

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

2019 Open to Public Inspection

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.

Form 990 header section A-M including organization name (CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION), EIN (23-2982141), and principal officer (HOLLY MORRISON).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2019, prior year, and current year.

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.

Signature block section with fields for officer signature (HOLLY MORRISON), preparer name (LISA A. RITTER), and firm information (MAHER DUESSEL, CPA'S).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part 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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,022,658. including grants of \$ 2,799,911.) (Revenue \$ 177,698.) THE CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION (CSCF) SERVES COLUMBIA, MONTOUR, NORTHUMBERLAND, SNYDER, UNION AND LOWER LUZERNE COUNTIES. CSCF HAS 292 FUNDS, INCLUDING FUNDS WITHOUT DONOR RESTRICTIONS, FIELD OF INTEREST, DONOR-ADVISED, AGENCY ENDOWMENT, CHARITABLE GIFT ANNUITY AND SCHOLARSHIP FUNDS. IN 2019, THE FOUNDATION CONTINUED TO DEVELOP FUNDS WITHOUT DONOR RESTRICTIONS 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 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 \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,022,658.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY J. APPLE CHAIR	2.00	X		X				0.	0.	0.
(2) NANCY J. MARR VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) JOANN M. FERENTZ TREASURER THRU SEPT 2019	2.00	X		X				0.	0.	0.
(4) JOHN THOMPSON TREASURER BEGINNING OCT 2019	2.00	X		X				0.	0.	0.
(5) JEFF CERMINARO SECRETARY	2.00	X		X				0.	0.	0.
(6) DR. ROBERT L. ALBERTSON DIRECTOR	2.00	X						0.	0.	0.
(7) SAM BALUKOFF DIRECTOR THRU MAY 30, 2019	2.00	X						0.	0.	0.
(8) PAUL R. EYERLY, IV DIRECTOR	2.00	X						0.	0.	0.
(9) PEGGY FULLMER DIRECTOR	2.00	X						0.	0.	0.
(10) DR. JOHN M. KURELJA DIRECTOR	2.00	X						0.	0.	0.
(11) GREG MARTZ DIRECTOR	2.00	X						0.	0.	0.
(12) HEATHER ROWE DIRECTOR	2.00	X						0.	0.	0.
(13) RHONDA SEEBOLD DIRECTOR	2.00	X						0.	0.	0.
(14) CONNIE TRESSLER DIRECTOR	2.00	X						0.	0.	0.
(15) WENDY TRIPOLI DIRECTOR	2.00	X						0.	0.	0.
(16) JEFF HOLLENBACH DIRECTOR	2.00	X						0.	0.	0.
(17) RICHARD CASHMAN DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) M. HOLLY MORRISON PRESIDENT & CEO	45.00			X				128,750.	0.	39,854.
(19) ALBERT MEALE CHIEF FINANCIAL OFFICER	40.00			X				82,160.	0.	39,162.
1b Subtotal								210,910.	0.	79,016.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								210,910.	0.	79,016.

