its three largest program services,	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to r	eport the amount of grants and allocations to o	thers, the total expenses, an	id
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 99,362, incl	uding grants of \$ 56,850,) (Re	venue \$)
	THE SELINSGROVE AREA COMMUNITY FOUNDATION (SAC	F) HAS BEEN GIVING GRANTS		
	AND SCHOLARSHIPS TO BENEFIT SNYDER COUNTY'S RE	SIDENTS FOR OVER 20		
	YEARS, IT BEGAN IN 1994 AS A COMMUNITY ENDOWN	ENT BY THE SELINSGROVE	28 1500	
	ROTARY CLUB TO ESTABLISH SCHOLARSHIPS FOR LOCA	L STUDENTS, IT HAS SINCE		
	BECOME A WIDE-REACHING SOURCE OF FUNDS FOR SEL	INSGROVE AND THE		
	SURROUNDING COMMUNITIES, SACF IS GOVERNED BY	AN 12-MEMBER VOLUNTEER		
	BOARD, IN JUNE 2006, THE SELINSGROVE AREA COMM	UNITY FOUNDATION, THEN	•	
	SELINSGROVE AREA YOUTH FOUNDATION, JOINED CENT		•	
	FOUNDATION (CSCF) AS AN AFFILIATE, CSCF PROVI			
	ADMINISTRATIVE, AND PROGRAM SUPPORT FOR SACF.			
	ITS VOLUNTEERS AND HAS NO STAFF OR ADMINISTRAT			
	MAINTAINS ITS INCORPORATION AND CONTROL OF ITS			
4b	(Code:) (Expenses \$ incl		venue \$)
		, ,		
	A PARAMIT A LA SE			
	·		**************************************	
			,	
14 10			2	
4c	(Code:) (Expenses \$ incl	uding grants of \$) (Re	venue \$)
	No.			
	· · · · · · · · · · · · · · · · · · ·			
		489 - 1 1 1 1 1		
	4.4			
			· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)		·····	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e		362.		

Form 990 (2016) 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)?		165	NO
•	If "Yes," complete Schedule A	1	v	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Х	
0	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	3		
-	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		- 70	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		х
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		x
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.	6.3		
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		_X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		material factor	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		X
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	_11e		X
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	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
2.	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
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		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,	14a		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		
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	140		Х
13	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	10		Α
	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		x
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		_х_

Form 990 (2016) SELINSGROVE AREA COMMUNITY FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		X
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	202		41
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31_		X
32		32		,,
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
V 4	Part V, line 1	34		х
35a		35a		Х
	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		х
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2016) 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								
	Should be should be defined a respective of the county into in the rate value.								
10	Enter the number reported in Box 3 of Form 1006. Enter 0, if not applicable	1 40			Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming						
C				4					
0-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i	T	1c		-			
za									
	filed for the calendar year ending with or within the year covered by this return	2a	0						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		Control of the Contro	2b_					
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
				3a 3b		X			
 b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 									
4a									
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X			
D	If "Yes," enter the name of the foreign country:		(50.45)			-			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_					
	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 that it was or is a party to a prohibited tax shelter transaction.	action'	٠	5b		Х			
	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 to	he org	anization 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 contribu	tions o	or gifts						
·	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									
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e					
е									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		2 1 2 2			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		-			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne						
_	sponsoring organization have excess business holdings at any time during the year?			8		X			
9	Sponsoring organizations maintaining donor advised funds.			_					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X			
	The second parties of the second state of the second state of the second			9b	-	X			
10	Section 501(c)(7) organizations. Enter:	۱	1						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1						
11	Section 501(c)(12) organizations. Enter:	1	1						
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			1					
	amounts due or received from them.)								
	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
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		-			
ne.	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	Ĺ						
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c				7555			
				14a		Х			
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie O .		14b					

