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Department of the Treasury Internal Revenue Service

** 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.

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



B Checking CName of organization D Employer identification number CENTRAL_SUSCUENANA COMMUNITY FOUNDATION 23-2282141 Dense of a street of P.0. box if mail is not delivered to street address) Formor of a street of P.0. box if mail is not delivered to street address) Commune Prevent T25 FEEST_FROM_STREET City or town, state or province, country, and ZIP or foreign postal code G G coss resepts to the street address) Form of a street address Mail is this a group return For a street address For addre	AI	For the	2017 calendar year, or tax year beginning and	ending				
CRNTRAL SUSCIENTIANA COMMUNITY FORMATION Compositions 23-292141 Number and street (or P.O. box if mail is not delivered to street address) Room/Suite Training CSNTRAL SUSCIENTIANA COMMUNITY FORMATION Chy or town, state or province, country, and ZIP or foreign postal code G Genes receipts Chy or town, state or province, country, and ZIP or foreign postal code G Genes receipts Chy or town, state or province, country, and ZIP or foreign postal code G Genes receipts Chy or town, state or province, country, and ZIP or foreign postal code G Genes receipts Chy or town, state or province, country, and ZIP or foreign postal code G Genes receipts Chy or town, state or province, country, and ZIP or foreign postal code H(b) Are all subordinates Chy or town, state or province, country, and ZIP or foreign postal code H(c) Group second J Tex-exempt status: LX, S01(c)(3) 501(c)(_) (Insert no.) J Website: Www, CSG2TVINO, ORC H(c) Group second H(c) Group second A toring members of the generation is mission or most significant activities: <u>OUR PURPOSE IS TO ENCOURAGE INCRASES PHILANYTROPY THAN WILL ENERFIT THE CHANTITES AND Chey Khis box b If the organization discontinue discoprations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the</u>	B	Check if applicable	C Name of organization D Employer identification number					
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Provided BERVICK, PA 18603 H(a) is this a group return for subcordinates? Application pended RAME AS C.ABOYE. H(a) is this a group return for subcordinates? Yes X No I Tax exempt status: \$01(c)(3) \$01(c)(.) (insert no.) 4947(a)(1) or \$277 J Website: >www.cscurtus.ore H(b) Areal subcordinates included? Yes X No J Website: >www.cscurtus.ore H(c) Group exemption number > K Form of organization: X Corporation Trust Association Other > L Year of formation:: 1998 M State of legal domicile: PA Part I Summary I Theffy describe the organization's mission or most significant activities: OUR PURPOSE IS TO ENCOURAGE Inconcurrent YEIL SENERTT THE CKANENT Inconcurrent YEIL State of legal domicile: PA 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 17 3 Number of indopendent voting members of the governing body (Part V, line 1a) 4 17 4 Number of indopendent voting members of the governing body (Part V, line 2a) 6 7 6 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 7a 6		termin-					463 773.	
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I Tax-exempt status: x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ www.csgrUING.oRG H(c) Group exemption number ▶ Form of organization: Ix corporation Trust Association Other ▶ V Year of formation: 1998 M State of legal domicilit: PA Part I Summary 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 177 4 Number of voting members of the governing body (Part VI, line 2a) 5 7 6 Total number of individuals employed in calendar year 2017 (Part VI, line 2a) 5 7 7 a total number of individuals employed in calendar year 2017 (Part VI, line 2a) 7 6 196 7 a total numelated business revenue from Part VIII, column (C), line 12 7a 0, 0, 9 Program service revenue (Part VIII, line 34, 4, and 7d) 1, 868, 334, 1, 366, 721, 149, 513, 2, 263, 149, 513, 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -19, 953, 2, 2, 451, 480, -30, 32, 2, 451, 480, 10 Investment income (Part VII, column (A)		pendin	a				s 🗌 No	
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -18, 953, 2, 301, 12, 301, 301, 301, 301, 301, 301, 301, 301	eve	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,094,528	3. 3	,633,038,	
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 1,902,352,2,2,451,480, 14 Benefits paid to or for members (Part IX, column (A), line 4) 0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	Ē	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,953	3.	2,301.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 467, 269, 500, 382. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0000 b Total fundraising expenses (Part IX, column (D), line 25) 213, 719, 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 533, 760. 597, 755. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,903, 381. 3, 549, 617. 19 Revenue less expenses. Subtract line 18 from line 12 3, 192, 791. 1, 601, 956. 19 Total assets (Part X, line 16) 49, 419, 403. 54, 478, 198. 20 Total assets (Part X, line 26) 11, 840, 155. 13, 101, 427. 21 Total liabilities (Part X, line 26) 11, 840, 155. 13, 101, 427. 22 Net assets or fund balances. Subtract line 21 from line 20 37, 579, 248. 41, 376, 771.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,096,172.		.151.573.	
Sector of the s		13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,902,352	2. 2	.451,480.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 213,719, 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 533,760, 597,755. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,903,381. 3,549,617. 19 Revenue less expenses. Subtract line 18 from line 12 3,192,791. 1,601,956. 20 Total assets (Part X, line 16) 49,419,403. 54,478,198. 21 Total liabilities (Part X, line 26) 11,840,155. 13,101,427. 22 Net assets or fund balances. Subtract line 21 from line 20 37,579,248. 41,376,771.		14 1	Benefits paid to or for members (Part IX, column (A), line 4)).	0.	
17 Other expenses (Part X, column (A), lines 112-110, 111-24e) 533, 760, 597, 755, 597, 757, 597, 757, 75	S	15 \$	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		467,269).	500,382.	
17 Other expenses (Part X, column (A), lines 112-110, 111-24e) 533, 760, 597, 755, 597, 757, 597, 757, 75	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)).	0.	
17 Other expenses (Part X, column (A), lines 112-110, 111-24e) 533, 760, 597, 755, 597, 757, 597, 757, 75	xpe					5 di 197		
19 Revenue less expenses. Subtract line 18 from line 12 3,192,791. 1,601,956. 580 20 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 49,419,403. 54,478,198. 21 Total liabilities (Part X, line 26) 11,840,155. 13,101,427. 22 Net assets or fund balances. Subtract line 21 from line 20 37,579,248. 41,376,771.	Ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		533,760).	597,755.	
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 49,419,403, 54,478,198, 21 Total liabilities (Part X, line 26) 11,840,155, 13,101,427, 22 Net assets or fund balances. Subtract line 21 from line 20 37,579,248, 41,376,771,		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,903,381	. 3	.549 617.	
			Revenue less expenses. Subtract line 18 from line 12		3,192,791	. 1	,601,956.	
	S OL			Be	ginning of Current Yea	r End of	Year	
	alan	20	Total assets (Part X, line 16)		49,419,403	54	,478,198.	
	t As	21	Total liabilities (Part X, line 26)		11,840,155	i. 13	101,427.	
	Pure						and the second second second	

Part II Signature Block

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

Sign	Signature of officer		Date				
Here	JOHN PARKER, BOARD CHAIR Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	TRACEY L. RASH	5-30-18" self-employed P00252345					
Preparer	Firm's name MAHER DUESSEL, CPA'S		Firm's EIN 🛌 25-1622758				
Use Only	Firm's address > 3003 NORTH FRONT STREET,	SUITE 101					
	HARRISBURG, PA 17110	Phone no.717-232-1230					
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-2	32001 11-28-17LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

The rest of the local division in the local	990 (2017) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141	Page 2
Pa	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
	OUR PURPOSE IS TO ENCOURAGE INCREASED PHILANTHROPY THAT WILL BENEFIT		
	THE CHARITIES AND COMMUNITIES LOCATED IN THIS REGION, IMPROVING THE		
	QUALITY OF LIFE TODAY AND FOR GENERATIONS TO COME, WHILE ACHIEVING		
	DONORS' INTENTIONS, THE COMMUNITY FOUNDATION PROVIDES A VEHICLE FOR		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total ex	penses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,826,494. including grants of \$2,451,480.) (Reve	nue \$	151,708.)
	THE CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION (CSCF) SERVES COLUMBIA,		
	MONTOUR, NORTHUMBERLAND, SNYDER, UNION AND LOWER LUZERNE COUNTIES. CSCF		
	HAS 254 FUNDS, INCLUDING UNRESTRICTED, FIELD OF INTEREST,		
	DONOR-ADVISED, AGENCY ENDOWMENT, CHARITABLE GIFT ANNUITY AND		
	SCHOLARSHIP FUNDS. IN 2017, THE FOUNDATION CONTINUED TO DEVELOP		
	UNRESTRICTED FUNDS THAT WILL ALLOW GRANTS TO BE MADE THROUGHOUT THE		
	SERVICE AREA. THE FOUNDATION'S MISSION IS HELPING DONORS ACHIEVE THEIR		
	CHARITABLE GOALS WHILE PROVIDING MUCH NEEDED DOLLARS THAT CHANGE LIVES		
	WITHIN THE COMMUNITY, THE FOUNDATION ALSO SERVES TO HELP LOCAL AGENCIES		0
	RECEIVE STATE AND FEDERAL GRANT DOLLARS AND PROVIDES THE VEHICLE FOR		
	CORPORATIONS TO TAKE ADVANTAGE OF TAX CREDITS FROM CHARITABLE DONATIONS		
	TO QUALIFIED EDUCATION PROGRAMS.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$)
	8		
			2
		24 (4)	
	*		
			R.
			1
4c	(Code:) (Expenses \$ including grants of \$) (Rever	iue \$)
	•		
	5		
		×	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,826,494,		
			Form 000 (2017)