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	89,393.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	755,663.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,265,566.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,200,270.					
	h Total. Add lines 1a-1f							3,110,622.
Program Service Revenue	2 a ADMINISTRATIVE FEE INC	Business Code	541900	155,797.	155,797.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			155,797.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,077,425.			1,077,425.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b	3,916,684.					
	c Gain or (loss)	7c	478,096.					
d Net gain or (loss)			478,096.	478,096.				
8 a Gross income from fundraising events (not including \$ 89,393. of contributions reported on line 1c). See Part IV, line 18	8a		34,892.					
b Less: direct expenses	8b	50,398.						
c Net income or (loss) from fundraising events			-15,506.				-15,506.	
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a LOSS ON BENEFICIAL INT	Business Code	900099	41,228.			41,228.	
	b OTHER INCOME		900099	21,901.	21,901.			
	c CHANGE IN VALUE OF CHA		900099	68.	68.			
	d All other revenue							
	e Total. Add lines 11a-11d			63,197.				
12 Total revenue. See instructions			4,869,631.	655,862.	0.	1,103,147.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,735,498.	2,735,498.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	64,413.	64,413.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	289,926.	46,691.	207,838.	35,397.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	218,276.	58,996.	28,592.	130,688.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	99,901.	26,028.	18,305.	55,568.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	25,001.	5,730.	10,728.	8,543.
b Legal	28,934.	6,632.	12,415.	9,887.
c Accounting	6,772.	1,552.	2,906.	2,314.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	125,612.		125,612.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,186.	2,105.	3,139.	3,942.
12 Advertising and promotion				
13 Office expenses	11,834.	2,712.	5,078.	4,044.
14 Information technology				
15 Royalties				
16 Occupancy	9,974.	2,286.	4,280.	3,408.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,232.	9,909.	18,551.	14,772.
23 Insurance	14,313.	3,281.	6,141.	4,891.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY EVENTS	33,692.	7,722.	14,457.	11,513.
b SPECIAL PROJECTS	27,221.	27,221.		
c WORKERS COMPENSATION CL	25,000.		25,000.	
d DUES AND SUBSCRIPTIONS	23,735.	5,440.	10,185.	8,110.
e All other expenses	71,739.	16,442.	30,783.	24,514.
25 Total functional expenses. Add lines 1 through 24e	3,864,259.	3,022,658.	524,010.	317,591.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,045,400.	2	806,739.
	3 Pledges and grants receivable, net	48,825.	3	78,950.
	4 Accounts receivable, net	61,572.	4	57,400.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30.	9	30.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,835,954.		
	b Less: accumulated depreciation	10b 580,201.		
	11 Investments - publicly traded securities	1,298,985.	10c	1,255,753.
	12 Investments - other securities. See Part IV, line 11	47,974,653.	11	58,273,331.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	312,472.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	50,741,937.	15	353,768.	
		16	60,825,971.	
Liabilities	17 Accounts payable and accrued expenses	30,743.	17	60,838.
	18 Grants payable	556,339.	18	528,252.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	11,763,661.	21	12,137,064.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	12,350,743.	26	12,726,154.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	38,078,722.	27	47,746,049.
	28 Net assets with donor restrictions	312,472.	28	353,768.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	38,391,194.	32	48,099,817.
	33 Total liabilities and net assets/fund balances	50,741,937.	33	60,825,971.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,869,631.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,864,259.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,005,372.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,391,194.
5	Net unrealized gains (losses) on investments	5	6,921,026.
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 on Schedule O)	9	1,782,225.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,099,817.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,107,705.	1,868,334.	1,366,721.	2,146,459.	3,110,622.	9,599,841.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,107,705.	1,868,334.	1,366,721.	2,146,459.	3,110,622.	9,599,841.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,124,039.
6 Public support. Subtract line 5 from line 4.						8,475,802.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,107,705.	1,868,334.	1,366,721.	2,146,459.	3,110,622.	9,599,841.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,176,902.	746,210.	698,537.	956,189.	1,077,425.	4,655,263.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						14,255,104.
12 Gross receipts from related activities, etc. (see instructions)					12	1,096,514.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	59.46 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	59.82 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Employer identification number

23-2982141

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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).

Name of organization CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	Employer identification number 23-2982141
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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	<hr/> <hr/> <hr/>	\$ 87,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	Employer identification number 23-2982141
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	Employer identification number 23-2982141
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION
Employer identification number: 23-2982141

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including instructions on how to report revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,039,000.	40,566,100.	37,160,300.	35,561,100.	36,802,700.
b Contributions	3,365,000.	777,700.	1,689,600.	2,226,700.	1,364,800.
c Net investment earnings, gains, and losses	8,228,100.	-2,567,800.	5,773,600.	2,349,500.	215,200.
d Grants or scholarships	1,378,600.	1,079,800.	2,551,300.	2,018,100.	1,791,100.
e Other expenditures for facilities and programs	243,000.	96,000.	621,900.	499,800.	459,800.
f Administrative expenses	614,400.	561,200.	428,300.	459,100.	570,700.
g End of year balance	46,396,100.	37,039,000.	41,022,000.	37,160,300.	35,561,100.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		95,324.		95,324.
b Buildings		1,417,493.	395,061.	1,022,432.
c Leasehold improvements				
d Equipment		31,424.	31,424.	0.
e Other		291,713.	153,716.	137,997.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,255,753.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	11,840,651.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 6,921,026.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 125,208.		
e	Add lines 2a through 2d		2e	7,046,234.
3	Subtract line 2e from line 1		3	4,794,417.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 125,612.		
b	Other (Describe in Part XIII.)	4b -50,398.		
c	Add lines 4a and 4b		4c	75,214.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,869,631.

