Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047 9 **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.	

AF	or the	e 2019 calendar year, or tax year beginning and o	ending		
B c a	heck if pplicabl	c Name of organization		D Employer identified	cation number
	Addre chang	e CENTRAL SUSQUEHANNA COMMONITY FOUNDATION			
	Name Chang			23-2982141	
	Initial return	E Telephone number	r		
	Final return	, 725 WEST FRONT STREET		570-752-3930	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,836,713.
	Amen	ded BERWICK, PA 18603		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: notice Morkerson		for subordinates	? Yes 🗴 No
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) o	or 🚺 527	If "No," attach a	list. (see instructions)
		te: WWW.CSGIVING.ORG		H(c) Group exemption	n number 🕨
KF	orm of	organization: X Corporation Trust Association Other ►	L Year	of formation: 1998	State of legal domicile: PA
Pa	rt I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: SEE SCH	HEDULE O		
Governance					
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			15
ۍ مخ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		8	
<u>viti</u>	6	Total number of volunteers (estimate if necessary)		6	265
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
				Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)		2,146,459.	3,110,622.
enu	9	Program service revenue (Part VIII, line 2g)		160,571.	155,797.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,259,227.	1,555,521.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-52,463.	47,691.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		5,513,794.	4,869,631.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,230,893.	2,799,911.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\$		524,716.	608,103.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		471,564.	456,245.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,227,173.	3,864,259.
		Revenue less expenses. Subtract line 18 from line 12		2,286,621.	1,005,372.
s or			Be	ginning of Current Year	End of Year
sset. Jalar	20	Total assets (Part X, line 16)	······	50,741,937.	60,825,971.
Net Assets	21	Total liabilities (Part X, line 26)		12,350,743.	12,726,154.
Ž,	22	Net assets or fund balances. Subtract line 21 from line 20		38,391,194.	48,099,817.

Part II Signature Block

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

Sign	Signature of officer		Date)
Here	HOLLY MORRISON, PRESIDENT AND CEC Type or print name and title)		
Paid	Print/Type preparer's name LISA A. RITTER	Preparer's signature Gui & Bitter	Date 7/29/20	Check PTIN if self-employed P00168809
Preparer	Firm's name 🕒 MAHER DUESSEL, CPA'S		Firm	's EIN ▶ 25-1622758
Use Only	Firm's address 3003 NORTH FRONT STREET	SUITE 101		
	HARRISBURG, PA 17110		Pho	ne no.717-232-1230
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
		a and the compute instructions		Gauss 900 (0010)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2019) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-29821	41 Page	2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III		X	٦
1	Briefly describe the organization's mission:			<u> </u>
•	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			—
	Z DONORS' INTENTIONS. THE COMMUNITY FOUNDATION PROVIDES A VEHICLE FOR			—
	Did the organization undertake any significant program services during the year which were not listed on the			—
2			Yes X No	_
	prior Form 990 or 990-EZ?)
	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	2
	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 m	easured by e	xpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total exp	enses, 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	¢		<u>,</u>
40	(Code:) (expenses \$) (revenue	ъ 		,)
				—
				_
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				—
<u> </u>				_
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.			-
			000	

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 Form 990 (2019)
 CENTRAL
 SUSQUEHANNA
 COMMUNITY
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 Foundation
 Foundation

23-2982141

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>л</u>
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
		_	000	

Form **990** (2019)

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Pa	rt IV Checklist of Required Schedules (continued)			ugo -				
	(continued)		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23	х					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		x				
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
•	any tax-exempt bonds?	24c						
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10						
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
		25b		x				
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200						
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28								
	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		x				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x				
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		x				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		x				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		х				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		X				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?							
_	Note: All Form 990 filers are required to complete Schedule O	38	Х					
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20	-						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							

1c

Form	990 (2019) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 23-298214	1	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION		23-298214		Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ine	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	l finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨			
	AL MEALE, CFO - 570-752-3930					
	725 WEST FRONT STREET, BERWICK, PA 18603					

Form 990 (2019) CENTRAL SUSQ	UEHANNA COM	MUN	ITY	FO	UNE	ATI	ON		23-298214	1 Page 7
Part VII Compensation of Officers, D	Directors, T	rus	tee	s, ł	Key	En	nplo	oyees, Highest Co	mpensated	
Employees, and Independer	nt Contracto	ors								
Check if Schedule O contains a respo	onse or note to	any	/ line	e in t	his l	Part	VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	ligh	est (Con	npen	Isat	ed Employees		
1a Complete this table for all persons required to	be listed. Rep	ort	com	pens	satio	on fo	r the	e calendar year ending v	with or within the orgar	nization's tax year.
• List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compense	, ,		es (w	/hetl	her i	ndivi	idua	Ils or organizations), reg	ardless of amount of c	compensation.
 List all of the organization's current key en 	nployees, if any	/. Se	e in	stru	ctior	ns fo	r de	finition of "key employe	e."	
• List the organization's five current highest or able compensation (Box 5 of Form W-2 and/or Bo										
• List all of the organization's former officers reportable compensation from the organization as						comp	bens	sated employees who re	ceived more than \$10	0,000 of
• List all of the organization's former directo more than \$10,000 of reportable compensation fr See instructions for the order in which to list the p	om the organiz	zatio							or or trustee of the org	ganization,
Check this box if neither the organization n	1	orga	niza			npen	Isate	<u> </u>	í í	
(A)	(B)			(Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					is both pr/trus		compensation	compensation from related	amount of
	week (list any	Individual trustee or director						from the	organizations	other compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	In stit utional trustee		/ee	m pen		(00-2/1099-00130)		and related
	below	dual t	utiona	-	mploy	st col	Ŀ			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY J. APPLE	2.00									
CHAIR		х		х				0.	0.	0.