Form 990 (2017) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION
Part IV Checklist of Required Schedules

га				r · · · · · ·
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
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			
*	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u> </u>
4	during the tax year? If "Yes," complete Schedule C, Part II	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			X
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
÷	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	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, VII, IX, or X			
	as applicable.			
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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		<u>X</u>
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		<u>x</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15		15		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	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,			41
	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			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>x</u>

Form 990 (2017)

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Page 3

	1990 (2017) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 23-2982141	·	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u>20a</u>	 	X
b	,	20b		<u> </u>
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	x	
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			1
	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		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		v
L	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part 1</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	208		X
a	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	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	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		x
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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
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	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	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	<u> </u>	(2017)

Form **990** (2017)

	990 (2017) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 23-2982141	_	Р	age 5
Pa	rt 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			
	A T	r	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	22		
21	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
	to file Form 8282?	7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-	i i	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8859 as required ? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	i se sonig	Mo-states
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		х
٥	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:	00		-
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	2		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1973	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			
31 838 56	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	
			10000000	

Form 99	0 (2017)
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	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	140 1	espor	156
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			x
0	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			<u> </u>
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a	7	103	
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
E.	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		x
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
Ŧ 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
, 3	Did the organization have members or stockholders?	6		x
, 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			^
a	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		^
U		7b		x
,	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
3		8a	v	
a เ	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<u>A</u>	
)	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
20	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	ton B. Tonoico (mis Section B requests information about policies not required by the internal neverale code.)		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		<u> </u>	<u> </u>
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X X	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<u> </u>	
		100	w	
а ь	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X X	
D		120	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-		
	in Schedule O how this was done	120	X	
•	Did the organization have a written whistleblower policy?	13	Х 	
+ -	Did the organization have a written document retention and destruction policy?	14	X	
ō	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?	4.		
a	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
b	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).			
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a touch a patitive during the veget?			
L	taxable entity during the year?	<u>16a</u>		X
Ø	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L

for public inspection. Indicate how you made these available. Check all that apply.

	Anot	ner's	we	bsite	

Other (explain in Schedule O)

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records:	▶
	THE ORGANIZATION - 570-752-3930	

THE 725 WEST FRONT STREET, BERWICK, PA 18603

Form 990 (2017)	CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141	Page 7
Part VII Com	pensation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated	
Emp	loyees, and Independent Contractors		
Check	c if Schedule O contains a response or note to any line in this Part VII		
Section A. Office	ers, 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 e	nding with or within the organization	on's tax year.
List all of the	e organization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of compe	ensation.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), reserved to a compensation was paid.
 List all of the organization of th

• 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.

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

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

(A) Name and Title	(B) Average hours per week	ge Position (do not check more than one per box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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-MISC)	compensation from the organization and related organizations
(1) KENDRA AUCKER CHAIR	2,00	x		x				0.	0.	0.
(2) JOHN B. PARKER VICE-CHAIR	2.00	x		x				0.	0.	0.
(3) JOANN M. FERENTZ SECRETARY	2.00	x		x				0.	0.	0.
(4) DR. JOHN E. DEFINNIS TREASURER	2,00	x		x				0.	0.	0.
(5) DR. ROBERT L. ALBERTSON DIRECTOR	2.00	x					-	0.	0.	0.
(6) TIMOTHY J. APPLE DIRECTOR	2,00	x		alt.				0.	0.	0.
(7) CHRISTINA BASON DIRECTOR	2.00	x						0.	0.	0.
(8) DR. JAMES H. BRUCKER DIRECTOR THRU MARCH 2017	2.00	x						0.	0.	0.
(9) PAUL R. EYERLY, IV DIRECTOR	2.00	x						0.	0.	0.
(10) PEGGY FULLMER DIRECTOR	2.00	x						0.	0.	0.
(11) DR. JOHN M. KURELJA DIRECTOR	2.00	x						0.	0.	0.
(12) NANCY MARR DIRECTOR	2.00	x						0.	0.	0.
(13) MATTHEW PROSSEDA DIRECTOR	2.00	x						0.	0.	0.
(14) HEATHER ROWE DIRECTOR	2.00	x						0.	0.	0.
(15) RHONDA SEEBOLD DIRECTOR	2.00	x						0.	0.	0.
(16) J. DONALD STEELE, JR. DIRECTOR	2,00	x						0.	0.	0.
(17) CONNIE TRESSLER	2.00	x						0.	0.	0.

Name and title Average hours per week Position (for week Reportable compensation from related organizations below Reportable compensation from the organizations (W-2/1099-MISC) Reportable compensation from organizations (W-2/1099-MISC) Reportable compensation from organizations (W-2/1099-MISC) (18) M, HOLLY MORRISON 45,00 x 120,000,0 0 PRESIDENT & CEO 40,00 x 75,971,0 0 (19) ALBERT MEALE 40,00 x 75,971,0 0 CHIEF FINANCIAL OFFICER 0 x 0 0 Ib Sub-total 0 0		990 (2017) CENTRAL SUSO									23-298214	11		F	Page 8
Name and title Average hours per two is four tesk meetan cells of the compensation from related organizations (kist any hours for related organizations per two is form related organizations per two is form related organizations (kist any hours for related organizations per two is form related organizations (kist any hours for related organizations per two is form related organizations (kist any hours for related organizations per two is form related organizations (kist any form related organizations) Reportable compensation from organization (kist any form related organizations) Reportable compensation from organization (kist any form related organizations) Reportable compensation from organization (kist any form related organizations) Reportable compensation from organization (kist any form related organization) Reportable organization (kist any form organization) Reportable organization (kist any for	Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(iit any hours for related organization below line) it the organization with below line) it the organization with below line) organization with with below line) (w.2/1099-MISC) competi- organization (W.2/1099-MISC) (18) M, HOLLY MORRISON 45,00 x 120,000,00,0 o. (19) M, HOLLY MORRISON 45,00 x 75,971,0 o. (19) ALBERT MEALE 40,00 x 195,971,0 o. (19) ALBERT MEALE 0,00 0 o. o. o. (19) ALBERT MEALE 0,00 0 o. o. o. o. (19) ALBERT MEALE 0.00 0 o. o. o. o. o. (10) ALBERT MEALE 0.00 0 o. o. <td></td> <td></td> <td>Average hours per</td> <td colspan="5">Average Pot (do not check box, unless p</td> <td>h an</td> <td>Reportable compensation</td> <td>Reportable compensation</td> <td></td> <td>an</td> <td>(F) stimat nount other</td> <td>of</td>			Average hours per	Average Pot (do not check box, unless p					h an	Reportable compensation	Reportable compensation		an	(F) stimat nount other	of
(18) M, HOLLY MORRISON 45,00 x 120,000. 0. PRESIDENT & CEO 40,00 x 120,000. 0. (19) ALBERT MEALE 40,00 x 75,971. 0. CHIEF FINANCIAL OFFICER x 0. 0. CHIEF FINANCIAL OFFICER x 75,971. 0. CHIEF FINANCIAL OFFICER x 0. 0. 0. CHIEF FINANCIAL OFFICER x 195,971. 0. 0. Contraction for continuation sheets to Part VII, Section A 0. 0. 0. 0. Cotal from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. 2 Total number of Individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3			(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	organizations		com fr org and	pensa om th aniza d rela	ation ne tion ted
(19) ALBERT MEALE 40.00 x 75,971,0. CHIEF FINANCIAL OFFICER x 75,971,0. Image: Chief of the state of t			45.00												
CHIEF FINANCIAL OFFICER x 75,971. 0. CHIEF FINANCIAL OFFICER x 75,971. 0. Image: Chief of the state o			10.00	-	-	X		-	-	120,000.		0.		36	,712.
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			40.00			x				75,971.		0.		31	<u>,111.</u>
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	ь.										-				
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					-										
d Total (add lines 1b and 1c) ▶ 195,971, 0, 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Y 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Y 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 2 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of anonipone. (B) (C) Note the organization of the calendar year ending with or within the organization's tax year. (C) (C)														67	,823.
 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) 														67	0. .823.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 2 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Section B. Independent Contractors 5 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (A) (B) (C) Name and humineers address Component		Total number of individuals (including but r													,
 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) 		compensation from the organization			_	_	-		_			_		Yes	1 No
 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	3											ſ		163	x
 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person5 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) 	4	For any individual listed on line 1a, is the se	um of reportabl	e co	mpe	ensa	ation	and	l oth	her compensation from	the organization		3		-
rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and huminees address Component Component	5											•	4	x	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (B) (C) (C)		rendered to the organization? If "Yes," con											5		x
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and husiness address	-		managetad inc	lana	ndo	nt o	ontr	ooto	ro t	hat received more than	¢100.000 of compo	000	tion f		
Name and husiness address		the organization. Report compensation for								n the organization's tax y	President and the second second second second	nsa			
		(A) Name and business	address	NOI	NE					(B) Description of s	ervices	Co			'n
						_			_						
										4					
 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 	2			ot lir	nited	d to	thos	se lis	ted	l above) who received m	ore than				