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

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

1	Total expenses and losses per audited financial statements		1	3,977,644.
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	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 238,997.		
e	Add lines 2a through 2d		2e	238,997.
3	Subtract line 2e from line 1		3	3,738,647.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 125,612.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	125,612.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,864,259.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER ORGANIZATIONS. IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, THE FOUNDATION IS REPORTING THE FUNDS IT HAS RECEIVED AND ALL EARNINGS ON THESE FUNDS AS LIABILITIES. THE FOUNDATION ADMINISTERS AND INVESTS THESE FUNDS IN ACCORDANCE WITH THE AGREEMENTS ESTABLISHED WITH EACH ORGANIZATION.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS PROVIDE A VEHICLE FOR INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR COMMUNITY THROUGH CHARITABLE GIVING.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON CANCELLATION OF GRANTS	22,875.
MEDICAL ASSISTANCE PAID DIRECTLY TO GRANTEE	102,333.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	125,208.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-50,398.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

MEDICAL ASSISTANCE PAID DIRECTLY TO GRANTEE	102,333.
FUNDRAISING EXPENSES	50,398.
LOSS ON UNCOLLECTIBLE PLEDGES	86,266.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	238,997.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HOLIDAY HAPPENINGS (event type)	ROBINSON GOLD TOURNAMENT (event type)	3 (total number)	
Revenue	1 Gross receipts	49,202.	34,341.	40,742.	124,285.
	2 Less: Contributions	39,802.	24,641.	24,950.	89,393.
	3 Gross income (line 1 minus line 2)	9,400.	9,700.	15,792.	34,892.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		2,340.	1,589.	3,929.
	6 Rent/facility costs	21,510.	3,104.	3,259.	27,873.
	7 Food and beverages		2,593.	4,758.	7,351.
	8 Entertainment				
	9 Other direct expenses	1,350.	1,374.	8,521.	11,245.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				50,398.
11 Net income summary. Subtract line 10 from line 3, column (d)				-15,506.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION** Employer identification number **23-2982141**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(C)(3)	57,558.	0.			ADDRESSING LIFE'S CHALLENGES
ANDREW RUSSELL CHARITABLE FOUNDATION - 1251 WATERFRONT PLACE, FLOOR 4 - PITTSBURGH, PA 15222	25-6619892	501(C)(3)	8,000.	0.			ALL INCLUSIVE NON BARRIER PLAYGROUND
BENTON AREA SCHOOL DISTRICT 600 GREEN ACRES ROAD BENTON, PA 17814	23-1667659	GOVERNMENT	7,850.	0.			KINDERGARTEN KICKOFF
BENTON BOROUGH 150 COLLEY STREET BENTON, PA 17814	24-6000567	GOVERNMENT	25,000.	0.			BENTON PARK BANDSHELL
BENTON COUNCIL OF CHURCHES 70 WESLEY STREET STILLWATER, PA 17878	23-2769892	CHURCH	8,300.	0.			SUPPLEMENTAL FUEL ASSISTANCE PROGRAM
