

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization COMMUNITY GIVING FOUNDATION		D Employer identification number 23-2982141
	Doing business as		E Telephone number 570-752-3930
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 725 WEST FRONT STREET		
	City or town, state or province, country, and ZIP or foreign postal code BERWICK, PA 18603		
	F Name and address of principal officer: KARA SEESHOLTZ SAME AS C ABOVE		G Gross receipts \$ 9,229,915.
I Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(a) Is this a group return for subordinates? Yes ☒ No	
J Website: WWW.CSGIVING.ORG		H(b) Are all subordinates included? Yes No	
K Form of organization: ☒ Corporation Trust Association Other		H(c) Group exemption number	
L Year of formation: 1998		M State of legal domicile: PA	

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR PURPOSE IS TO ENCOURAGE INCREASED PHILANTHROPY THAT WILL BENEFIT THE CHARITIES AND			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	8	
	6 Total number of volunteers (estimate if necessary)	6	332	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	3,765,706.	6,353,411.	
	9 Program service revenue (Part VIII, line 2g)	83,774.	86,292.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,601,239.	2,548,730.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241,891.	223,072.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,692,610.	9,211,505.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,111,139.	3,220,919.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	696,542.	645,383.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) 389,085.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	509,305.	680,547.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,316,986.	4,546,849.	
	19 Revenue less expenses. Subtract line 18 from line 12	2,375,624.	4,664,656.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	73,849,948.	84,164,407.	
	21 Total liabilities (Part X, line 26)	6,126,942.	6,606,751.	
22 Net assets or fund balances. Subtract line 21 from line 20		67,723,006.	77,557,656.	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		Date	
	KARA SEESHOLTZ, PRESIDENT AND CEO Type or print name and title			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☒ if self-employed PTIN
	JAMES P. SHELLENBERGER	JAMES P. SHELLENBERG	06/11/25	P02449735
	Firm's name	Firm's EIN		
	MCKONLY & ASBURY, LLP	23-1909723		
	Firm's address	Phone no.		
	415 FALLOWFIELD ROAD CAMP HILL, PA 17011	717-761-7910		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

OUR PURPOSE IS TO ENCOURAGE INCREASED PHILANTHROPY THAT WILL BENEFIT THE CHARITIES AND COMMUNITIES LOCATED IN THIS REGION, IMPROVING THE QUALITY OF LIFE TODAY AND FOR GENERATIONS TO COME, WHILE ACHIEVING DONORS' INTENTIONS. THE COMMUNITY FOUNDATION PROVIDES A VEHICLE FOR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

4a (Code:) (Expenses \$ 3,579,876. including grants of \$ 3,220,919.) (Revenue \$ 836,459.)

THE COMMUNITY GIVING FOUNDATION (CGF) SERVES COLUMBIA, MONTGOMERY, NORTHUMBERLAND, SNYDER, UNION AND LOWER LUZERNE COUNTIES. CGF HAS 411 FUNDS, INCLUDING FUNDS WITHOUT DONOR RESTRICTIONS, FIELD OF INTEREST, DONOR-ADVISED, AGENCY ENDOWMENT, CHARITABLE GIFT ANNUITY AND SCHOLARSHIP FUNDS. THE FOUNDATION CONTINUES 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. THE PROGRAM OFFICE FULFILLED ALL

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,579,876.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 18	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part 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	X	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c 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		
e 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		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	17			
b Enter the number of voting members included on line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			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 appoint 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, stockholders, 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 by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on 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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
AL MEALE, CFO - 570-752-3930
725 WEST FRONT STREET, BERWICK, PA 18603