x.

	VI							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
and Other Similar Amounts		Federated campaigns						
no	b	Membership dues	1b					
Am	С	Fundraising events	1c	44,282.		N		
ar	d	Related organizations	1d					
Ē	е	Government grants (contribut	ions) 1e	592,324.				
S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo	ve 1f	730,115.				
P	g	Noncash contributions included in lines	1a-1f: \$	54,103.				
an	h	Total. Add lines 1a-1f			1,366,721.			
				Business Code				
	2 a	ADMINISTRATIVE FEE INC	_	541900	149,513.	149,513.		
e	b							
enu	C							
Sec.	d							
Revenue	е							
		All other program service reve						
-	g	Total. Add lines 2a-2f			149,513.			
	3	Investment income (including		120				
-		other similar amounts)			698,537.			698,53
	4	Income from investment of tax						
	5	Royalties	Sand and a state	and the second sec				
	21		(i) Real	(ii) Personal				
	6 a							
	b							
		Rental income or (loss)	-					
	d	a de la servició de la constanció de la constante de la constante de la constante de la constante de la constan						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	21,213,564.					
	b	Less: cost or other basis						
		and sales expenses	18,279,063.					
		Gain or (loss)						
		Net gain or (loss)			2,934,501.			2,934,503
	ва	Gross income from fundraising	Carrier and a second reserve to					
		including \$44	Characterization and the second se					
8		contributions reported on line	1.32	15.050				
	h	Part IV, line 18 Less: direct expenses		15,852.				
		Net income or (loss) from fund	CONTRACTOR C	33,137.	-17,285.			-17,28
		Gross income from gaming ac			-11,205.			-17,20
	u	Part IV, line 19						
	h	Less: direct expenses			91 - E			
		Net income or (loss) from gam						
10		Gross sales of inventory, less	- 10.50 CAN					
	ST 200	and allowances	5 PA 16 BOAS 21 A 161					1
	b	Less: cost of goods sold			9			
		Net income or (loss) from sales		▶				
		Miscellaneous Revenue	1	Business Code				
1	1 a	GAIN ON BENEFICIAL INT		900099	17,391.			17,39
	b	OTHER INCOME		900099	2,605.	2,605.		
	С	CHANGE IN VALUE OF CHA		900099	-410.	-410.		
		All other revenue						
		Total. Add lines 11a-11d		►	19,586.			
1 40	2	Total revenue. See instructions.			5,151,573.	151,708.	0	3,633,14

732009 11-28-17

Form 990 (2017)

	990 (2017) CENTRAL SUSOUEHANN		TION	23-29821	41 Page
Pa	rt IX Statement of Functional Expense	S			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,303,479.	2,303,479.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	148,001.	148,001.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees	263,794.	42,051.	190,401.	31,3
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		162 026	E1 E C 7	26 (05	95.0
7 8	Other salaries and wages Pension plan accruals and contributions (include	163,236.	51,567.	26,405.	85,2
Ó	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	73,352.	10 121	15,520,	35_6
9 10	Payroll taxes	13,302.	22,231.	15,520.	35,0
11	Fees for services (non-employees):				
a	Management		х.		
b	Legal	5,129,	1,343.	2,516,	1,2
	• • • •	20,450.	5,356,	10,030.	5.0
d		20,450.		10,000.	<u>,,</u>
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
0	column (A) amount, list line 11g expenses on Sch 0.)	6.627.	1,736.	3,250.	1,6
12	Advertising and promotion				
13	Office expenses	12,510.	3,695,	6,921,	1,8
14	Information technology				
15	Royalties				
16	Occupancy	8,907.	2,333.	4.369.	2,2
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,491.	1,176.	2,203.	1,1
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,232.	11,322.	21,205.	10,7
23	Insurance	17,401.	4,557.	8,535.	4,3
4	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 0.)				
а	SPECIAL PROJECTS	187,645.	187,645,		· · · ·
b	INVESTMENT FEES	118,129.	107,040,	118,129.	
c	REPAIRS AND MAINTENANCE	42,911.	11,238.	21,048.	10,6
	COMMUNITY EVENTS	40,560.	10,623.	19,894.	10,0
	All other expenses	89,763.	18,141.	58,978.	12,6
	Total functional avanage Add lines 1 through 24a	,		500,000	

3,549,617.

2,826,494.

25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here b if following SOP 98-2 (ASC 958-720)

509,404,

31,342.

85,264.

35,601.

1,270. 5,064.

1,641.

1,894.

2,205.

1,112.

10,705.

4,309.

10,625.

10,043.

12,644.

213,719.

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Form 990 Part X	(2017) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION
	Check if Schedule O contains a response or note to any line in this Part X
1	Cash - non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net
4	Accounts receivable, net
5	Loans and other receivables from current and former officers, directors

							and the second sec
	1	Cash · non·interest-bearing				1	
	2	Savings and temporary cash investments			368,697.	2	929,971.
	3	Pledges and grants receivable, net			28,920.	3	60,275.
	4	Accounts receivable, net		9,180.	4	6,950.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated en	ployees. Complete			
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	The state of the second s				
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	35.
		Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	1,835,954.			
	h	Less: accumulated depreciation		493,737.	1,385,449.	10c	1,342,217.
	11	Investments - publicly traded securities			47,135,895.	11	51,784,003.
	12	Investments - other securities. See Part IV, line 1			47,135,055.	12	51,704,005.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		491,262.	15	354,747.	
	16	Total assets. Add lines 1 through 15 (must equa			49,419,403.	16	54,478,198.
	17	Accounts payable and accrued expenses		<u>49,419,405.</u> 39,114.	17	24,859.	
	18			1,034,838.	18		
	19	Grants payable		1,034,838.	19	711,097.	
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities			10 440 677		10 265 471
		Escrow or custodial account liability. Complete F			10,442,677.	21	12,365,471.
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee			v		
bili				~			
Lia	00	Complete Part II of Schedule L			202 505	22	
	23	Secured mortgages and notes payable to unrela		and a second	323,526.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	a second second second	No. A Construction Construction			
		parties, and other liabilities not included on lines					
		Schedule D				25	
-	26	Total liabilities. Add lines 17 through 25		Provide and a second seco	11,840,155.	26	13,101,427.
		Organizations that follow SFAS 117 (ASC 958)		chere 🕨 🔯 and			
ces		complete lines 27 through 29, and lines 33 and					
an	27	Unrestricted net assets			37,241,482.	27	41,022,024.
Ba	28	Temporarily restricted net assets			12,294.	28	11,884.
pul	29				325,472.	29	342,863.
Ę		Organizations that do not follow SFAS 117 (As	, check here 🕨 🛄				
sol		and complete lines 30 through 34.			21		
set	30	Capital stock or trust principal, or current funds		30			
As	31	Paid-in or capital surplus, or land, building, or eq			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
-	33	Total net assets or fund balances			37,579,248.	33	41,376,771.
	34	Total liabilities and net assets/fund balances			49,419,403,	34	54,478,198. Form 990 (2017)

23-2982141

.....