BERWICK (CHRISTMAS) BOULEVARD ASSOCIATION - PO BOX 892 - BERWICK, PA 18603	47-5349300	501(C)(3)	33,872.	0.			BOULEVARD ELECTRICAL IMPROVEMENTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58.**
- 3** Enter total number of other organizations listed in the line 1 table **16.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 SCHOOL DISTRICT 500 LINE STREET BERWICK, PA 18603	23-1654551	GOVERNMENT	99,569.	0.			S.O.A.R. STUDENTS OVERCOME AND ACHIEVE THROUGH RUNNING
BERWICK AREA UNITED WAY 139 REAR EAST SECOND STREET BERWICK, PA 18603	23-7114627	501(C)(3)	15,099.	0.			AGENCY ENDOWMENT PAYOUT 2019
BERWICK AREA YMCA 231 WEST THIRD STREET BERWICK, PA 18603	24-0813665	501(C)(3)	31,786.	0.			SENIOR WATER EXERCISE PROGRAM
BERWICK HISTORICAL SOCIETY PO BOX 301 BERWICK, PA 18603	23-2019266	501(C)(3)	12,100.	0.			AGENCY ENDOWMENT PAYOUT 2019
BERWICK THEATER AND CENTER FOR COMMUNITY ARTS, INC. - 110 E. FRONT STREET - BERWICK, PA 18603	47-1959473	501(C)(3)	53,500.	0.			COMMUNITY ARTS STAGE INITIATIVE
BEYOND VIOLENCE, INC. 1612 WALNUT STREET BERWICK, PA 18603	23-2899786	501(C)(3)	87,400.	0.			SHELTER PROGRAMS
BLOOMSBURG THEATRE ENSEMBLE 226 CENTER STREET BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	20,000.	0.			AGENCY ENDOWMENT PAYOUT 2019
BLOOMSBURG UNIVERSITY FOUNDATION 400 EAST SECOND STREET BLOOMSBURG, PA 17815	23-7088491	501(C)(3)	13,000.	0.			BLOOMSBURG FAIR STEM COMPETITION 2019
BOROUGH OF BERWICK 1800 NORTH MARKET STREET BERWICK, PA 18603	24-6000568	GOVERNMENT	35,000.	0.			DRUG SAFETY PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CENTRAL PA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	5,900.	0.			REDUCING FOOD INSECURITY RATES THROUGH ROBUST YOUTH PROGRAMS IN COLUMBIA COUNTY
CENTRAL SUSQUEHANNA INTERMEDIATE UNIT - 90 LAWTON LANE - MILTON, PA 17847	23-1743451	501(C)(3)	9,450.	0.			PRESCHOOL PLAY FOR ALL
CENTRAL SUSQUEHANNA OPPORTUNITIES, INC. - 2 EAST ARCH STREET - SHAMOKIN, PA 17872	23-2564524	501(C)(3)	5,072.	0.			KEEP KIDS WARM PROJECT
CENTRAL SUSQUEHANNA SIGHT SERVICES, INC. - 348 MARKET STREET - SUNBURY, PA 17801	24-0798648	501(C)(3)	18,000.	0.			2019/2020 SOCIAL SERVICES SUPPORT FOR BLIND/LOW VISION VALLEY RESIDENTS INITIATIVE
CHRIST MEMORIAL EPISCOPAL CHURCH 156 EAST MARKET STREET PO BOX 363 DANVILLE, PA 17821	24-0826171	CHURCH	75,100.	0.			AGENCY ENDOWMENT PAYOUT 2019
COLUMBIA CHILD DEVELOPMENT PROGRAM 215 E. 5TH STREET BLOOMSBURG, PA 17815	23-1877155	501(C)(3)	40,750.	0.			INTEGRATED POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS FOR CHILDREN AND FAMILIES
COLUMBIA COUNTY COMMISSIONERS FOR COLUMBIA COUNTY FAMILY CENTERS - 310 EAST 3RD STREET BOX 416 - MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	50,000.	0.			PREVENTION PROGRAM FOR FAMILIES
COLUMBIA COUNTY VOLUNTEERS IN MEDICINE CLINIC, INC. - 410 GLENN AVENUE SUITE 200 - BLOOMSBURG, PA 17815	20-5695518	501(C)(3)	108,803.	0.			SALARY SUPPORT 2019
COLUMBIA-MONTOUR COUNCIL NO. 504 BOY SCOUTS OF AMERICA - 5 AUDUBON COURT - BLOOMSBURG, PA 17815	24-0795392	501(C)(3)	20,274.	0.			AGENCY ENDOWMENT PAYOUT 2019