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARA SEESHOLTZ PRESIDENT & CEO	45.00			X				127,373.	0.	12,972.
(2) ALBERT MEALE CHIEF FINANCIAL OFFICER	40.00			X				101,141.	0.	31,813.
(3) HARRY MATHIAS CHAIR	2.00			X				0.	0.	0.
(4) MARISSA MARSHALL GOLLA VICE CHAIR	2.00			X				0.	0.	0.
(5) WENDY TRIPOLI SECRETARY	2.00			X				0.	0.	0.
(6) JULIE ERIKSSON TREASURER	2.00			X				0.	0.	0.
(7) BERNADETTE BOERCKEL DIRECTOR	2.00	X						0.	0.	0.
(8) RICHARD CASHMAN DIRECTOR	2.00	X						0.	0.	0.
(9) JEFF CERMINARO DIRECTOR	2.00	X						0.	0.	0.
(10) JEFFREY ERDLY DIRECTOR	2.00	X						0.	0.	0.
(11) MICHAEL GORESH DIRECTOR	2.00	X						0.	0.	0.
(12) EMILY GORSKI DIRECTOR	2.00	X						0.	0.	0.
(13) JOHN GRABUSKY DIRECTOR	2.00	X						0.	0.	0.
(14) JEFF HOLLENBACH DIRECTOR	2.00	X						0.	0.	0.
(15) CYNTHIA LOMBARD DIRECTOR	2.00	X						0.	0.	0.
(16) RYAN MCNALLY DIRECTOR	2.00	X						0.	0.	0.
(17) ANGELA MOTTO DIRECTOR	2.00	X						0.	0.	0.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	455.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	136,413.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,216,543.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 451,561.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a ADMINISTRATIVE FEE INCOME	Business Code	541900	86,292.	86,292.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			86,292.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,919,654.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	0.				
c Gain or (loss)		7c	629,076.				
d Net gain or (loss)			629,076.				
8 a Gross income from fundraising events (not including \$ 455. of contributions reported on line 1c). See Part IV, line 18		8a	52,410.				
b Less: direct expenses		8b	18,410.				
c Net income or (loss) from fundraising events				34,000.			34,000.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CHANGE IN VALUE OF CHARITABLE REM	Business Code	900099	89,143.	89,143.		
	b GAIN ON BENEFICIAL INTEREST IN PE		900099	67,981.			67,981.
	c TRUST INCOME RECLASS		900099	27,306.	27,306.		
	d All other revenue		900099	4,642.	4,642.		
	e Total. Add lines 11a-11d			189,072.			
	12 Total revenue. See instructions			9,211,505.	836,459.	0.	2021635.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,760,241.	2,760,241.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	460,678.	460,678.		
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	273,299.	81,990.	98,387.	92,922.
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	278,487.	83,546.	100,256.	94,685.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	93,597.	28,079.	33,695.	31,823.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	1,820.	546.	655.	619.
c Accounting	29,800.	8,940.	10,728.	10,132.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	147,744.		147,744.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	20,693.	6,208.	7,449.	7,036.
12 Advertising and promotion	23,131.	6,940.	8,327.	7,864.
13 Office expenses	20,604.	6,181.	7,418.	7,005.
14 Information technology				
15 Royalties				
16 Occupancy	12,965.	3,890.	4,667.	4,408.
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	43,544.	13,063.	15,676.	14,805.
23 Insurance	14,452.	4,335.	5,203.	4,914.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPECIAL PROJECTS	166,423.	55,450.	66,540.	44,433.
b DUES AND SUBSCRIPTIONS	57,920.	17,377.	20,850.	19,693.
c COMMUNITY EVENTS	54,378.	16,313.	19,576.	18,489.
d REPAIRS AND MAINTENANCE	36,369.	10,886.	12,465.	13,018.
e All other expenses	50,704.	15,213.	18,252.	17,239.
25 Total functional expenses. Add lines 1 through 24e	4,546,849.	3,579,876.	577,888.	389,085.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,754,010.	2	1,602,860.
	3 Pledges and grants receivable, net	144,508.	3	66,508.
	4 Accounts receivable, net	73,532.	4	104,697.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,813,942.		
	b Less: accumulated depreciation	10b 772,922.	10c	1,041,020.
	11 Investments - publicly traded securities	69,703,823.	11	80,406,732.
	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	1,089,511.	15	942,590.
16 Total assets. Add lines 1 through 15 (must equal line 33)	73,849,948.	16	84,164,407.	
Liabilities	17 Accounts payable and accrued expenses	9,043.	17	146,504.
	18 Grants payable	348,788.	18	419,838.
	19 Deferred revenue	23,150.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,745,961.	21	6,040,409.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,126,942.	26	6,606,751.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	66,633,495.	27	76,615,066.
	28 Net assets with donor restrictions	1,089,511.	28	942,590.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	67,723,006.	32	77,557,656.
	33 Total liabilities and net assets/fund balances	73,849,948.	33	84,164,407.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,211,505.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,546,849.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,664,656.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	67,723,006.
5	Net unrealized gains (losses) on investments	5	5,169,994.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	77,557,656.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

23-2982141

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5030102.	3536649.	2080762.	3765706.	6355911.	20769130.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5030102.	3536649.	2080762.	3765706.	6355911.	20769130.
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)						
6 Public support. Subtract line 5 from line 4.						20769130.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5030102.	3536649.	2080762.	3765706.	6355911.	20769130.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	908,552.	1562581.	1328081.	1631585.	1919654.	7350453.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					189,072.	189,072.
11 Total support. Add lines 7 through 10						28308655.
12 Gross receipts from related activities, etc. (see instructions)					12	1,207,415.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	73.37	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	68.57	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			☒
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			☐
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			☐
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
			☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

COMMUNITY GIVING FOUNDATION

23-2982141

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

COMMUNITY GIVING FOUNDATION

23-2982141

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,806,196.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,110,887.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>498,901.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>251,300.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>99,587.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>88,517.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY GIVING FOUNDATION

23-2982141

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 65,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 51,357.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 50,950.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COMMUNITY GIVING FOUNDATION	23-2982141

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 37,050.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 29,017.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 27,611.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		\$ 25,100.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

23-2982141

Part I

[illegible]

Employer identification number

23-2982141

Part II

[illegible]