Form 990 (2016) 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			x						
Sec	tion A. Governing Body and Management									
		\longrightarrow	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										
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		X						
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	· · · · · · · · · · · · · · · · · · ·									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
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	X							
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		X						
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										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b		12a 12b	<u>X</u> X							
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	Х							
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						
h	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
IUa	taxable entity during the year?	16a		x						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		_ A						
IJ	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
		16b								
Sec	exempt status with respect to such arrangements?	100								
	List the states with which a copy of this Form 990 is required to be filed PA									
17 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) and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of the c	availah	le le							
10	for public inspection. Indicate how you made these available. Check all that apply.	.vanau								
40	Own websitex_ Another's websitex_ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina-	oial							
19		a mian	uidi							
00	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									

C	000	(2016)	
rom	990	CUIDI	

SELINSGROVE AREA COMMUNITY FOUNDATION

23-2775624

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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)	(B)	orga	111126		C)	прел	isat	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Pos heck ss pe	ition more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Key employee Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HEATHER H. ROWE	2,50			11000						_
PRESIDENT	0.50	Х		Х	-			0,	0,	0.
(2) MICHAEL F. FLOCK VICE PRESIDENT	0,50	х		х				0.	0.	0.
(3) MARVIN J. RUDNITSKY	0,60	^	-	^	-	\vdash		0.	0.	0.
SECRETARY	0.00	х		х				0.	0.	0,
(4) JOHN L. STOKINGER	1,50	-							-	
TREASURER		х		х				0,	0,	0,
(5) CHAD L. COHRS	0,30									
DIRECTOR		х						0.	0.	0.
(6) CAROL L. HANDLAN	0.30									170
DIRECTOR	-	х	_	_	_			0,	0,	0,
(7) DAVID A. LAWER	0,30									
DIRECTOR		X	_		-			0,	0.	0.
(8) PATRICIA M. PINKOWSKI	0.30									
DIRECTOR	0.20	X	_					0.	0,	0.
(9) ERIC L. ROWE DIRECTOR	0.30	x						0.	0.	0.
(10) DONNA S. SCHUCK	0.30	Δ_			\vdash				0,	0,
DIRECTOR	0.30	x						0.	0.	0.
(11) PHILIP E. WINGER	0,30									
DIRECTOR		x						0.	0.	0,
(12) JULIE L. ERIKSSON	0,30									
DIRECTOR		х			<u> </u>	_	_	0.	0,	0.
					1					
	-	ļ.,	_	_	-	-	_			
		\vdash	_		\vdash	\vdash	-			
						L				

T GIT	(A) Name and title	(B) Average hours per week	(do box offic	not c	Pos heck ss pe	c) ition more than one arson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	า	an	(F) stimate nount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organizations		
											-			
			-	_										
<u>\$</u>				_										
													9 99	-9
			_	_			-	_						
											J			
	ub-total								0.		0.			0.
	otal from continuation sheets to Part VI otal (add lines 1b and 1c)								0.		0.			0.
	otal number of individuals (including but nonpensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportable	е			0
											-		Yes	No
	id the organization list any f ormer officer, ne 1a? <i>If "Yes," complete Schedule J for</i> s											3		х
4 F	or any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d oth	her compensation from	the organization	••••			
	nd related organizations greater than \$150 id any person listed on line 1a receive or a									idual for services		4		Х
re	endered to the organization? If "Yes," com										*****	5		Х
	n B. Independent Contractors omplete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation 1	from	
th	ne organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir 		year.			2)	
J	(A) Name and business	address	NO	NE					(B) Description of s	services	C		c) nsatio	n
7								\dashv				-		
1								_						
							-							
	otal number of independent contractors (ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$	100,000 of compensation from the organi	zation >					0		*					

Form 990 (2016) SELINSGROVE AREA COMMUNITY FOUNDATION
Part VIII Statement of Revenue