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DANVILLE AREA COMMUNITY CENTER PO BOX 125 DANVILLE, PA 17821	24-0860310	501(C)(3)	14,400.	0.			ORGANIZATION SUPPORT
DANVILLE CHILD DEVELOPMENT CENTER 986 WALL STREET DANVILLE, PA 17821	23-1915333	501(C)(3)	14,200.	0.			BRIGHTER CHRISTMAS FUND PROGRAM
DENTAL HEALTH CLINIC 107 S. MARKET STREET, SUITE 2 BERWICK, PA 18603	23-3083080	501(C)(3)	44,400.	0.			ORAL HEALTH PROJECT 2019
FAMILY HEALTH COUNCIL OF CENTRAL PA, INC. - 3461 MARKET STREET, SUITE 200 - CAMP HILL, PA 17011	23-7289815	501(C)(3)	9,950.	0.			SUMMER FOOD SERVICE PROGRAM
FOR THE CAUSE PO BOX 816 BERWICK, PA 18603	45-5087276	501(C)(3)	16,050.	0.			TEEN CENTER PROGRAM DEVELOPMENT FOR MENTAL HEALTH
GEISINGER - COLUMBIA MONTOUR HOME HEALTH SERVICES - 410 GLENN AVENUE, SUITE 200 - BLOOMSBURG, PA 17815	23-1704399	501(C)(3)	60,000.	0.			2019-20 MATCHING FOR NURSE-FAMILY PARTNERSHIP STATE GRANT
GEISINGER HEALTH SYSTEM 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-6291113	501(C)(3)	824,996.	0.			NURSE-FAMILY PARTNERSHIP EXPANSION GRANT 2019 PAYMENT
GEISINGER HEALTH SYSTEM - DEPARTMENT OF PSYCHIATRY AND ADDICTION MEDICINE - 100 N. ACADEMY AVENUE - DANVILLE, PA	23-6291113	501(C)(3)	8,607.	0.			MENTAL HEALTH COUNSELOR BENTON SCHOOL DISTRICT
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-1995911	501(C)(3)	32,291.	0.			KIDNEY CARE PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SUSQUEHANNA VALLEY UNITED WAY - 335 MARKET STREET, SUITE 2 - SUNBURY, PA 17801	23-1697631	501(C)(3)	12,600.	0.			LOCAL VISION PROJECT
HANDUP FOUNDATION 262 WILLOW STREET MILTON, PA 17847	20-0984499	501(C)(3)	9,500.	0.			RE-ENTRY AND JOB READINESS PROGRAM
HUMMELS WHARF FIRE COMPANY 1869 N. OLD TRAIL HUMMELS WHARF, PA 17831	23-0716540	501(C)(3)	5,000.	0.			FIREFIGHTER CANCER PREVENTION PROJECT
HUNLOCK TOWNSHIP PO BOX 164 HUNLOCK CREEK, PA 18621	24-6001448	GOVERNMENT	12,500.	0.			HUNLOCK TOWNSHIP RECREATIONAL PARK
LIME RIDGE FIRE COMPANY 6496 4TH STREET BLOOMSBURG, PA 17815	23-6392301	501(C)(3)	5,300.	0.			FIRE COMPANY GRANT 2019
LYCOMING COUNTY HOMETOWN HEROS, INC. - 528 RUBEN KEHRER ROAD - MUNCY, PA 17756	47-0961957	501(C)(3)	5,000.	0.			HOMETOWN HERO'S PROGRAM
MARKS COLORECTAL SURGICAL FOUNDATION - 100 LANCASTER AVENUE - WYNNEWOOD, PA 19096	23-2880381	501(C)(3)	5,000.	0.			ORGANIZATION SUPPORT
MCBRIDE MEMORIAL LIBRARY 500 N. MARKET STREET BERWICK, PA 18603	24-0796862	501(C)(3)	57,940.	0.			CHILDREN'S LIBRARIAN
MIDDLEBURG COMMUNITY PROJECTS, INC. - 220 FIRE STONE LN - MIDDLEBURG, PA 17842	20-4095028	501(C)(3)	5,000.	0.			MIDDLEBURG COMMUNITY PROJECTS, INC.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MONTOUR AREA RECREATION COMMISSION PO BOX 456 DANVILLE, PA 17821	26-1859983	GOVERNMENT	14,600.	0.			MAINTENANCE AND OPERATION COSTS
NORTH BERWICK ATHLETIC ASSOCIATION, INC. - 1932A ORANGE STREET - BERWICK, PA 18603	23-2560961	501(C)(3)	5,596.	0.			ORGANIZATION SUPPORT
NORTHERN COLUMBIA COMMUNITY & CULTURAL CENTER - PO BOX 305 - BENTON, PA 17814	23-3079237	501(C)(3)	28,300.	0.			N4C'S YOUTH PROGRAMMING SUPPORT
NORTHWEST AREA SCHOOL DISTRICT 243 THORNE HILL ROAD SHICKSHINNY, PA 18655	23-1654941	GOVERNMENT	24,473.	0.			JUMPSTART
ORANGEVILLE PUBLIC LIBRARY 301 MILL STREET ORANGEVILLE, PA 17859	23-3075659	501(C)(3)	16,700.	0.			EXPANSION OF ORANGEVILLE PUBLIC LIBRARY TO ADD CHILDREN'S ROOM
PA PETS INC. 203 EAST 5TH STREET BLOOMSBURG, PA 17815	23-2282512	501(C)(3)	6,200.	0.			GREATER BERWICK SPAY/NEUTER PROGRAM
PENNSYLVANIA COUNCIL ON FINANCIAL LITERACY - 849 TAME DEER DRIVE - WINFIELD, PA 17889	82-2654459	501(C)(3)	20,360.	0.			ORGANIZATION SUPPORT
RELIANCE HOSE COMPANY NO. 1 501 W. THIRD STREET BERWICK, PA 18603	26-0105380	501(C)(3)	5,000.	0.			ORGANIZATION SUPPORT
ROCKY BOXING CLUB ASSOCIATION 329 WEST THIRD STREET BERWICK, PA 18603	81-2095830	501(C)(3)	11,600.	0.			R.O.C.K.Y. BOXING CLUB