	l line)	lnc	L s	Off	Ke	≣≞	For			
(1) TIMOTHY J. APPLE	2.00									
CHAIR		х		х				0.	0.	0.
(2) NANCY J. MARR	2.00									
VICE-CHAIR		х		х				0.	0.	0.
(3) JOANN M. FERENTZ	2.00									
TREASURER THRU SEPT 2019		х		х				0.	0.	0.
(4) JOHN THOMPSON	2.00									
TREASURER BEGINNING OCT 2019		х		х				0.	0.	0.
(5) JEFF CERMINARO	2.00									
SECRETARY		х		х				0.	0.	0.
(6) DR. ROBERT L. ALBERTSON	2.00									
DIRECTOR		х						0.	0.	0.
(7) SAM BALUKOFF	2.00									
DIRECTOR THRU MAY 30, 2019		х						0.	0.	0.
(8) PAUL R. EYERLY, IV	2.00									
DIRECTOR		х						0.	0.	0.
(9) PEGGY FULLMER	2.00									
DIRECTOR		х						0.	0.	0.
(10) DR. JOHN M. KURELJA	2.00									
DIRECTOR		х						0.	0.	0.
(11) GREG MARTZ	2.00									
DIRECTOR		х						0.	0.	0.
(12) HEATHER ROWE	2.00									
DIRECTOR		х						0.	0.	0.
(13) RHONDA SEEBOLD	2.00									
DIRECTOR		х						0.	0.	0.
(14) CONNIE TRESSLER	2.00									
DIRECTOR		х						0.	Ο.	0.
(15) WENDY TRIPOLI	2.00									
DIRECTOR		х						0.	0.	0.
(16) JEFF HOLLENBACH	2.00									
DIRECTOR		х						0.	0.	0.
(17) RICHARD CASHMAN	2.00									
DIRECTOR		х						0.	0.	0.

Form 990 (2019) CENTRAL SUSQU	JEHANNA COM	MUN	ITY	FO	UND	ATI	ON		23-298	3214	1	P	9 age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)		,		C)			(D)	(E)			(F)	
Name and title	Average			Pos	-	า		Reportable	Reportable		E	stimate	od
Name and the	hours per					than o s both		compensation	compensatior			nount	
	week					s bou pr/trus		from	from related	'	a	other	
	(list any	or						the	organizations		com	ipensa	
	hours for	lirect						organization	(W-2/1099-MIS			rom th	
	related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-0013	0)		janizat	
	organizations	uster	trus		e	upen		(00-2/1099-10130)				d relat	
	below	ual tr	ional		ploy	t con						anizati	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anzan	0115
(10) N. HOLLY NORREGON	,	-	=	9	Åe	프 프	R						
(18) M. HOLLY MORRISON	45.00							100 550				~ ~	
PRESIDENT & CEO				X				128,750.		0.		39,	,854.
(19) ALBERT MEALE	40.00												
CHIEF FINANCIAL OFFICER				Х				82,160.		٥.		39,	162.
1b Subtotal		•						210,910.		0.		79,	,016.
c Total from continuation sheets to Part VI								0.		0.			0.
								210,910.		0.		79	,016.
d Total (add lines 1b and 1c)										<u> </u>		,	010.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	loye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	ich individual		-	-	-		-		-		3		x
4 For any individual listed on line 1a, is the su											<u> </u>		
												х	
and related organizations greater than \$150											4		
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or si	ıch į	bers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	npensated ind	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	he calendar ve	ear e	endir	na w	vith c	or wi	thin	the organization's tax ve	ear.				
(A)	, , , , , , , , , , , , , , , , , , ,						T	(B)			10	C)	
Name and business	address	NO	NE					Description of s	ervices	С		nsatio	n
							_						
							-+						
							-+						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100.000 of compensation from the organiz	ation 🕨				(0							