		Check if Schedule O contr	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
ira oun	b	Membership dues						
S, G	С	Fundraising events		44,825.		40-30		
ar ar	d	Related organizations		,				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributi						P. F. (A.L.)
tion	f	All other contributions, gifts, grant						
the		similar amounts not included above	/e 1f	121,240,				
d of	g	Noncash contributions included in lines	1a-1f: \$		64.5			
9 E	h	Total. Add lines 1a-1f			166 065.			
1903-12-0 19				Business Code				
မွ	2 a							
e Z	b							
Program Service Revenue	C						***	
e v	d							
S _r	е				244			
<u>-</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, inter	est, and				
1		other similar amounts)			130,880.			130,880.
	4	Income from investment of tax						
	5	Royalties		>		0		
1			(i) Real	(ii) Personal				24 211
	6 a				1 2 3			The second
	b	Less: rental expenses						
	C	Rental income or (loss)						- (th E)
	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			155 777 178 8			
		and sales expenses						
		Gain or (loss)						the training and the
		Net gain or (loss)						
e	8 a	Gross income from fundraising	-					
		including \$ 44	•					
Re		contributions reported on line	•	1				
Other Reven		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund			-4,380,			-4,380,
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses				153 - 153 - 164 - 164		MATERIAL SECTION
		Net income or (loss) from garr						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						1 1 2 2 2 2 2
	4.5	Miscellaneous Revenu		Business Code				
		CHANGE IN BENEFICIAL I		900099	-64,366.			-64,366,
	b							-
	C	All -44						9
		All other revenue						
		Total. Add lines 11a-11d			-64,366.		-	60.10:
	12	Total revenue. See instructions.			228 199.	0.	0	62 134.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 36,850 36,850 Grants and other assistance to domestic individuals. See Part IV, line 22 20,000 20,000 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): 16,034 a Management 3,624 8,963 3,447 Legal Accounting 2,865 2,865 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 4,001 4 001 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 150 150 12 Advertising and promotion 100 100 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 23 Insurance 1,448 1,448 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.) SPECIAL PROJECTS 31,695 31,695 MISCELLANEOUS 77 b 77 d All other expenses Total functional expenses. Add lines 1 through 24e 10,411 3.447. 113,220 99,362 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)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 988,495 15 1,098,799, Total assets. Add lines 1 through 15 (must equal line 34) 16 16 988,495 1 098 799. Accounts payable and accrued expenses 17 17 18 Grants payable 36,876 18 32,201 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 36,876 32,201 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 951,619, 29 1,066,598. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 951,619 33 1,066,598.

> 1 098 799. Form **990** (2016)

988 495

34

Total liabilities and net assets/fund balances

Form	1990 (2016) SELINSGROVE AREA COMMUNITY FOUNDATION	23-2775624		Pa	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								
				11.0					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		228	199.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		113	220.				
3	NOTE: 10 ATT 10								
4									
5	Net unrealized gains (losses) on investments	5			,619 <u>,</u>				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8			3 1725 1500				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	1	066	598,				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Lx				
				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	О.	70						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:				-				
	x Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			8				
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	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 Sch	edule O.		1 = 7					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	100		0 L					
	Act and OMB Circular A-133?		3a		х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Nan	ame of the organization Employer identification number											
_		SELINS	GROVE AREA COMM	UNITY FOUNDATION				23	-2775624			
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	e instruction	s.				
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)						
1	\square	A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).					
2	Ш	A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	990 or 99	90-EZ).)						
3	\square	A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	i).					
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5	Ш	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental i	unit describ	ed in			
		section 170(b)(1)(A)(iv). (C	-									
6		A federal, state, or local gov	ernment or governm	nental unit described in s	ection 17	'0(b)(1)(A)	(v).					
7		An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in			
		section 170(b)(1)(A)(vi). (Co										
8	x	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	II.)							
9	Ш	An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or			
		university:		<u> </u>					F T			
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
		income and unrelated busing		(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.			
	See section 509(a)(2). (Complete Part III.)											
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
12	Ш	An organization organized a						100				
		more publicly supported org							heck the box in			
		lines 12a through 12d that	3.5					100				
а								(2/15)				
		the supported organization			majority	of the direc	ctors or trust	es of the s	upporting			
		organization. You must c				Dec your zone or vocate	~					
b	<u> </u>	☐ Type II. A supporting orga							5			
		control or management of	600 60 450 00500		ame perso	ons that co	introl or mana	age the sup	ported			
		organization(s). You mus			•		and the same desired	W. 11. L	1 41			
C		☐ Type III functionally inte						illy integrate	ed with,			
	. —	its supported organization	*	1								
C		☐ Type III non-functionally										
		that is not functionally int			-		-	a an attent	veness			
		requirement (see instructi		•				D 75				
e	· L	Check this box if the orga					гтурет, туре	ili, Type III				
	m.i.	functionally integrated, or	(0) 0									
		er the number of supported of vide the following information						***************************************				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10	Yes	No No	support (see i		support (see instructions)			
		**		above (see instructions))	103	140						
-												
					3 3 3							
-												
							1.00 AV					
1												