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SAINT COLUMBA CATHOLIC SCHOOL 40 E. THIRD STREET BLOOMSBURG, PA 17815	23-1494791	501(C)(3)	5,800.	0.			ORGANIZATION SUPPORT
SETEBAID SERVICES, INC. PO BOX 196 WINFIELD, PA 17889	23-2979076	501(C)(3)	12,700.	0.			THE HDYC AND CAMP SETEBAID 2019 CAMPERSHIPS
SHAMOKIN AREA SCHOOL DISTRICT 2000 WEST STATE STREET COAL TOWNSHIP, PA 17866	23-1654594	GOVERNMENT	8,584.	0.			LIBRARY RENOVATION
SHAPE OF JUSTICE, INC. 265 POINT TOWNSHIP DRIVE NORTHUMBERLAND, PA 17857	83-0939345	501(C)(3)	6,950.	0.			SHAPE OF JUSTICE'S COLUMBIA COUNTY EXPANSION PROJECT
SNYDER COUNTY COALITION FOR KIDS INC. - PO BOX 103 - SELINGROVE, PA 17870	46-3844013	501(C)(3)	27,200.	0.			ORGANIZATION SUPPORT
SNYDER COUNTY LIBRARIES, INC. 1 NORTH HIGH STREET SELINGROVE, PA 17870	23-1731192	501(C)(3)	7,050.	0.			SNYDER COUNTY LIBRARY BRANCH TECHNOLOGY UPGRADE
ST. PETER'S LUTHERAN CHURCH 623 KREAMER AVE MIDDLEBURG, PA 17842	23-1421911	CHURCH	8,600.	0.			ORGANIZATION SUPPORT
SUMMERHILL FIRE COMPANY 422 SUMMERHILL ROAD BERWICK, PA 18603	25-6052535	501(C)(3)	6,046.	0.			FIRE COMPANY GRANT 2019
SUN AREA TECHNICAL INSTITUTE 815 MARKET STREET NEW BERLIN, PA 17855	23-1683857	GOVERNMENT	5,000.	0.			CNC UPGRADES AND 3D MACHINING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S MUSEUM 2 WEST 7TH STREET BLOOMSBURG, PA 17815	23-2303460	501(C)(3)	5,377.	0.			HEALTHY CHOICES: EMPOWERING CHILDREN TO MANAGE MODIFIABLE HEALTH RISK FACTORS
THE EXCHANGE 24 E. MAIN STREET BLOOMSBURG, PA 17815	27-0980463	501(C)(3)	5,500.	0.			THE ART CART
THE NICHOLAS WOLFF FOUNDATION, INC. - PO BOX 810 - MILLVILLE, PA 17846	23-2481065	501(C)(3)	27,720.	0.			CAMP VICTORY PROGAM AND SERVICES
THE SALVATION ARMY, BERWICK BOX 303 BERWICK, PA 18603	13-5562351	501(C)(3)	11,546.	0.			THE SALVATION ARMY HEART-SMART INITIATIVE
THE THOMAS BEAVER FREE LIBRARY PO BOX 177 DANVILLE, PA 17821	24-0796861	501(C)(3)	6,250.	0.			WINDOW REPLACEMENT
TRANSITIONAL HOUSING AND CARE CENTER OF COLUMBIA AND MONTOUR COUNTY - 1 GATE HOUSE DRIVE - DANVILLE, PA 17821	23-2824353	501(C)(3)	5,200.	0.			OPERATION CLEAN SLEEP
UNION-SNYDER COMMUNITY ACTION AGENCY - 713 BRIDGE STREET, SUITE 1 - SELINGROVE, PA 17870	23-2112682	GOVERNMENT	18,564.	0.			DOLLAR GENERAL LITERACY FOUNDATION GRANT
UNITED WAY OF COLUMBIA AND MONTOUR COUNTY - PO BOX 313 - BLOOMSBURG, PA 17815	24-0840626	501(C)(3)	30,500.	0.			POST OVERDOSE RESPONSE TEAM (PORT)
WARRIOR RUN SCHOOL DISTRICT 4800 SUSQUEHANNA TRAIL TURBOTVILLE, PA 17772	23-1669490	GOVERNMENT	50,796.	0.			60 FOR 60 CAMPAIGN FUNDS RAISED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WESLEY UNITED METHODIST CHURCH 401 BROAD STREET NESCOPECK, PA 18635	24-6021283	CHURCH	10,700.	0.			NACC MILK AND EGG DISTRIBUTION
WESTERN PENNSYLVANIA SLOVAK CULTURAL ASSOCIATION - MANOR OAK TWO, SUITE 500 - PITTSBURGH, PA 15220	23-2897407	501(C)(3)	5,400.	0.			2019 SCHOLARSHIP RECIPIENTS
WILKES-BARRE VA MEDICAL CENTER 1111 EAST END BLVD WILKES-BARRE, PA 18711	24-0796250	GOVERNMENT	6,534.	0.			ORGANIZATION SUPPORT
WQSU SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGROVE, PA 17870	23-1353385	501(C)(3)	5,000.	0.			WQSU NEXGEN DIGITAL AUTOMATION SYSTEM
WVIA 100 WVIA WAY PITTSTON, PA 18640-9606	23-1663603	501(C)(3)	6,806.	0.			WVIA'S PBS KIDS IN THE CLASSROOM - HEALTH AND WELLNESS FOCUS FOR BERWICK AREA ELEMENTARY