	: VII									1
		Check if Schedule O	<u>conta</u>	ains a respor	<u>ise</u>	or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						00010110 0 12
and Other Similar Amounts		Membership dues								
0 m		Fundraising events				89,393.				
ΓA		Related organizations				, .				
nila		Government grants (conti				755,663.				
Sir		All other contributions, gifts,								
her		similar amounts not included				2,265,566.				
ō	g	Noncash contributions included in				1,200,270.				
anc	-	Total. Add lines 1a-1f				►	3,110,622.			
						Business Code				
	2 a	ADMINISTRATIVE FEE	INC			541900	155,797.	155,797.		
	b									
nue	с									
Revenue	d									
æ	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				►	155,797.			
	3	Investment income (inclue	ding	dividends, in	tere	est, and				
		other similar amounts) \dots				►	1,077,425.			1,077,
	4	Income from investment of	of tax	exempt bor	nd p	roceeds 🕨 🕨				
	5	Royalties	· · <u>. · · · · · · ·</u>			►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	С	Rental income or (loss)	6c							
		Net rental income or (loss	s)							
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	4,394,7	80.					
	b	Less: cost or other basis								
		and sales expenses								
		Gain or (loss)					470.000	450.000		
		Net gain or (loss)				▶	478,096.	478,096.		
	8 a	Gross income from fundraisi	-							
		including \$								
		contributions reported on		,		24 000				
	ь.	Part IV, line 18			8a 01	34,892. 50,398.				
		Less: direct expenses			8b	50,550.	-15,506.			-15,
		Net income or (loss) from		-	15 	····· P	15,500.			± <i>J</i> ,
	9 d	Gross income from gamir	-		0-					
	۲	Part IV, line 19			9a 9b					
		Net income or (loss) from Gross sales of inventory,			<u></u>					
'	iu d	•			10a					
	h	and allowances Less: cost of goods sold			102					
+	U	Net income or (loss) from	Salt	5 OF MIVERIUN	у	Business Code				
4	11 -	LOSS ON BENEFICIAL	INT			900099	41,228.			41,3
Ine	n a b	OTHER INCOME			_	900099	21,901.	21,901.		,
ver	и С	CHANGE IN VALUE OF	CHA		_	900099	68.	68.		
Revenue	о Н	All other revenue			_					
		Total. Add lines 11a-11d					63,197.			
	-						4,869,631.	655,862.		1,103,

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	0 525 400	0 535 400		
	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.	35,39
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.	55,56
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	25,001.	5,730.	10,728.	8,54
	Legal	28,934.	6,632.	12,415.	9,88
	Accounting	6,772.	1,552.	2,906.	2,31
	Lobbying	,	,	,	,
	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,				
y	column (A) amount, list line 11g expenses on Sch O.)	9,186.	2,105.	3,139.	3,94
40		5,200.			-,,,,,
12	Advertising and promotion	11,834.	2,712.	5,078.	4,04
13	Office expenses	11,034.	2,712.	5,070.	1,01
14	Information technology				
15	Royalties	0.074	2, 296	4 290	2 40
16		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.	14,77
23	Insurance	14,313.	3,281.	6,141.	4,89
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 0.)	33,692.	7,722.	14,457.	11,51
a h	SPECIAL PROJECTS	27,221.	27,221.	±=,=5/•	11,51
b	WORKERS COMPENSATION CL	27,221.	47,441.	25,000.	
c		,	E 440	/	0 11
d	DUES AND SUBSCRIPTIONS	23,735.	5,440.	10,185.	8,11
	All other expenses	71,739.	16,442.	30,783.	24,51
5	Total functional expenses. Add lines 1 through 24e	3,864,259.	3,022,658.	524,010.	317,59
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)				

CENTRAL	SUSQUEHANNA	COMMUNITY	FOUNDATION

	990 (2 rt X	2019) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION Balance Sheet		23-2	982141 Page 11
1 01	LA	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	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.	1,298,985.	10c	1,255,753.
	11	Investments - publicly traded securities	47,974,653.	11	58,273,331.
	12	Investments - other securities. See Part IV, line 11		12	· · · ·
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	312,472.	15	353,768.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	50,741,937.	16	60,825,971.
	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,	, ,		, ,
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
bili		controlled entity or family member of any of these persons		22	
Lia	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.
		Organizations that follow FASB ASC 958, check here 🕨 🗓			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	38,078,722.	27	47,746,049.
Bala	28	Net assets with donor restrictions	312,472.	28	353,768.
1 pu		Organizations that do not follow FASB ASC 958, check here	,		
Fur		and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	38,391,194.	32	48,099,817.
z	33	Total liabilities and net assets/fund balances	50,741,937.	33	60,825,971.

Form **990** (2019)