Schedule A (Form 990 or 990-EZ) 2016 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	74,969,	94,903.	147,114,	126.828.	166,065,	609,879.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ļ	2027				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	74,969,	94,903.	147,114.	126,828.	166,065.	609.879.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		- 4 - 7 - 1				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1 1					
	column (f)			-			72,622,
6	Public support. Subtract line 5 from line 4.						537,257,
	ction B. Total Support		*	,		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	74.969,	94,903.	147,114.	126,828,	166,065,	609,879,
	Gross income from interest,			•			
	dividends, payments received on					ľ	
	securities loans, rents, royalties						
	and income from similar sources	85 147.	57,600.	109,260.	74.043.	130,880.	456.930.
9	Net income from unrelated business				,	•	
100	activities, whether or not the						
	business is regularly carried on		0.				
10	Other income. Do not include gain						
31020	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,066,809.
	Gross receipts from related activities,	etc. (see instruction	ons)	·	· · · · · · · · · · · · · · · · · · ·	12	53,011.
	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ						
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	50,36 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	43,82 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				> x
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop he	ere. Explain in Par	rt VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization	***************************************	▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	>

Schedule A (Form 990 or 990-EZ) 2016 SELINSGROVE AREA COMMUNITY FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

C-	ation A Dublic Compart	olovij plodoo oolilip	Sioto i di titi				
	ction A. Public Support		*			1	
	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
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					1	
	or expended on its behalf				ĺ		
_	The value of services or facilities				 		
S							
	furnished by a governmental unit to						
	the organization without charge				-	 	-
	Total. Add lines 1 through 5						#1
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		**-				
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	14/	(2)	(5)	(5)	(5)	
	Gross income from interest,			- 3000000			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				-		
	Add lines 10a and 10b				-		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is			1			
	regularly carried on					1	
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	nization,
	check this box and stop here	•				1 1010 2 100	
Se	ction C. Computation of Publ	ic Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2016 (column (fl)		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve					, 10	
					19100 -	17	%
	Investment income percentage for 20		0.0				
	Investment income percentage from						%
19	a 33 1/3% support tests - 2016. If the						. —
	more than 33 1/3%, check this box a						
1	b 33 1/3% support tests - 2015. If the	ATT.					
	line 18 is not more than 33 1/3%, cho						on
20	Private foundation, If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see ir	structions	

Part IV | Supporting Organizations

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

Section	Δ	ΔII	Supporting Organizations
CCLIOII	~		Supporting Gradinzanding

- Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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
- 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).

support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

- 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.)

6

7

8

9a

9b

9c

10a

Part VI.