(A) Beginning of year

Page 11

(B) End of year

Form	n 990 (2017) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
UK	Check if Schedule O contains a response or note to any line in this Part XI				x
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,151	<u>, 573</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,549	617.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,601	,956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	,579	,248.
5	Net unrealized gains (losses) on investments	5	2	,140	449.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		55	,118.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	41	,376	<u>,771.</u>
Pa	rt XII Financial Statements and Reporting				_
-	Check if Schedule O contains a response or note to any line in this Part XII				X
				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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	1			
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,			
	consolidated basis, or both:				
	x Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2017)

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.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Nan	Name of the organization Employer identifica											
		CENTRA	L SUSQUEHANNA C	COMMUNITY FOUNDATIC		23-2982141						
Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	nis part.) S	ee instruction	5.				
The	organ	ization is not a private found	dation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).					
2		A school described in sect										
3		A hospital or a cooperative					iii).					
4	\square	A medical research organiz					•)(iiii). Enter	the hospital's name,			
-		city, and state:	•	•					•			
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a o	overnmental u	unit descrit				
Ŭ		section 170(b)(1)(A)(iv). (0										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that norma	-					he deneral	public described in			
•		section 170(b)(1)(A)(vi). (C			nom a gov	ommonta		no gonora				
8	x	A community trust describe		(1)(A)(vi) (Complete Par	+ () \							
9	\square					od in ooni	inction with a	land.grant	collaga			
9		An agricultural research org										
		or university or a non-land-	grant conege of agric	undre (see instructions)	. Linter the	Trame, or	y, and state o	i ilie colleg				
40		university:				فر بالاندام		hin food o	and grapp requirts from			
10		An organization that norma										
		activities related to its exer										
		income and unrelated busin		(less section 5 i i tax) fr	om busine	esses acqu	lifed by the of	ganization	alter Julie 30, 1975.			
		See section 509(a)(2). (Col					00(-)(4)					
11		An organization organized a							nurnesses of one or			
12	LI	An organization organized	•		•		-	-				
		more publicly supported or							Sheck the box in			
	[lines 12a through 12d that							, aiuina			
а	L	Type I. A supporting orga										
		the supported organization			a majority	of the aire	ctors or truste	les of the s	supporting			
		organization. You must c			11 http://			- (-)	· · · •			
b	L	J Type II. A supporting org	-				-					
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported			
		organization(s). You mus										
С		Type III functionally inte		·				lly integrate	ed with,			
	r	its supported organizatio	• • •	•	-		-					
d		Type III non-functionally										
		that is not functionally int			-		-	f an attent	iveness			
	·	requirement (see instruct										
e	L	Check this box if the orga					а Туре I, Туре	II, Type III				
		functionally integrated, or		nally integrated support	ing organi:	zation.						
f												
g		ide the following informatior) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	{iv} is the proa	unization listed	(v) Amount of	monotory	(vi) Amount of other			
	(i	organization	(11) EIR	(described on lines 1-10	(iv) is the orga in your governi	F	support (see in		support (see instructions)			
above (see instructions)) Yes No support (see instructions) support (see instructions)												
	•											
Tota												

 Schedule A (Form 990 or 990 EZ) 2017 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION
 23-2982141

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		×/-						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	994,539.	954,071.	1,107,705.	1,868,334.	1,366,721.	6,291,370.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge						5		
4	Total. Add lines 1 through 3	994,539.	954,071.	1,107,705.	1,868,334.	1,366,721.	6,291,370.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly		<						
	supported organization) included					1. I.			
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)	A	0			all many second second	109,596.		
	Public support. Subtract line 5 from line 4.						6,181,774.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4	994,539.	954,071.	1,107,705.	1,868,334.	1,366,721.	6,291,370.		
8	Gross income from interest,								
	dividends, payments received on			1					
	securities loans, rents, royalties,								
	and income from similar sources \dots	534,277.	586,216.	1,176,902.	746,210.	698,537.	3,742,142.		
9	Net income from unrelated business								
	activities, whether or not the				v.				
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10	20					10,033,512.		
	Gross receipts from related activities,	N 7-	 WORKANDON DATA NEW 201, 101 (201, 201, 201, 201, 201, 201, 201, 201,		NATARA SOUTH A STATE STATE AND A STATE	12	824,297.		
13	First five years. If the Form 990 is for		first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)			
Sar	organization, check this box and stor ction C. Computation of Publ	here							
				L		·	ca ca 0/		
	Public support percentage for 2017 (I	5 C.C.		53.203	1	14 15	61.61 %		
	Public support percentage from 2016 33 1/3% support test - 2017. If the c						<u>60.35 %</u>		
10a	stop here. The organization qualifies	22.0							
h	33 1/3% support test - 2016. If the c								
L L	and stop here. The organization qual								
170	10% -facts-and-circumstances test								
1/ d									
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
1	b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
D	more, and if the organization meets th	The second second second second second					070 01		
	organization meets the "facts-and-circ		and the second		21-96 RC / 47 200 1 - 00 00 0 1 - 10 - 10 - 10 - 10 -				
18	Private foundation. If the organizatio								
					(b): (b)	dule A (Form 990 d	Charles and the second second second		

Schedule A (Form 990 or 990 EZ) 2017 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

23-2982141 Page 3

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

Section A. Public Support

Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2							
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
185	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
0	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(a) 2010	(0) 2014	(0) 2010	(4) 2010	(6) 2017	(1) 10tai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	first second thir	d fourth or fifth to	I av voar as a soctic	1 = 501(c)(3) organiz	ation
14	and the second	-	10 A				
Sor	check this box and stop here						
				(D)		45	0/
	Public support percentage for 2017 (li					15	%
	Public support percentage from 2016					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2016 Schedule A, I	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th	his box and see in	structions	

Schedule A (Form 990 or 990-EZ) 2017 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

23	-29	82	14	1

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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 A. All Supporting Organizations

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

Sche		3-2982141	P	age 5
Pa	rt IV Supporting Organizations (continued)		.	
			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		
b	A family member of a person described in (a) above?	11b		
C	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			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		:	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		.	
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	uctions)		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instruction:	:)	
2	Activities Test. Answer (a) and (b) below.	000 1101/001011	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u></u>		
u	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
		05		
2	activitles but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b		
3				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Brouide details in Part VI</i>	20		
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Sche	ndule A (Form 990 or 990 EZ) 2017 CENTRAL SUSQUEHANNA COMMUNITY FOUN			23-2982141	Page 6
	, , , , , , , , , , , , , , , , ,				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		n Part VI.) See ins	tructions. All
Sect	other Type III non-functionally integrated supporting organizations must co		(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				
U	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)	8			
<u>8</u> Sect	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount	0	(A) Prior Year	(B) Currer (optior	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
-	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			·····
	Discount claimed for blockage or other				
-	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		· · · · · ·		· · · · · ·
•	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	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			
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		ed Type III supporting or	ganization (see	
-	instructions).			··· ···	

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990 EZ) 2017 CENTRAL SUSQUEHANNA			23-2982141	Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)		
Sect	ion D - Distributions			Current	Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
-	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	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 t	he organization is responsive			
-	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distribut Amount fo	table
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required- explain in Part VI). See instructions.	5c			
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013				31
c	From 2014				
d	From 2015				
е	From 2016				
-	Total of lines 3a through e				
	Applied to underdistributions of prior years		6		
	Applied to 2017 distributable amount				
	Carryover from 2012 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,	C			
	line 7: \$				
а	Applied to underdistributions of prior years				S
20	Applied to 2017 distributable amount				5-17-23) r-330 a 230
с	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result greater	2			
	than zero, explain in Part VI. See instructions.			W	
6					
	and 4b from line 1. For result greater than zero, explain in				
7					
	and 4c.				
8	Breakdown of line 7:				Contractor and the
	Excess from 2013				
-	Excess from 2014		2000-1-2002 (CHO) - 10-200-20-2		
С	Excess from 2015				
	Excess from 2016				
-	Excess from 2017				
7 8 8 0 0 0 0	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: Excess from 2013 Excess from 2014 Excess from 2015 Excess from 2016		2		

Schedule A (Form 990 or 990-EZ) 2017

Page 8 Schedule A (Form 990 or 990 EZ) 2017 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 23-2982141 Part VI Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) 38

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name o	f the organization	×.	Employer identification number
	CEN	TRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141
Organiz	ation type (check o	ne):	
Filers o	f:	Section:	
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General	Rule		
	 South and the second state of the	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	and the second
Special	Rules		
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations u 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 receive 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 or (ii) Form 990-EZ, line 1. Complete Parts I and II.		or 16b, and that received from	
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educ ruelty to children or animals. Complete Parts I, II, and III.	