Form	990 (2019) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-298214	1	Pa	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
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))							
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.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service					Open to Public Inspection					
			-	Go to www.irs.go	//Form990 for instruction	ons and th	ne latest il	nformation.	Employee	
nam	le or i	the organizati							Employer	identification numbe
Pa	rt I	Beason			COMMUNITY FOUNDATIC		ia nart) Cr		<u> </u>	23-2982141
									5.	
	organ		•	•	For lines 1 through 12, cl		,	• • • • • • •		
1	H				on of churches described			1)(A)(I).		
2					Attach Schedule E (Form					
3					anization described in se					Ale a la consta da Dana a consta
4			0	ation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(III). Enter	the hospital's name,
_		city, and stat		- the hear of the formation						
5		0	-		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)						
6					nental unit described in					
7					ntial part of its support fr	om a gove	ernmental	unit or from ti	ne general	oublic described in
-				Complete Part II.)						
8	X				(1)(A)(vi). (Complete Par	,				
9					in section 170(b)(1)(A)(
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					ct to certain exceptions,					
					(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
				mplete Part III.)				00(-)(4)		
11		-	-		vely to test for public sat	-				
12					ively for the benefit of, to					
				•	d in section 509(a)(1) o					Jneck the box in
-		-	-	•••	f supporting organization				-	ali da a
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c		cors or truste		ipporting
h		¬ -		complete Part IV, Se	or controlled in connect	ion with it	o ou poorte	d organizatio	n(a) by ba	lina
b	L			-	anization vested in the sa			-		-
				at complete Part IV,		ame perso	ns that co	Introl Of India	ge the supp	Jonted
с		¬ -		-	g organization operated	in connect	tion with	and functiona	lly integrate	ad with
Ū	L		-). You must complete I				ily integrate	o with,
d		- ··	•	. , .	orting organization oper			-	ted organi [.]	zation(s)
u	L		-		ation generally must sat			• •	•	.,
					nplete Part IV, Sections					
е		- ·	•	,	written determination from				II Type III	
C	L		•		nally integrated supportin			турст, турс	n, rype m	
f	Ente	er the number	•		, , , , , , , , , , , , , , , , , , , ,	0 0				
				n about the supporte	d organization(s)					
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions

Schedule A (Form 990 or 990 EZ) 2019 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

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

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

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.
	tion B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,107,705.	1,868,334.	1,366,721.	2,146,459.	3,110,622.	9,599,841.
	Gross income from interest,	, , , -	, , .	, , -	, , -	, , -	, , .
Ŭ	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	_,,	,	,	,	_,,	-,,
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						14 255 104
	Total support. Add lines 7 through 10						14,255,104.
	Gross receipts from related activities,		,				1,096,514.
13	First five years. If the Form 990 is for	•			2		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage		<u></u>		····· ►
				(f)		44	59.46 %
	Public support percentage for 2019 (I		•			14	50.00
	Public support percentage from 2018					15	/0
168	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"		•	· · ·	•		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•	•			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 c	or 990-EZ) 2019	CENTRAL	SUSQUEHANNA	COMMUNITY	FOUNDATION

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
U	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
Ł	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 (f) Total
	,	(a) 2015	(0) 2010	(0) 2017	(u) 2018	(e) 20	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital 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	•					• ·
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2018. If the	-	•				1/3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
-							

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1

2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b

Schedule A (Form 990 or 990-EZ) 2019 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

			No.	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	<i>.</i>		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instantion)</i>	tructions	.)	
2	Activities Test. Answer (a) and (b) below.	a douono,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form	990 or 99	90-EZ)	2019

Schedule A (Form 990 or 990-EZ) 2019

	0-EZ) 2019 CENTRAL SUSQUEHANNA COMMUNITY FOU			23-2982141 Page 6
	n-Functionally Integrated 509(a)(3) Supportin			
	e organization satisfied the Integral Part Test as a qualifyi	0	, , ,	Part VI). See instructions. A
other Type III no	on-functionally integrated supporting organizations must c	omplete Se	ections A through E.	(B) Current Year
Section A - Adjusted Net I	ncome		(A) Prior Year	(optional)
1 Net short-term capital	qain	1		
2 Recoveries of prior-ye	-	2		
3 Other gross income (s		3		
4 Add lines 1 through 3		4		
5 Depreciation and dep		5		
	xpenses paid or incurred for production or			
	ome or for management, conservation, or			
-	rty held for production of income (see instructions)	6		
7 Other expenses (see i		7		
· · · · ·	(subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asse			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market	value of all non-exempt-use assets (see			
instructions for short	ax year or assets held for part of year):			
a Average monthly valu	e of securities	1a		
b Average monthly cash	balances	1b		
c Fair market value of o	ther non-exempt-use assets	1c		
d Total (add lines 1a, 1)	o, and 1c)	1d		
e Discount claimed for	blockage or other			
factors (explain in det	ail in Part VI):			
2 Acquisition indebtedn	ess applicable to non-exempt-use assets	2		
3 Subtract line 2 from li	ne 1d.	3		
4 Cash deemed held for	r exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exen	npt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-ye	ar distributions	7		
8 Minimum Asset Amo	unt (add line 7 to line 6)	8		
Section C - Distributable A	mount			Current Year
1 Adjusted net income	or prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.		2		
	nt for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2		4		
5 Income tax imposed i		5		
	t. Subtract line 5 from line 4, unless subject to			
	reduction (see instructions).	6		
7 Check here if th	e current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

	Schedule A (Form 990 or 990-EZ) 2019	CENTRAL	SUSQUEHANNA	COMMUNITY	FOUNDATION
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Par	't V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
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			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able 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)			
i_	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			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a cd Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

Hame of the organizate			
	CENTRAL	SUSQUEHANNA COMMUNITY FOUNDATION	23-2982141
Organization type (che	eck one):		
Filers of:	Sect	ion:	
Form 990 or 990-EZ	X	501(c)(³) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990-PF		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check if your organizati	ion is cover	red by the General Rule or a Special Rule.	
Note: Only a section 50	01(c)(7), (8),	or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule			
For an organiz	ation filing	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or

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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Part I

(a) No.