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	40	64,413.	0.		

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

PART I, LINE 2:

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: WVIA

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Employer identification number
23-2982141

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) M. HOLLY MORRISON PRESIDENT & CEO	(i)	128,750.	0.	0.	6,438.	33,416.	168,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

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

Name of the organization: **CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION**
Employer identification number: **23-2982141**

Part 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	(d) Method of determining noncash contribution amounts
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	X	3	1,200,270.	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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Employer identification number

23-2982141

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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

INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR

COMMUNITY THROUGH CHARITABLE GIVING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR

COMMUNITY THROUGH CHARITABLE GIVING.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO 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 NOTEBOOK OF INFORMATION GIVEN TO NEW DIRECTORS WHEN THEY COME

ON THE BOARD. IN ADDITION, EACH OFFICER, DIRECTOR, AND EMPLOYEE IS GIVEN A

CONFLICT OF INTEREST QUESTIONNAIRE TO FILL OUT AND SIGN AT THE ANNUAL

MEETING EVERY JANUARY.

FORM 990, PART VI, SECTION B, LINE 15:

ALL BOARD MEMBERS SERVE AS VOLUNTEERS. THE PROCESS FOR DETERMINING

COMPENSATION FOR MANAGEMENT IS A COMPARATIVE ANALYSIS OF NATIONAL AND

REGIONAL SALARIES WITHIN THE FIELD. THE CEO'S COMPENSATION IS SET ANNUALLY

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

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

Name of the organization CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	Employer identification number 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.

FORM 990, PART VI, SECTION C, LINE 18:

CSCF INDICATES ON ITS WEBSITE THAT FORM 1023 AND FORM 990 DOCUMENTS ARE

AVAILABLE UPON REQUEST AND HAS A FILE WITH ALL APPLICABLE IRS PUBLIC

INSPECTION DOCUMENTS.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON CANCELLATION OF GRANTS	22,875.
TRANSFER OF ASSETS FROM ANOTHER COMMUNITY FOUNDATION	1,845,616.
LOSS ON UNCOLLECTIBLE PLEDGES	-86,266.
TOTAL TO FORM 990, PART XI, LINE 9	1,782,225.

FORM 990, PART XII, LINE 2C

THE FOUNDATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE

AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT

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.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 23-2982141
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 725 WEST FRONT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BERWICK, PA 18603	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AL MEALE, CFO

- The books are in the care of ▶ 725 WEST FRONT STREET - BERWICK, PA 18603
Telephone No. ▶ 570-752-3930 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2019 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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