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) (2017)

Schedule B

(Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule B (Form 990, 990 EZ, or 990 PF) (2017)

Name of organization

Employer identification number

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

23-2982141

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$49,339.	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		\$75,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 4 </u>		\$82,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Payroll Occupient Payrol Payr
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Noncash Property (see instructions). Use duplicate copies of Part II in a	additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	(b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given	(b) (c) Description of noncesh property given (c) (b) Description of noncesh property given (c) FMV (or estimate) (c) FMV (or e

Employer identification number

23-2982141

	orm 990, 990-EZ, or 990-PF) (2017)		Р			
lame of organi	zation		Employer identification number			
	CULEUNINA CONSULTRY FORMENTAL		22, 2082141			
Part III	SQUEHANNA COMMUNITY FOUNDATION Exclusively religious, charitable, etc., cont	ributions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000			
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the folic	wing line entry. For organizations			
	Use duplicate copies of Part III if addition	al space is needed.	or less for the year. (Enter this line, once.)			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
	h	(e) Transfer of gi	ft			
	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, ar		Relationship of transferor to transferee			
	fransieree's fiame, address, ar		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	(e) Transfer of gift					
	Transferee's name, address, ar	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 gif	t			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
	21		e			

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

	CENTRAL SUSQUEHANNA COMMUNITY	FOUNDATION	23-2982141
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	35	
2	Aggregate value of contributions to (during year)	127,564.	
3	LARGE DIS STREET, DIS STREET, STRE	113,475.	
4	Aggregate value at end of year		20
5	Did the organization inform all donors and donor advisors in wr		funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
×.	for charitable purposes and not for the benefit of the donor or o	-	
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organ		
1	Purpose(s) of conservation easements held by the organization		
1.655	Preservation of land for public use (e.g., recreation or edu		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	a conservation easement on the last
2	day of the tax year.	d conservation contribution in the form of	Held at the End of the Tax Year
	Converte Div Control Converte Control		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic struct		
a	Number of conservation easements included in (c) acquired aft	-	
	listed in the National Register		
3	Number of conservation easements modified, transferred, relea	ased, extinguished, or terminated by the or	ganization during the tax
	year	ment is leasted	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perio		Yes No
~	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	and ing or violations, and enforcing conser	valion easements during the year
-	Assessment of expressions in a second in a second s	a stuictering and enforcing concernation	a second during the year
7	Amount of expenses incurred in monitoring, inspecting, handlir \$	ig of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(b)	(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		
•	In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization	· · · · · · · · · · · · · · · · · · ·	
		n's infancial statements that describes the	organization's accounting for
Pa	t III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	er Similar Assets
T CI	Complete if the organization answered "Yes" on Form 9		or enhan / locoter
10	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art
la	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describe		or public service, provide, in r arr xin,
12	The rest of the second second states and the second s	NE MEE EE MICHINEN	d balance about works of art bistorical
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, 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		
2	If the organization received or held works of art, historical treas		ain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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		SOUEHANNA COMMUN				23-2982			age 2
Ра	rt III Organizations Maintaining C								
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that are	a signific	ant use of its	collection	n items	S
	(check all that apply):								
а	Public exhibition	c	Loan or exc	hange programs					
b	Scholarly research	e	Other						
C	Preservation for future generations								
4	Provide a description of the organization's contract of the organization of the organi	ollections and explai	n how they further t	he organization's e	xempt p	ourpose in Pa	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other sim	ilar asse	ets			
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's co	ollection?			Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes"	on Form	n 990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		liary for contribution	s or other assets i	not inclu	ded			
	on Form 990, Part X?		and the strategy of the strate				Yes	x	No
h	If "Yes," explain the arrangement in Part XIII								
2	in roo, oxplain the analygement in ration		lowing tuble.		Г	1	Amount	ł	
с	Beginning balance					1c	Amount	<u></u>	
	Additions during the year					1d			
e	Distributions during the year					1e			
4						1f			
22	Ending balance Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.	the second s	and a state of the second s			LA	lites	x	
	rt V Endowment Funds. Complete i								
I a	Endownient Funds. Complete	1	And a second sec	17 No. 20		raa waara baak	(-) Four	voorol	haak
	Designing of year belower	(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four		
1a		37,160,300.	35,561,100.	36,802,700		3,717,300.		216,4	
b	Contributions	1,689,600.	2,226,700.	1,364,800	- 1 V	4,154,200.		154,8	
с	Net investment earnings, gains, and losses	5,773,600.	2,349,500.	215,200	1.11	2,137,000.		559,3	
d	Grants or scholarships	2,551,300.	2,018,100.	1,791,100	·	2,202,000.	1,	323,9	900.
е	Other expenditures for facilities								
	and programs	621,900.	499,800.	459,800		586,900.		470,	
f	Administrative expenses	428,300.	459,100.	570,700		416,900.		418,4	400.
g	End of year balance	41,022,000.	37,160,300.	35,561,100	. 3	6,802,700.	33,	,717	300.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the org	janization	-		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the						-		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 1	0.			
	Description of property	(a) Cost or of			Accum	Constant and	(d) Book	value	
	and the second sec	basis (investr			leprecia		()		
1a	Land			95,324.				95.3	324
	Buildings		1	417,493.	2	22,463.	1	095.0	
6	Leasehold improvements			, = 1 , =) J .		22,203.	<u> </u>	555,0	
	Equipment			31,424.		31,424.			0
	Other					39,850.		151.8	0.
	. Add lines 1a through 1e. (Column (d) must en		Y column (P) line 1	291,713.	1	39,050.			
otal	, Add lines ta through te, joolunin (d) must ei	quai roini 990, Part	, column (b), line n			Rohadul-		342.2	
						Schedule	D (Lotw	990)2	2017

chedule D (Form 990) 2017 CENTRAL SUSQUEHAM	NNA COMMUNITY FOUNDA	TION	23-2982141 Page
Part VII Investments - Other Securities.			10
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
	(b) BOOK value	(c) Method of Valuation.	Cost of end-on-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		£.	
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, lin	ie 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	-		
Complete if the organization answered "Yes"		1d. See Form 990, Part X, lin	T. T
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
art X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Par	t X. line 25.
		b) Book value	
(a) Description of liability			8
(a) Description of liability			
(1) Federal income taxes			
(1) Federal income taxes(2)			
 (1) Federal income taxes (2) (3) 			
 (1) Federal income taxes (2) (3) (4) 			
 (1) Federal income taxes (2) (3) (4) (5) 			
 (1) Federal income taxes (2) (3) (4) (5) (6) 	×		
 (1) Federal income taxes (2) (3) (4) (5) (6) 	· · · · · · · · · · · · · · · · · · ·		
 (1) Federal income taxes (2) (3) (4) (5) (6) (7) 	· · · · · · · · · · · · · · · · · · ·		
 (1) Federal income taxes (2) (3) (4) (5) 	· · · · · · · · · · · · · · · · · · ·		• ² 1

	dule D (Form 990) 2017 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION t XI Reconciliation of Revenue per Audited Financial Statement				982141 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1				1	7,480,146.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,140,449.		
b	Donated services and use of facilities				
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		188 124.		
e	Add lines 2a through 2d			2e	2,328,573.
3	Subtract line 2e from line 1			3	5,151,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)				
D C				4.	0
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	0.
	t XII Reconciliation of Expenses per Audited Financial Stateme				<u>5,151,573.</u>
I a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	III VIII	Expenses per	netu	
-					
1	Total expenses and losses per audited financial statements			1	3,682,623.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)		133,006.		
е	Add lines 2a through 2d			2e	133,006.
3	Subtract line 2e from line 1			3	3,549,617.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,549,617.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	a contraction of the second second	and the second	l; Part	X, line 2; Part XI,
PART	IV, LINE 2B:				
THE	FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER ORGANIZATIONS. IN				
ACCO	RDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNI?	FED			
STAT	ES OF AMERICA, THE FOUNDATION IS REPORTING THE FUNDS IT HAS RECI	EIVED			
AND	ALL EARNINGS ON THESE FUNDS AS LIABILITIES, THE FOUNDATION		342		
ADMI	NISTERS AND INVESTS THESE FUNDS IN ACCORDANCE WITH THE AGREEMENT	rs			
ድሮጥል	BLISHED WITH EACH ORGANIZATION.				
LUIN	BLISHED WITH EACH ORGANIZATION.				
PART	V, LINE 4:	×			
THE	FOUNDATION'S ENDOWMENT FUNDS PROVIDE A VEHICLE FOR INDIVIDUALS,				
BUSI	NESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR COMMUNITY THRO	OUGH			
	201 - Contract - Contra			19	

CHARITABLE	GIVING.