1

(a) No.

2

Page **2**

Employer identification number

С

ENTRAL SUSQUEHANNA COMMUNITY FOUNDATI	TY FOUNDATIO
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USQUEHANNA COMMUNITY FOUNDATION		23-2982141
Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$87,983.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person X

		\$325,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Name of organization

Employer identification number

23-2982141

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	Eadditional apaga is paadad	
	is the set of the set		r
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Page 3

Page **4**

Name of o	organization		Employer id	entification number	
CENTRAL	SUSQUEHANNA COMMUNITY FOUNDATION		23-298	32141	
Part III	-	through (e) and the following line entry	For organizations		
	Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or les	for the year. (Enter this into, once.) 🚩 🍳		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held	
			_		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra	nsferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of hor	w gift is held	
			_		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held	
		(e) Transfer of gift	_		
	Transferee's name, address, a		Relationship of transferor to tra	nsferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held	
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra	nsferee	

SCHEDULE D)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	CENTRAL SUSQUEHANNA COMMUNIT		23-2982141
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	38	
2	Aggregate value of contributions to (during year)	264,687.	
3	Aggregate value of grants from (during year)	186,168.	
4	Aggregate value at end of year	4,058,082.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fur	lds
	are the organization's property, subject to the organization's ex	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	• •	· · · ·	
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recreation	<u> </u>	orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a co	onservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			2b
b	Number of conservation easements on a certified historic structure	atura included in (a)	20 2c
C d	Number of conservation easements included in (c) acquired af		
d		,	2d
3	listed in the National Register		
3		ased, extinguished, or terminated by the organ	lization during the tax
4	year ► Number of states where property subject to conservation ease	mont is located	
4			
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	and ing of violations, and emorcing conservati	on easements during the year
7	Amount of our provide in months in a continue to a set of the set		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation ea	asements during the year
~			
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial statements th	hat describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or Other	Similar Assots
Fai			Similar Assets.
	Complete if the organization answered "Yes" on Form S		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		nce of public
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheranc	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			. 🕨 \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gain,	
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		. 🕨 \$
b			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

Sche		QUEHANNA COMMUN					3-298		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her S	imilar A	ssets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mal	ke signi	ficant use	of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е		0 1 0						
c	Preservation for future generations									
4										
5										
Ŭ	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang						∟ Part IV I			
	reported an amount on Form 990, Par				01110	1111 000, 1	arriv, i	ine 0, 0i		
10	Is the organization an agent, trustee, custodia		any for contribution	or other assets	not incl	udod				
Id								Yes	x	No
L	on Form 990, Part X?						∟	lites		
b	If "Yes," explain the arrangement in Part XIII a	and complete the long	Swing table.					A		
	De sinsi e statement							Amoun	τ	
	Beginning balance									
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f	v	7		1
	Did the organization include an amount on Fo				-		🔺	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on Part	XIII				X	<u> </u>
Fai	t V Endowment Funds. Complete in									
		(a) Current year	(b) Prior year	(c) Two years ba		Three year				
	Beginning of year balance	37,039,000.	40,566,100.			35,561			,802,	
	Contributions	3,365,000.	777,700.			2,226		1	,364,	
	Net investment earnings, gains, and losses	8,228,100.	-2,567,800.			2,349			215,	
	Grants or scholarships	1,378,600.	1,079,800.	2,551,30	0.	2,018	,100.	1	,791,	100.
е	Other expenditures for facilities				_					
	and programs	243,000.	96,000.				,800.		459,	
f	Administrative expenses	614,400.	561,200.				,100.		570,	
g	End of year balance	46,396,100.	37,039,000.	41,022,00	0.	37,160	,300.	35	,561,	100.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100.00	_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for	or the o	rganizatio	n			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Par	t X, line	e 10.				
	Description of property	(a) Cost or ot basis (investm	• • •	or other ((other)	'	imulated ciation		(d) Boo	k value	Э
1a	Land			95,324.					95,	324.
	Buildings		1	,417,493.		395,06	1.	1	,022,	432.
	Leasehold improvements			· · · · · · · · · · · · · · · · · · ·					,	
	Equipment			31,424.		31,42	4.			0.
	Other			291,713.		, 153,71			137,	
	. Add lines 1a through 1e. (Column (d) must en		(column (P) line 1	,		,		1	,255,	
Tota		<u>uuai Fuitti 990, Paft X</u>	<u>, column (B), line h</u>	JU.J				-	/	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATIO	ЛС
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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.	
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)	
(5)	
(5) (6)	
(5) (6) (7)	

Iotal. (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

Sche	dule D (Form 990) 2019 CENTRAL SUSQUEHANNA COMMUNITY FOUN			23-29821	41 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	tements With F	Revenue per Re ⁻	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:				
а	Net unrealized gains (losses) on investments	2a	6,921,026.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	125,208.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	125,612.		
b	Other (Describe in Part XIII.)	4b	-50,398.		
С	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.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	238,997.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	125,612.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	125,612.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	3,864,259.
Pa	rt 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	-50.308	
FUNDRALSING EAFENSES	-50,398.	
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.	