Sche		23-2775624	Pa	age 5
Pai	t IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	-	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1257		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1,5		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	58		7-1
	controlled the organization's activities. If the organization had more than one supported organization,	11.0		
	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	100		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	7 95		-
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	W	1	
			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	1 9 7		
C	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations		1,,	
	Did the second of the second o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	24.5		
	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		- 4	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1,60	-	
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3	-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Inst	nuctions)		
a	The organization satisfied the Activities Test. Complete line 2 below.	iucionaj.		
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.	v (see instruction	s).	
2	Activities Test. Answer (a) and (b) below.	, 1000 1110111011	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	1 -	1 -	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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	E. U.		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.5	1 - 1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b		Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2016 SELINSGROVE AREA COMMUNITY FOUNDAT:			23-2775624	Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in Part VI.) See ins	tructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Currer (option	
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	on B - Minimum Asset Amount		(A) Prior Year	(B) Currei (optio	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	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	2 12		
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	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5		ME .	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	lv integrat	ted Type III supporting o	organization (see	

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Sche Par	dule A (Form 990 or 990-EZ) 2016 SELINSGROVE AREA COM † V Type III Non-Functionally Integrated 509			-2775624 Page 7
Secti	on D - Distributions	(4)(0) 04	landario (oorkiinaoa)	Current Year
1	Amounts paid to supported organizations to accomplish exer	Ouriont rour		
	Amounts paid to perform activity that directly furthers exemp	, , , , , , , , , , , , , , , , , , , ,		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		-	
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions	•		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j	A 000 000-00000		
	and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
С	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 SELINSGROVE AREA COMMUNITY FOUNDATION	23-2775624	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	s 1 and 2; Part IV, Sect rt V, Section B, line 1e;	ion C.
		1,51,5	
			<u> </u>
-			

		-	

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2016

CPT	INSGROVE AREA COMMUNITY FOUNDATION	23-2775624				
Organization type (check or		23-2113024				
Filers of:	Section:					
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization					
	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					
Note: Only a section 501(c)((7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1) any one contributo	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) filing 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.						
year, contributions is checked, enter h purpose. Don't cor	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 is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't 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					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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) (2016)

Name of organization	Employer identification number
SELINGSDOVE AREA COMMINITY FOIRDATION	23_2775624

SELINSGE	ROVE AREA COMMUNITY FOUNDATION	23-	2775624
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$14,500.	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	Name, address, and ZIF + 4	\$	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		\$10,000.	Person x Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$12,500.	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
6		\$10,150,	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SELINSGROVE	AREA	COMMUNITY	FOUNDATION

23-2775624

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$8,019 <u>.</u>	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
8		\$	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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
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23-2775624

Part II Noncash Property (See instructions). Use duplicate copies of Part 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			
		\$				
(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			
		Sabadula B (Form	990 990.E7 or 990.PE\/2016			

Name of orga	anization		Employer identification number					
SELINSGRO Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations or less for the year (Futer this info goes)					
	Use duplicate copies of Part III if addition	s, chartable, etc., contributions of \$ 1,000 o al space is needed.	or less for the year. (cittle tills lillo, tilice.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of git	ift					
	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, and ZIP + 4 Relationship of transferor to transferee							
	Transieree's fiame, address, a	III 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 gi	ıift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D

(Form 990)

Department of the Treasury

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.lrs.gov/form990.

Internal Revenue Service Name of the organization Employer identification number SELINSGROVE AREA COMMUNITY FOUNDATION 23-2775624 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 44.351 Aggregate value of grants from (during year) 25,000 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