Part XIII Supplemental Information (continued)		
ART XI, LINE 2D - OTHER ADJUSTMENTS:		
DICAL ASSISTANCE PAID DIRECTLY TO GRANTEE	99,869.	
INDRAISING EXPENSES	33,137.	
AIN ON CANCELLATION OF GRANTS	55,118.	
TAL TO SCHEDULE D, PART XI, LINE 2D	188,124.	 <u></u>
RT XII, LINE 2D - OTHER ADJUSTMENTS:		
DICAL ASSISTANCE PAID DIRECTLY TO GRANTEE	99,869,	
INDRAISING EXPENSES	33,137.	
TAL TO SCHEDULE D, PART XII, LINE 2D	133,006.	
		<u>.</u>
· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·		
		 <u>_</u>

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000) or Fo	990, l on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 90-EZ.		I	OMB No. 1545-0047
Name of the organization	1			0 1010	st moti dettono.		Employer i	dentification number
		<u>SQUEHANNA COMMUNITY FOUNDAT</u>					23-29821	
	ing Activities complete this par	Complete if the organization answe	ered "\	és" o	n Form 990, Part IV, I	ine 1	7. Form 990	-EZ filers are not
a Aail solicitati b Internet and c Phone solicit d In-person sol	ions email solicitations ations licitations		tion of tion of fundra	non-g gover aising	overnment grants mment grants events		, or	
key employees liste	ed in Form 990, P highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofess	ional f	undraising services?		Υ	es No o be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paic or retained by fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
·								
<u>.</u>								
Total 3 List all states in which or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	► utions	or has been notified	it is	exempt from	registration
or noorionig.								······································
							· · ·	
							•	

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

Schedule G (Form 990 or 990-EZ) 2017

	II Fundraising Events. Complete if the of fundraising event contributions and gr				
		(a) Event #1 HOLIDAY HAPPENINGS (event type)	(b) Event #2 VIP GOLF TOURNAMENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	49,892.	10,242.		60,134.
2	Less: Contributions	37,484.	6,798.		44,282.
3	Gross income (line 1 minus line 2)	12,408.	3,444.		15,852.
4	Cash prizes		-		
5	Noncash prizes	14,563.	600.		15,163.
6	Rent/facility costs	12,216.	1,305.		13,521.
7	Food and beverages	0.	1,875.		1,875.
8	Entertainment				250.
9	Other direct expenses		787.		2,328.
1	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	www.concerterererererererererererererererererer			33,137.
	\$15,000 on Form 990 EZ, line 6a.	(a) Bingo	990, Part IV, line 19, or re	eported more than (c) Other gaming	(d) Total gaming (add
1	\$15,000 on Form 990-EZ, line 6a.				(d) Total gaming (add col. (a) through col. (c))
			(b) Pull tabs/instant		
1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
1	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		
1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No	
1 2 3 4 5 6 7 8 8 8 8 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1 2 3 4 5 6 7 8 8 b lf	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condut the organization licensed to conduct gaming an No," explain:	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1 2 3 4 5 6 7 8 8 b lf 	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No ► ear?	col. (a) through col. (c))
1 2 3 4 5 6 7 8 8 b lf 	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming ar No," explain: ere any of the organization's gaming licenses re	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No ► ear?	col. (a) through col. (c)

Schedule G (Form 990 or 990-EZ) 2017 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	ormed
to administer charitable gaming?	Yes L No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<u>13a</u> %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	ind records:
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and	the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
• · · · -, · · · · · · · · · · · · · · ·	
Name	
Address ►	
16 Gaming manager information:	
Name 🕨	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	ar epart in the
organization's own exempt activities during the tax year \$	a spont in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and ((v): and Part III lines 9, 9b, 10b, 15b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
· · · ·	
	<u>.</u>

Schedule G (Form 990 or 990 EZ)	CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141 Page 4
Part IV Supplemental Info	CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION Drmation (continued)	
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<u> </u>	····	· · · · · · · · · · · · · · · · · · ·
	····	
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, an lete if the organization	nd Individual on answered "Yes" Attach to Form	s in the Ŭni on Form 990, Par n 990.	ted States t IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
		Go to www.i	rs.gov/Form990 for	the latest inform	nation.		
Name of the organization		THE ROLLING ANTON					Employer identification number
Part I General Information on Grants		ITY FOUNDATION					23-2982141
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibility	/ for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or ass				STA			x Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. Co	omplete if the orga	anization answered	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than						14 14	and a standard standa
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGAPE PO BOX 424 BLOOMSBURG, PA 17815	61-1591692	501(0)(3)	20.850.	0 -			LIFE'S CHALLENGES PROGRAM
BLOOMSBURG, PA 17815	01-1391092	501(0)(3)	20,050.	0.			LIFE S CHALLENGES PROGRAM
BENTON AREA SCHOOL DISTRICT 600 GREEN ACRES ROAD	*						
BENTON, PA 17814	23-1667659		10,479.	0.			TIGER PAWS PROGRAM
BENTON COUNCIL OF CHURCHES 70 WESLEY STREET STILLWATER, PA 17878	23-2769892	501(C)(3)	8,285.	0.			SUPPLEMENTAL FUEL ASSISTANCE
BERWICK (CHRISTMAS)BOULEVARD ASSOCIATION - PO BOX 892 - BERWICK, PA 18603	47-5349300	501(C)(3)	15,500.	0.			ORGANIZATION SUPPORT
BERWICK AREA BAND BOOSTERS 1100 FOWLER AVENUE BERWICK, PA 18603	33-1227622	501(C)(3)	5,640.	0.		~	PURCHASE OF NEW STOVE
BERWICK AREA SCHOOL 500 LINE STREET BERWICK, PA 18603	23-1654551	rapizations listed in t	80,610.	0.			BOARD MATCHING AND SCHOLARSHIPS
 2 Enter total number of section 501(c)(3) 2 Enter total number of other organization 	and the same of the same	100 m					
3 Enter total number of other organization LHA For Paperwork Reduction Act Notic							10. Schodulo I (Form 000) (2017)
FOR Paper work neduction ACT NOTIC	e, see me msu'uc	1013 101 - 0111 990.					Schedule I (Form 990) (2017)

732101 11-01-17

Schedule I (Form 990) CENTRAL SUSQUE Part II Continuation of Grants and Other			anizations in the U	nited States (Sch	edule I (Form 990). Pa		3-2982141 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERWICK AREA UNITED WAY							
139 REAR EAST SECOND STREET				_			BOARD/STAFF MATCHING
BERWICK, PA 18603	23-7114627	<u>501(C)(3)</u>	23,996.	0.			PROGRAM
BERWICK AREA UNITED WAY	-						
231 WEST THIRD STREET							
BERWICK, PA 18603	24-0813665	501(C)(3)	517,993.	0.	······	·	POOL DEBT ELIMINATION
BERWICK BOROUGH POLICE							
1800 NORTH MARKET STREET							POLICE BIKE PATROL
BERWICK, PA 18603	24-6000568		11,250.	0.			PROGRAM
SERWICK HISTORICAL SOCIETY							
PO BOX 301							AGENCY ENDOWMENT PAYOUT
BERWICK, PA 18603	23-2019266	501(C)(3)	11,900.	0.			2017
BEYOND VIOLENCE, INC.							
1612 WALNUT STREET							
BERWICK, PA 18603	23-2899786	501(C)(3)	69,150.	0.			BREAKING THE CYCLE
BLOOMSBURG THEATRE ENSEMBLE							
226 CENTER STREET							
BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	9,200.	o.			ORGANIZATION SUPPORT
BLOOMSBURG UNIVERSITY FOUNDATION							
400 EAST SECOND STREET							GREAT STEM ADVENTURE
BLOOMSBURG, PA 17815	23-7088491	501(C)(3)	14,970.	<u> </u>			CAMPS
BOROUGH OF BERWICK							2017 SUMMER CONCERT
1800 NORTH MARKET STREET BERWICK, PA 18603	24-6000568		9,500.	0.			SERIES
<u>DAM110R, FR 10005</u>	23-00000000		<u> </u>	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		
CENTRAL SUSQUEHANNA SIGHT SERVICES							
348 MARKET STREET							2017 PREVENTING BLINDNE
SUNBURY, PA 17801	24-0798648	501(C)(3)	14,650.	0.			FOR CHILDREN