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047			
(Form 990 or 990-EZ)	(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019		
Department of the Treasury								Open to Public		
Internal Revenue Service Name of the organization								Inspection dentification number		
							23-2982			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
required to complete this part.										
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
(i) Name and address or entity (fund	s of individual	(ii) Activity	have or con	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (e	Amount paid or retained by fundraiser ted in col. (i)	y) to (or retained by)		
			Yes	No						
Total										
 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. 										

Cash prizes

23-2982141 Page 2

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 ROBINSON GOLD	(c) Other events	(d) Total events
			HOLIDAY HAPPENINGS		3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anı				(/	(
Revenue	1	Gross receipts	49,202.	34,341.	40,742.	124,285.
ш	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.
	4	Cash prizes				
	5	Noncash prizes		2,340.	1,589.	3,929.
Direct Expenses	6	Rent/facility costs	21,510.	3,104.	3,259.	27,873.
ect Exp	7	Food and beverages		2,593.	4,758.	7,351.
Ō	8	Entertainment				
	9	Other direct expenses	1,350.	1,374.	8,521.	11,245.
	10	Direct expense summary. Add lines 4 through			►	50,398.
	11	Net income summary. Subtract line 10 from li				
Pa	nrt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
anc			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				

S	2	Cash phzes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	۱5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes N
b	lf "	No," explain:				
		, I				

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

2

Yes

No

Sch	nedule G (Form 990 or 990-EZ) 2019 CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 2	23-298214	41	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
ł	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	c If "Yes," enter name and address of the third party:			
	Name ►			
	Address 🕨			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			_
	retain the state gaming license?		Yes	No No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1 Part III, lir	nes 9,	9b, 10b,

raitiv	Supplemental Information (continued)

SCHEDULE I (Form 990)		Go	Frants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www ir	Attach to Form s.gov/Form990 fo		nation		Open to Public Inspection
Name of the organization	CENTRAL SUSQUE	HANNA COMMUNI		3.gov/1 0111050 10				Employer identification number 23-2982141
Part I General Inform	mation on Grants an							
criteria used to aware	d the grants or assist	tance?					stance, and the selecti	
Part II Grants and Ot	ther Assistance to D	Domestic Organiz	zations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that r	received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.	(f) Mathad of	1	
1 (a) Name and addres or govern	• I	(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	5	61-1591692	501(C)(3)	57,558.	0.			ADDRESSING LIFE'S CHALLENGES
ANDREW RUSSELL CHARI FOUNDATION - 1251 WA PLACE, FLOOR 4 - PIT 15222	ATERFRONT	25-6619892	501(C)(3)	8,000.	0.			ALL INCLUSIVE NON BARRIER PLAYGROUND
BENTON AREA SCHOOL E 600 GREEN ACRES ROAE 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 CH 70 WESLEY STREET STILLWATER, PA 17878		23-2769892	CHURCH	8,300.	0.			SUPPLEMENTAL FUEL ASSISTANCE PROGRAM
BERWICK (CHRISTMAS) ASSOCIATION - PO BOX BERWICK, PA 18603	<u> 892 -</u>	47-5349300		33,872.	0.			BOULEVARD ELECTRICAL IMPROVEMENTS
	()()	0	ganizations listed in the	e line 1 table				58.
3 Enter total number of LHA For Paperwork Rec								▶ 16. Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 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.)

24-6000568 GOVERNMENT

BERWICK, PA 18603

(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							

35,000.

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23-2982141

DRUG SAFETY PROJECT

Schedule I (Form 990)

Page 1

Schedule I (Form 990) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

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

24-0795392 501(C)(3)

COURT - BLOOMSBURG, PA 17815

(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
							REDUCING FOOD INSECURITY
CENTRAL PA FOOD BANK							RATES THROUGH ROBUST
3908 COREY ROAD							YOUTH PROGRAMS IN
HARRISBURG, PA 17109	23-2202250	501(C)(3)	5,900.	0.			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							AGENCY ENDOWMENT PAYOUT
DANVILLE, PA 17821	24-0826171	CHURCH	75,100.	0.			2019
COLUMBIA CHILD DEVELOPMENT PROGRAM 215 E. 5TH STREET							INTEGRATED POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS FOR CHILDREN
BLOOMSBURG, PA 17815	23-1877155	501(C)(3)	40,750.	0.			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							AGENCY ENDOWMENT PAYOUT

20,274.

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Schedule I (Form 990)

2019

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Page 1

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

23-1995911 501(C)(3)

DANVILLE, PA 17822

(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							

32,291.