	dule D (Form 990) 2016 SELINSGROVE rt III Organizations Maintaining Co	AREA COMMUNITY			assuras or Oth	or S		3-27756			ige 2
3	Using the organization's acquisition, accession										
3	(check all that apply):	i, and other record	is, citecr	carry or the	lollowing triat are a	sigrili	icani t	ise or its (Jollection	items	i
_	Public exhibition	, i	. П.		£						
а		d			hange programs						
b	Scholarly research	е		Other							
C	Preservation for future generations	W T T - 7									
4	Provide a description of the organization's coll							se in Part	XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											1
Da								L	Yes		No
rai	reported an amount on Form 990, Part		ete it the	organizatio	n answered "Yes" o	on For	m 990	, Part IV,	ine 9, or		
4			l'			A formal	Local Const				
па	Is the organization an agent, trustee, custodian		100						1		1
	on Form 990, Part X?								Yes		No
a	If "Yes," explain the arrangement in Part XIII ar	na complete the to	illowing t	able:		Г					
	Desiration television						_		Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					L	1f		1		_
	Did the organization include an amount on For								Yes	\vdash	No
	If "Yes," explain the arrangement in Part XIII. C										Щ_
rai							F1	1 7			
4		(a) Current year	(b) P	rior year	(c) Two years back	(d)	nree y	ears back	(e) Four	years t	заск_
1a	Beginning of year balance					+					
b	Contributions			22		+					
C	Net investment earnings, gains, and losses					+		*			
d	Grants or scholarships				-	+					
е	Other expenditures for facilities										
	and programs					-					
f	Administrative expenses					-					
g	End of year balance					<u> </u>					
2	Provide the estimated percentage of the curre		e (line 1	g, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
C	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the possess	sion of the organiz	ation tha	it are held a	nd administered for	the c	rganiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the o		owment 1	funds.		no mes					
Pai	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 99	0, Part I	/, line 11a. S	See Form 990, Part	X, line	10.				
	Description of property	(a) Cost or o		(b) Cost			nulate	d	(d) Book	. value	}
		basis (investi	ment)	basis	(other) d	eprec	iation				
	Land								*****		
b	Buildings										
C	Leasehold improvements										
d	Equipment										
-	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X colun	nn (B). line 1	(Oc.)						0

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives	(5) 20011 14.40	(o) Monted of Valuation of	or or or or your market value
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.		<u> </u>	
Complete if the organization answered "Yes" of	on Form 990. Part IV. I	ine 11c. See Form 990. Part X. line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			<u> </u>
(2)			1. AL 2.
(3)			
(4)			·
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (ine 11d. See Form 990, Part X, line	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN NET ASSETS OF A	COMMUNITY FOUND	ATION	1,098,799
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15 \		1 000 700
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		1,098,799
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) Description of liability.		ine 11e or 11f. See Form 990, Part	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		ine 11e or 11f. See Form 990, Part	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		ine 11e or 11f. See Form 990, Part	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) (3)		ine 11e or 11f. See Form 990, Part	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		ine 11e or 11f. See Form 990, Part	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		ine 11e or 11f. See Form 990, Part	
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		ine 11e or 11f. See Form 990, Part	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		ine 11e or 11f. See Form 990, Part	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (2) (3) (4) (5) (6) (7) (8)		ine 11e or 11f. See Form 990, Part	1,098,799 X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV,	ine 11e or 11f. See Form 990, Part	

Sche	dule D (Form 990) 2016 SELINSGROVE AREA COMMUNITY FOUNDATION		23-2775624	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.		
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • • • • • • • • • • • • • •	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants		(=)	
d	Other (Describe in Part XIII.)	. 2d	-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			<i>y</i> :
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		977	3 10 0
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	T 15 -	
b	Other (Describe in Part XIII.)		34.1	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stater			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:		-	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
	Other losses			
4	Other (Describe in Part XIII.)			
e		(10)	20	
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	11	- 2	
a	Investment expenses not included on Form 990, Part VIII, line 7b		1237	
b	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 18.) .rt XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			α,
_				

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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2016

OMB No. 1545-0047

Open to Public

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.lrs.gov/form990.