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	art II.)	1 age 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST MEMORIAL EPISCOPAL CHURCH							
PO BOX 363	23-1365085	= 0.1 (0) (2)	69,100.	0_			AGENCY ENDOWMENT PAYOUT
DANVILLE, PA 17821	23-1365085	501(C)(3)	09.100.	U.			2017
COLUMBIA CHILD DEVELOPMENT PROGRAM							
215 E. 5TH STREET							INTEGRATED POSITIVE
BLOOMSBURG, PA 17815	23-1877155	501(C)(3)	40,000,	0.			BEHAVIORAL
			10,000				
COLUMBIA COUNTY COMMISSIONERS FOR							
COLUMBIA COUNTY FAMILY CENTERS -							PREVENTION PROGRAMS FOR
PO BOX 380 - BLOOMSBURG, PA 17815	24-6000727		36,500.	0.			YOUTH AND FAMILIES
COLUMBIA COUNTY VOLUNTEERS							
BOX 416							
MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	49,049.	0.			OPERATING SUPPORT 2017
COLUMBIA-MONTOUR COUNCIL NO. 504							ASSISTANCE TO COLUMBIA
BOY SCOUTS OF AMERICA - 5 AUDUBON							AND MOUNTOUR COUNTY
COURT - BLOOMSBURG, PA 17815	24-0795392	501(C)(3)	20,405.	0.			SCOUTS IN NEED
COLUMBIA-MONTOUR FAMILY HEALTH							
INC 2201 5TH STREET HOLLOW ROAD							
- BLOOMSBURG, PA 17815	23-2000229	501(C)(3)	7,333.	0.			ORGANIZATION SUPPORT
DANVILLE AREA COMMUNITY CENTER							
PO BOX 125							
DANVILLE, PA 17821	24-0860310	501(C)(3)	13,850.	0.			ORGANIZATION SUPPORT
DENTAL HEALTH CLINIC			1				
107 S. MARKET STREET							
BERWICK, PA 18603	23-3083080	501(C)(3)	37,200.	0.			ORAL HEALTH PROJECT 2017
EAST CENTRAL EMERGENCY NETWORK							
MONTOUR COUNTY - 29 MILL STREET -							MONTOUR COUNTY EMERGENCY
DANVILLE, PA 17821	24-6000740		14,000.	0.	I		SERVICES RADIO UPGRADE

Schedule I (Form 990)

Page 1

23-2982141

Schedule I (Form 990)

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

5	Schedul	e I (Form 990)	CENTRAL	SUSOUEHANNA	COMMUNITY	FOUNDATION				
Г	Dort II	Continuation	of Granta and	Other Acciete	nee te Cover	amonto and O	rachizationo in th	a United States (Schod	ulo I (Earm 000)	Port II \

23-2982141

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMICS PENNSYLVANIA							
195 AIRPORT ROAD							AGENCY ENDOWMENT PAYOUT
SELINSGROVE, PA 17871	23-2063626	501(C)(3)	11,600.	0.			2017
FAMILY HEALTH COUNCIL OF CENTRAL							
PA, INC 3461 MARKET STREET -				-			SUMMER FOOD SERVICE
CAMP HILL, PA 17011	23-7289815	501(C)(3)	10,000.	0.			PROGRAM
FOR THE CAUSE							
PO BOX 816							TEEN CENTER YOUTH
BERWICK, PA 18603	45-5087276	501(C)(3)	12,680.	0.			PROGRAMS
GEISINGER - COLUMBIA MONTOUR HOME							
HEALTH SERVICES - 410 GLENN AVENUE							
- BLOOMSBURG, PA 17815	23-1704399	501(C)(3)	120_614_	0.			DPW PAYMENT
GEISINGER HEALTH SYSTEM							
100 NORTH ACADEMY AVENUE							
DANVILLE, PA 17822	23-6291113	501/01/21	477,428,	0.			MIECHV DPW YEAR 16/17
GEISINGER HEALTH SYSTEM -	23-0291113	501(C/(3/	477,420.	Ų.			MIECHV DPW IEAR 16/1/
PSYCHIATRY AND SPECIAL CLINICS -							
100 N. ACADEMY AVENUE - DANVILLE							
PA 17821	23-1995911	501(C)(3)	18,875.	0.			SCHOOL BASED OUTREACH
<u>IA 17021</u>	23 1773711	501(0/(3/	10,075.				SCHOOL BASED OUTREACH
GEISINGER HEALTH SYSTEM FOUNDATION							
100 NORTH ACADEMY AVENUE							
DANVILLE, PA 17822	23-1995911	501(C)(3)	25,800.	0.			KIDNEY CARE PROJECT
MCBRIDE MEMORIAL LIBRARY							
500 MARKET STREET							CHILDREN'S LIBRARIAN AND
BERWICK, PA 18603	24-0796862	501(C)(3)	50,100	0.			OPERATIONAL SUPPORT
MONTOUR COUNTY HISTORICAL SOCIETY							
PO BOX 8							
DANVILLE, PA 17821	23-6651180	501(C)(3)	5,700.	0.			BOYD HOUSE PROJECT

Schedule I (Form 990) CENTRAL SUSQUE							3-2982141 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	anizations in the U	nited States (Scho	edule I (Form 990), Pa	art II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH BERWICK ATHLETIC ASSOCIATION							
1932A ORANGE STREET							BOARD/STAFF MATCH - A.
BERWICK, PA 18603	23-2560961	501(C)(3)	6,983.	0.			STEWARD
NORTHERN COLUMBIA COMMUNITY &							
CULTURAL CENTER - PO BOX 305 -							AGENCY ENDOWMENT PAYOUT
BENTON, PA 17814	23-3079237	501(C)(3)	27,400.	0.			2017
<u> </u>	10 00/0 10.		27,200.				
NORTHWEST AREA SCHOOL DISTRICT							
243 THORNE HILL ROAD							
SHICKSHINNY, PA 18655	23-1654941		71,000.	0_			STEM IN THE REAL WORLD
ROCKY BOXING CLUB ASSOCIATION							
329 WEST THIRD STREET							
BERWICK, PA 18603	81-2095830	501(C)(3)	40,500.	0.			RESCUE OUR COMMUNITY KID
SETEBAID SERVICES, INC.							
PO BOX 196		501 (0) (0)					THE HDYC AND CAMP
WINFIELD, PA 17889	23-2979076	501(0)(3)	8,400.	0.			SETEBAID CAMPERSHIPS 201
SHIKELLAMY SCHOOL DISTRICT							
200 ISLAND BOULEVARD)		HIGH SCHOOL AUDIO/VISUAL
SUNBURY, PA 17801	23-1654595		14,217.	0.			EQUIP
STUART TANK MEMORIAL ASSOCIATION,							
INC 309 N. VINE STREET -							STUART TANK MEMORIAL
BERWICK, PA 18603	81-0874 <u>437</u>	501(C)(3)	12,750.	<u> </u>			PROJECT
THE HOPE CENTER OF NESCOPECK PA							
650 HARTER AVENUE	45 5407400	E01(0)(2)		_			BATHROOM AND KITCHEN
NESCOPECK, PA 18635	45-5491183	DUT(C)(3)	20,000.	0.			RENOVATIONS
THE NICHOLAS WOLFF FOUNDATION	1						
PO BOX 810							
MILLVILLE, PA 17846	23-2481065	501(C)(3)	48,325.	0.			CAMP VICTORY SUPPORT
						•	Schedule I (Form 99