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Schedule I (Form 990)

KIDNEY CARE PROJECT

23-2982141

Schedul<u>e I (Form 990)</u> CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

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

20-4095028 501(C)(3)

MIDDLEBURG, PA 17842

		v				, ,	
(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		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 COMMUNITY

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Schedule I (Form 990)

PROJECTS, INC.

23-2982141

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

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(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							MAINTENANCE AND OPERATION
DANVILLE, PA 17821	26-1859983	GOVERNMENT	14,600.	0.			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 -							N4C'S YOUTH PROGRAMMING
BENTON, PA 17814	23-3079237	501(C)(3)	28,300.	0.			SUPPORT
NODMINIECH ADEA CONOCI DI CHDICH							
NORTHWEST AREA SCHOOL DISTRICT 243 THORNE HILL ROAD							
SHICKSHINNY, PA 18655	23-1654941	GOVERNMENT	24,473.	0.			JUMPSTART
			,_,_,				
ORANGEVILLE PUBLIC LIBRARY							EXPANSION OF ORANGEVILLE
301 MILL STREET							PUBLIC LIBRARY TO ADD
ORANGEVILLE, PA 17859	23-3075659	501(C)(3)	16,700.	0.			CHILDREN'S ROOM
PA PETS INC.							
203 EAST 5TH STREET							GREATER BERWICK
BLOOMSBURG, PA 17815	23-2282512	501(C)(3)	6,200.	0.			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
	20 0103380	501(0)(5)	5,000.	0.			DIGINITIATION DUFFORT
ROCKY BOXING CLUB ASSOCIATION							
329 WEST THIRD STREET							
BERWICK, PA 18603	81-2095830	501(C)(3)	11,600.	٥.			R.O.C.K.Y. BOXING CLUB

Schedule I (Form 990)

23-2982141

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

23-1683857 GOVERNMENT

NEW BERLIN, PA 17855

(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 - SELINSGROVE, PA 17870	46-3844013	501(C)(3)	27,200.	0.			ORGANIZATION SUPPORT
SNYDER COUNTY LIBRARIES, INC. 1 NORTH HIGH STREET SELINSGROVE, 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							CNC UPGRADES AND 3D

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Schedule I (Form 990)

MACHINING

23-2982141

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

23-1669490 GOVERNMENT

TURBOTVILLE, PA 17772

(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 - SELINSGROVE, 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							60 FOR 60 CAMPAIGN FUNDS

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Schedule I (Form 990)

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23-2982141

Schedule I (Form 990) CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

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

					1 <i>n</i>	,	
(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							NACC MILK AND EGG
NESCOPECK, PA 18635	24-6021283	CHURCH	10,700.	0.			DISTRIBUTION
WESTERN PENNSYLVANIA SLOVAK							
CULTURAL ASSOCIATION - MANOR OAK							
TWO, SUITE 500 - PITTSBURGH, PA							2019 SCHOLARSHIP
15220	23-2897407	501(C)(3)	5,400.	0.			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							WQSU NEXGEN DIGITAL
SELINSGROVE, PA 17870	23-1353385	501(C)(3)	5,000.	0.			AUTOMATION SYSTEM
							WVIA'S PBS KIDS IN THE
WVIA							CLASSROOM - HEALTH AND
100 WVIA WAY							WELLNESS FOCUS FOR
PITTSTON, PA 18640-9606	23-1663603	501(C)(3)	6,806.	0.			BERWICK AREA ELEMENTARY

23-2982141 Page 1

Schedule I (Form 990) (2019)

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Page 2

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: WVIA'S PBS KIDS IN THE CLASSROOM -

HEALTH AND WELLNESS FOCUS FOR BERWICK AREA ELEMENTARY SCHOOLS

SC	HEDULE J	Compensation Information	OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	19	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			
	tment of the Treasury	Attach to Form 990.	Open t		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		ection	
man	e of the organizatior		nployer identificat 23-2982141	ion nu	mber
Pa	rt I Question	CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION S Regarding Compensation	23-2982141		
14				Yes	No
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 990	,	Tes	
Id		line 1a. Complete Part III to provide any relevant information regarding these items.	,		
	First-class or c		0.00		
	Travel for com				
		ation and gross-up payments I Health or social club dues or initiation fees			
		spending account Personal services (such as maid, chauffeur, c	:hef)		
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
		rovision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's			
-		ctor. Check all that apply. Do not check any boxes for methods used by a related organization to	o		
		ation of the CEO/Executive Director, but explain in Part III.			
	Compensation				
	·	ompensation consultant X Compensation survey or study			
		ther organizations X Approval by the board or compensation com	mittee		
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 re				
а	•	e payment or change-of-control payment?	4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?			x
с		eive payment from, an equity-based compensation arrangement?			X
		es 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 of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the re				
а	The organization?		5a		X
b	Any related organiz	ation?	5b		X
		r 5b, describe in Part III.			
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the n				
а	The organization?	-	6a		х
		ation?			X
		r 6b, describe in Part III.			
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
		es 5 and 6? If "Yes," describe in Part III	7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	-				х
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in			
		53.4958-6(c)?			
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990) 2019

Schedule J (Form 990) 2019

23-2982141

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.