Open to Public Inspection

Name of the organization						Employer idea	ntification number
SELINSGROVE	AREA COMMUNITY FOUNDATION			2710		23-2775624	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Plot of "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-go governising of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	vidual (ii) Activity fundraiser have custody from activity from activity		to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No				
	1.						
nga matana							
Total							
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
	100000						

Sch	edu I rt I	le G (Form 990 or 990-EZ) 2016 SELINSGROVI	E AREA COMMUNITY FO	OUNDATION		775624 Page 2			
	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported m of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts								
			(a) Event #1	(b) Event #2	(c) Other events				
					NONE	(d) Total events			
			GOLF TOURNAMENT #1	GOLF TOURNAMENT #2		(add col. (a) through col. (c))			
ø)			(event type)	(event type)	(total number)	COI. (C))			
Revenue									
3eve	1	Gross receipts	33,306.	24,799,	200	58,105,			
<u> </u>									
	2	Less: Contributions	27,406.	17,419.		44.825.			
				Sec. 10. 100		277			
_	3	Gross income (line 1 minus line 2)	5,900.	7,380.		13,280.			
		Cook prime							
	4	Cash prizes			****				
	5	Noncash prizes		160.		160			
S	5	Noncasii prizes		100.		160,			
Sue	6	Rent/facility costs	5.750.	5,162.		10,912,			
ď.	ľ		5,750.	5,102.	**	10,712,			
Direct Expenses	7	Food and beverages	2.294.	2,950.		5,244.			
Dire						,			
	8	Entertainment							
	9	Other direct expenses		698.		1,344.			
	10	Direct expense summary. Add lines 4 through				17,660.			
-	11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-4,380.			
Pa	ırt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.	1	# 1 D II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue				bingo/progressive binge		coi. (a) through coi. (c)			
æ	1	Gross revenue							
_	-	Circus revenue							
(D	2	Cash prizes							
Expenses	_				* * /				
çbei	3	Noncash prizes							
ct E	ĺ				,,,,				
Direc	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No	No No	<u> </u>			
	_								
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)						
	10	Net gaming income summary. Subtract line 7	monnine i, column (a)						
9	En	iter the state(s) in which the organization condu	ucts gaming activities:						
		the organization licensed to conduct gaming a				Yes No			
		'No," explain:							
10a	W	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No			
k) If '	"Yes," explain:							
	_		-						

Sch	nedule G (Form 990 or 990-EZ) 2016 SELINSGROVE AREA COMMUNITY FOUNDATION 23-27	75624	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
•	of gaming revenue retained by the third party \$\sim \sim \sim \sim \sim \sim \sim \sim		
,	c if "Yes," enter name and address of the third party:		
•	on res, enter hame and address of the time party.		
	Name		
	Name		
	Address		
	Addition P		•
16	Gaming manager information:		
	Name		
		10.74%	
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
P	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 0 Oh 1	10b 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	III 163 3, 3D, 1	100, 100,
	130, 10, and 170, as applicable. Also provide any additional information. Occ instructions		
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-			
_			
_			
_			
_			

Schedule (3 (Form 990 or 990-EZ)	SELINSGROVE AREA COMMUNITY FOUNDATION	23-2775624	Page 4
Part IV	Supplemental Info	SELINSGROVE AREA COMMUNITY FOUNDATION prmation (continued)		
		5370		
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		WT WAS		1915
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	Market and the second			
	70.00			
		Pro Levi		
-			1-6.000.0001	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2016

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2016)

Name of the organization							Employer identification number
	REA COMMUNITY	FOUNDATION					23-2775624
Part I General Information on Grants	and Assistance						
 Does the organization maintain records 				-	T 177		
criteria used to award the grants or ass	istance?					•••••	X Yes No
2 Describe in Part IV the organization's p						** **	
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than	1	be duplicated if addit	ional space is need	ded.	(O Made ad ad		·
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MIDDLECREEK AREA COMMUNITY CENTER							
67 ELM STRET, P.O. BOX 65							
BEAVER SPRING, PA 17812	23-2791200	501 (C) (3)	24,000.	0.			ORGANIZATION SUPPORT
SNYDER COUNTY COALITION FOR KIDS,							THE REGIONAL ENGAGEMENT
INC P.O. BOX 103 - SELINSGROVE,	5						CENTER (REC) OF EASTERN
PA 17870	46-3844013	501 (C) (3)	7,290.	0,			SNYDER COUNTY
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in th	e line 1 table				2 .
3 Enter total number of other organization				••••••	••••••	***************************************	