Schedule I (Form 990)	CENTRAL	SUSQUEHANNA	COMMUNITY	FOUNDATION	

23-2982141

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HE SALVATION ARMY, BERWICK							BOARD/STAFF MATCHING
DX 303							PROGRAM / HEART SMART
ERWICK, PA 18603	58-0660 <u>607</u>	501(C)(3)	10,397.	0.			PROGRAM
NION - SNYDER COMMUNITY ACTION							
GENCY - 713 BRIDGE STREET -							
ELINSGROVE, PA 17870	23-2112682		41,547.	0.			UNION-SYNDER WORK SKILL
NITED WAY OF COLUMBIA AND MONTOUR DUNTY - PO BOX 313 - BLOOMSBURG							CITERE FOR COLIMPTA
A 17815	24-0840626	F01(0)(3)	10,500.	Ο.			SUPPORT FOR COLUMBIA COUNTY
A 17015	24-0840020	501(0/(5)	10,500.	υ.	-		COUNTY
ARRIOR RUN SCHOOL DISTRICT							
800 SUSQUEHANNA TRAIL							
JRBOTVILLE, PA 17772	23-1669490		7.630.	0.			ELEMENTARY STEM PROGRAM
ESLEY UNITED METHODIST CHURCH							
01 BROAD STREET				_			NESCOPECK AREA COMMUNIT
ESCOPECK, PA 18635	24-6021283	501(C)(3)	14,500.	0.			CUPBOARD
					1		

Sched	ule l	l (Form 990)	(2017)	CENTRAL	SUSQUEHANNA	COMMUNITY	FOUNDATION

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
COLLEGE SHOLARSHIPS AWARDED TO INDIVIDUALS	122	148.001.	0.		<u> </u>
		L			
					<u>, , , , , , , , , , , , , , , , , , , </u>
Part IV Supplemental Information. Provide the information	required in Part I, lin	ie 2; Part III, columr	(b); and any other a	dditional information.	
PART I, LINE 2:			<u> </u>		

THE FOUNDATION REQUIRES ITS GRANTEES TO SUBMIT PERIODIC GRANT REPORTS,

TYPICALLY AFTER THE FIRST SIX MONTHS OF A PROGRAM IS COMPLETED AND

FOLLOWING THE COMPLETION OF THE ONE-YEAR GRANT PERIOD. IN SOME CASES, ONLY

A FINAL REPORT IS REQUIRED. RANDOM, PERIODIC SITE VISITS ARE ALSO

CONDUCTED AT GRANTEE LOCATIONS.

Page 2

23-2982141

SCHE	ULE J Compensation Information	IB No. 1	545-00	47
(Form		20-	17	,
-	Compensated Employees	20	1/	
Depederan	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Or	Open to Public		
		Inspection		
Name of	he organization Employer identi	ficatio	n nu	mber
	CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 23-2982141	L		
Part I	Questions Regarding Compensation			
			Yes	No
1a Che	ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			l
Par	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			ļ
	Tax indemnification and gross-up payments			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	pursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did	he organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			1
trus	ees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	ate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
esta	Dish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations			
	ing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	nization or a related organization: ive a severance payment or change-of-control payment?	4-		
	live a severance payment or change-of-control payment?	4a 4b		<u>x</u>
		40 4c		X X
	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
Onl	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	ngent on the revenues of:			
		5a		х
b Anv		5b		X
	es" on line 5a or 5b, describe in Part III.			
	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	ngent on the net earnings of:			
		6a		х
		6b		X
	es" on line 6a or 6b, describe in Part III.			
	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	escribed on lines 5 and 6? If "Yes," describe in Part III	7		х
	any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	contract exception described in Regulations section 53.4958 4(a)(3)? If "Yes," describe in Part III	8	_ 1	x
	s" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	lations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2017

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

23-2982141

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of \	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) M. HOLLY MORRISON	(i)	120,000.	0.	0.	6,000.	30,712.	156,712.	4,615.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)					2 C			
	(i)						5		
	(ii)								
	(i)								
	(ii)								
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	(i)			· · · · · · · · · · · · · · · · · · ·				-	
125	(ii)								
	(i)								
	(ii)								
-	(i)								
	(i) (ii)								
	(i)								
	(i) (ii)					8			
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)						-		
	(i) (ii)								
	(0)								

Schedule .	1	(Form	990)	2017
Schedule v	•		3301	2017

ON

Part III Supplemental Information

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

		CENTRAL	SUSQUEHANNA	COMMUNITY	FOUNDATI
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SCHEDULE M (Form 990)

Noncash Contributions

OM8 No. 1545-0047 L

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open To Public Inspection

lame of the	organizatio	n

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

Nam	e of the organization				Employer ider	ntificati	on nu	mber
.	CENTRAL SUSQUEHANN	A COMMUNI	TY FOUNDATION		23~29	82141		
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contrik	letermir	~	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	3	54,103.	MARKET VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate · Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	jement				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?	31	х	
32a	Does the organization hire or use third parties of							
	contributions?					32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is che	cked,			
	describe in Part II.							

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Schedule N	(Form 990) 2017 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information.	3, and whether the orga abination of both. Also	anization complete
·			
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<u>.</u>			
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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 of Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.	tions on	OMB No. 1545-0047 2017 Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information		Inspection
Name of the organization	CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	Employe 23-29	er identification number
FORM 990, PART I, I	JNE 1, DESCRIPTION OF ORGANIZATION MISSION:		
COMMUNITIES LOCATE	IN THIS REGION, IMPROVING THE QUALITY OF LIFE TODAY		
AND FOR GENERATIONS	TO COME, WHILE ACHIEVING DONORS' INTENTIONS. THE		
COMMUNITY FOUNDATIC	N PROVIDES A VEHICLE FOR INDIVIDUALS, BUSINESSES,		
AND NONPROFIT ORGAN	IZATIONS TO HELP THEIR COMMUNITY THROUGH CHARITABLE		
GIVING.			
FORM 990, PART III,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
INDIVIDUALS, BUSING	SSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR		
COMMUNITY THROUGH C	HARITABLE GIVING.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
FORM 990 IS REVIEWE	D BY THE BOARD OF DIRECTORS PRIOR TO SIGNING AND		
SUBMISSION.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
CSCF HAS A WRITTEN	CONFLICT OF INTEREST POLICY, A COPY OF THE POLICY IS		
INCLUDED IN A NOTEE	OOK OF INFORMATION GIVEN TO NEW DIRECTORS WHEN THEY COME		
ON THE BOARD. IN A	DDITION, EACH OFFICER, DIRECTOR, AND EMPLOYEE IS GIVEN A		
CONFLICT OF INTERES	T QUESTIONNAIRE TO FILL OUT AND SIGN AT THE ANNUAL		
MEETING EVERY JANUA	RY.		
FORM 990, PART VI,	SECTION B, LINE 15:		
ALL BOARD MEMBERS S	ERVE AS VOLUNTEERS. THE PROCESS FOR DETERMINING		
COMPENSATION FOR MA	NAGEMENT IS A COMPARATIVE ANALYSIS OF NATIONAL AND		
	ITHIN THE FIELD. THE CEO'S COMPENSATION IS SET ANNUALLY	· ·	
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	n 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141
BY THE GOVERNANCE COMMITTEE. INDIVIDUAL STAFF COMPENSATION IS DETERMINED	
BY THE CEO IN ACCORDANCE WITH AN ANNUAL BUDGET APPROVED BY THE FINANCE	
COMMITTEE AND THE FULL BOARD OF DIRECTORS.	
COMMITTEE AND THE FOLL BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 18:	
CSCF INDICATES ON ITS WEBSITE THAT FORM 1023 AND FORM 990 DOCUMENTS ARE	
	9
AVAILABLE UPON REQUEST AND HAS A FILE WITH ALL APPLICABLE IRS PUBLIC	
INSPECTION DOCUMENTS.	
۲ 	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE REPRINTED IN CSCF'S ANNUAL REPORT, WHICH IS WIDELY	
DISTRIBUTED, AND ARE MADE AVAILABLE ON THE FOUNDATION'S WEBSITE. ALL OTHER	
REQUIRED PUBLIC INSPECTION DOCUMENTS ARE AVAILABLE UPON REQUEST FREE OF	
CHARGE.	· · · · · · · · · · · · · · · · · · ·
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON CANCELLATION OF GRANTS 55.118.	
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FORM 990, PART XII, LINE 2C	2
THE FOUNDATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE	
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT	
ADDIT OF THE FINANCIAL STATEMENTS AND SEDECTION OF AN INDEFENDENT	
ACCOUNTANT. ALL AUDIT PROPOSALS ARE REVIEWED BY THE BOARD AND ONE IS	
SELECTED BASED ON THE NEEDS OF THE ORGANIZATION. THIS PROCESS HAS NOT	
CHANGED FROM THE PREVIOUS YEAR.	
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