		(P) Prockdown of	W-2 and/or 1099-MI	SC componention	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) M. HOLLY MORRISON	(i)	128,750.	0.	0.		33,416.	168,604.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

19 ſ ZU **Open to Public** Inspection

Employer identification number

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

-				
	CENTRAL	SUSQUEHANNA	COMMUNITY	FOUNDATION

	CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 23-2								
Pa	t 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	r	() Method of noncash contril		•	5
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.	MARK	ET VALUE			
10	Securities - Closely held stock			, ,					
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
10	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19									
20	Food inventory Drugs and medical supplies								
20									
21	Taxidermy								
	Historical artifacts								
23	Scientific specimens								
24 05	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()		 						
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	83, Part IV, I	Jonee Acknowledg	gement 29				Yes	N
20-	During the year did the exception reactive by	(contributio		arted in Dart L lines 1 through	h 00	that it		res	No
30a	During the year, did the organization receive by	•							
	must hold for at least three years from the date						20-		х
	exempt purposes for the entire holding period?	·					<u>30a</u>		
	If "Yes," describe the arrangement in Part II.	aliov that re	a visco the service of	of any nonotondard contribut	iono0		01	х	
31	Does the organization have a gift acceptance p	•	-	-	IONS?		. 31	~	
32a	Does the organization hire or use third parties		•				00		v
	contributions?						32a		X
	If "Yes," describe in Part II.			An and the set of the set					
33	If the organization didn't report an amount in c	oiumn (c) foi	r a type of property	r for which column (a) is chec	жеd,				
	describe in Part II.								

Schedule M	(Form 990) 2019	CENTRAL	SUSQUEHANNA	COMMUNITY	FOUNDATION	1		23-2982141	Page 2
Part II	Supplemental	t I, column	(b), the number (the information of contributions	required by F s, the number	Part I, lines 30b, 3 of items received	2b, and 33, a I, or a combin	nd whether the organi ation of both. Also co	zation

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on	EZ 0MB No. 1545-0047 2010
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	Open to Public Inspection
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information.	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 TO	DAY AND FOR GENERATIONS TO COME, WHILE ACHIEVING	
DONORS' INTENTIONS	. THE COMMUNITY FOUNDATION PROVIDES A VEHICLE FOR	
INDIVIDUALS, BUSIN	ESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR	
COMMUNITY THROUGH	CHARITABLE GIVING.	
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
INDIVIDUALS, BUSIN	ESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR	
COMMUNITY THROUGH	CHARITABLE GIVING.	
FORM 990, PART VI,	SECTION B, LINE 11B:	
FORM 990 IS REVIEW	ED 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 NOTE	BOOK OF INFORMATION GIVEN TO NEW DIRECTORS WHEN THEY COME	
ON THE BOARD. IN	ADDITION, EACH OFFICER, DIRECTOR, AND EMPLOYEE IS GIVEN A	
CONFLICT OF INTERE	ST QUESTIONNAIRE TO FILL OUT AND SIGN AT THE ANNUAL	
MEETING EVERY JANU	ARY.	
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

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
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	
SELECTED BASED ON THE NEEDS OF THE ORGANIZATION. THIS PROCESS HAS NOT	

(Rev. January 2020)

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	n 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	Name of exempt organization or other filer, see instructions.				Faxpayer identification number (TIN)		
print	CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION				23-2982141		
File by the due date for filing your	the te for Number, street, and room or suite no. If a P.O. box, see instructions. ^{our} 725 WEST FRONT STREET						
return. See instructions.	City, town or post office, state, and ZIP code. For a BERWICK, PA 18603	a foreign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for	(file a separat	e application for each return)			0 1	
Applicatio	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	BL	02	Form 1041-A			08	
Form 472	0 (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)			Form 8870				
Teleph ● If the o ● If this is box ▶ [1 I rec the ▶ [oks are in the care of $\searrow \frac{725 \text{ WEST FRONT STREE}}{725 \text{ WEST FRONT STREE}}$ one No. $\bigtriangleup \frac{570-752-3930}{725 \text{ ganization}}$ rganization does not have an office or place of busines s for a Group Return, enter the organization's four dig \bigcirc . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until organization named above. The extension is for the o \boxed{X} calendar year 2019 or \bigcirc tax year beginning \bigcirc e tax year entered in line 1 is for less than 12 months \bigcirc Change in accounting period	ess in the Uni it Group Exe and atta NOVEMBE rganization's	Fax No. ►	. If this is fo of all memb	r the whole ers the exte npt organiza	group, check this nsion is for.	
	is application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069, e	enter the tentative tax, less			0	
	nonrefundable credits. See instructions.	<u> </u>	and from the latter state of the state	<u>3a</u>	\$	0.	
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0	
	mated tax payments made. Include any prior year over			<u>3b</u>	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your		, I , j			•	
usir	ng EFTPS (Electronic Federal Tax Payment System). S	see instructio	ns.	3c	\$	Ο.	

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

Form 8868 (Rev. 1-2020)