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
SCHOLARSHIPS PAID TO COLLEGES AND UNIVERSITIES FOR STUDENTS FROM THE SELINSGROVE AREA WHO ARE PURSUING A DEGREE IN HIGHER LEARNING.	14	20,000.	0.1						
TOROGENO IL BUORDE IN ALGUMA BIRRATAVO,	4.3	20,000,							
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.					
PART I, LINE 2:									
GRANTS TO SECTION 501(C)(3) ORGANIZATIONS AND OTHER	COMMUNITY T	AX-EXEMPT							
ORGANIZATIONS ARE PAID ACCORDING TO THE SPECIFIC NE	EDS OF EACH	ORGANIZATION	*******						
AFTER THIS ORGANIZATION GAINS KNOWLEDGE OF THE ORGA	NIZATION, IT:	S PURPOSE,							
AND ITS TAX-EXEMPT STATUS, GRANTS ARE PAID TO ORGAN	IZATIONS PRI	MARILY IN							
THE LOCAL AREA OF SELINSGROVE, PA, THE USE OF THE G	RANTS ARE RE	ADILY							
MONITORED DUE TO LOCAL PUBLIC DISCLOSURE OF EACH OR	GANIZATION R	ECEIVING THE							
GRANTS AND OTHER CONTACT BY THE MEMBERS OF THIS ORG	ANIZATION,								

Schedule (Form 990) SELINSGROVE AREA COMMUNITY FOUNDATION	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	3	
AND IS AVAILABLE FOR FUTURE GRANTS,		

	1 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Maria de la compania	
	**	

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **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:	
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:	
IN 2016, THE COMMUNITY FOUNDATION AWARDED SCHOLARSHIPS TO HIGH SCHOOL	
SENIORS AND GRANTS TO LOCAL NON-PROFIT ORGANIZATIONS FROM ITS OWN	
ENDOWED FUNDS, 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 11B:	
MEMBERS OF THE BOARD ARE PROVIDED WITH THE FORM 990 FOR REVIEW AND APPROVAL	
PRIOR TO FILING.	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
SELINSGROVE AREA COMMUNITY FOUNDATION	23-2775624
FORM 990, PART VI, SECTION B, LINE 12C:	
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	
BOARD.	
THE FOUNDATION HAS NO EMPLOYEES AND ALL POARD MEMBERS SERVE AS NOT INVESTIGA	
THE FOUNDATION HAS NO EMPLOYEES AND ALL BOARD MEMBERS SERVE AS VOLUNTEERS	
FORM 990, PART VI, SECTION C, LINE 19:	
MINUTES, BY-LAWS, FORM 990, AND FORM 1023 ARE AVAILABLE TO BE REVIEWED UPON	
REQUEST AT THE ORGANIZATION'S LOCATION,	
FORM 990, PART XII, LINE 2C	
THE FOUNDATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE	
REVIEW OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT	
ACCOUNTANT MUTC HAC NOT CHANCED PROM MUE DREVIOUS VEAR	
ACCOUNTANT, THIS HAS NOT CHANGED FROM THE PREVIOUS YEAR,	-

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic 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.lrs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print SELINSGROVE AREA COMMUNITY FOUNDATION 23-2775624 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 725 WEST FRONT STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. BERWICK, PA 18603 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► 725 WEST FRONT STREET - BERWICK, PA 18603 Telephone No. ► 570-752-3930 If the organization does not have an office or place of business in the United States, check this box ______ ▶ [If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2017 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 2016 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If 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 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.