Name of organization	Employer identification number
COMMUNITY GIVING FOUNDATION	23-2982141

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

COMMUNITY GIVING FOUNDATION

Employer identification number

23-2982141

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes	☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	63,986,700.	55,220,100.	72,933,800.	66,177,700.	52,351,100.
b Contributions	6,235,785.	3,129,500.	871,600.	530,500.	7,878,000.
c Net investment earnings, gains, and losses	7,343,267.	8,833,400.	-11,307,700.	8,085,100.	7,806,100.
d Grants or scholarships	2,936,259.	2,248,900.	1,903,900.	994,600.	1,261,500.
e Other expenditures for facilities and programs	83,423.	84,700.	4,536,100.	73,200.	
f Administrative expenses	914,072.	862,700.	837,600.	791,700.	596,000.
g End of year balance	73,631,998.	63,986,700.	55,220,100.	72,933,800.	66,177,700.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 100 %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☒ Yes ☐ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		95,324.		95,324.
b Buildings		1,417,493.	576,558.	840,935.
c Leasehold improvements				
d Equipment		76,624.	76,624.	0.
e Other		224,501.	119,740.	104,761.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,041,020.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	14,254,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,169,994.
b	Donated services and use of facilities	2b	2,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,172,494.
3	Subtract line 2e from line 1	3	9,082,171.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	147,744.
b	Other (Describe in Part XIII.)	4b	-18,410.
c	Add lines 4a and 4b	4c	129,334.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,211,505.

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

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

1	Total expenses and losses per audited financial statements	1	4,420,015.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,500.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	18,410.
e	Add lines 2a through 2d	2e	20,910.
3	Subtract line 2e from line 1	3	4,399,105.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	147,744.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	147,744.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,546,849.

Part XIII Supplemental Information

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

PART V, LINE 4:

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.

THE "THREE YEARS BACK" BEGINNING OF YEAR BALANCE WAS RESTATED BY \$5,955,000 TO INCLUDE AN INVESTMENT IN A PRIVATE COMPANY. THE FOUNDATION WAS THE BENEFICIARY OF A TRUST THAT HAD PREVIOUSLY HELD THE INVESTMENT. THE FOUNDATION'S ENDOWMENT FUNDS PROVIDE A VEHICLE FOR INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR COMMUNITY THROUGH CHARITABLE GIVING.

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE.

THE FOUNDATION ADHERES TO THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (ASC 740). ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS). ASC 740 MANDATES THAT ORGANIZATIONS EVALUATE ALL MATERIAL INCOME TAX POSITIONS FOR PERIOD THAT REMAIN OPEN UNDER APPLICABLE

Part XIII Supplemental Information (continued)

STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION. AN ORGANIZATION CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS A "MORE LIKELY THAN NOT" (I.E. MORE THAN 50 PERCENT) CHANCE OF BEING SUSTAINED ON ITS TECHNICAL MERITS. DURING 2024, THE FOUNDATION HAS TAKEN NO MATERIAL TAX POSITIONS ON ITS APPLICABLE TAX FILINGS THAT DO NOT MEET THE MORE LIKELY THAN NOT THRESHOLD. AS A RESULT, NO AMOUNT FOR UTPS HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO THE FISCAL YEAR ENDED DECEMBER 31, 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -18,410.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 18,410.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

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

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
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
- 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.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

- 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ROTARY	ROBINSON	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	16,923.	35,942.		52,865.
	2 Less: Contributions	455.			455.
	3 Gross income (line 1 minus line 2)	16,468.	35,942.		52,410.
Direct Expenses	4 Cash prizes	720.	850.		1,570.
	5 Noncash prizes		1,479.		1,479.
	6 Rent/facility costs	3,072.	4,125.		7,197.
	7 Food and beverages	3,392.	3,376.		6,768.
	8 Entertainment				
	9 Other direct expenses	1,361.	35.		1,396.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				18,410.
11 Net income summary. Subtract line 10 from line 3, column (d)					34,000.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	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 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

COMMUNITY GIVING FOUNDATION

Employer identification number

23-2982141

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3P RIDE 415 ZARFOSS DRIVEYORK, PA 17404	82-2139821	501(C)(3)	28,409.	0.			HEALTH & HUMAN SERVICES
A COMMUNITY CLINIC INC. 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)	54,500.	0.			HEALTH & HUMAN SERVICES
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY (ALEXANDER) - 851 RAILROAD STREET - BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	128,400.	0.			YOUTH & RECREATION
AMERICAN RED CROSS*431 18TH STREET N.W. WASHINGTON, WA 20006	53-0196605	501(C)(3)	11,098.	0.			HEALTH & HUMAN SERVICES
BENTON AREA SCHOOL DISTRICT (GEFFKEN) - 600 GREEN ACRES ROAD - BENTON, PA 17814	23-1667659	SCHOOL	7,900.	0.			YOUTH & RECREATION
BENTON BOROUGH POLICE DEPARTMENT 420 AIRPORT ROAD BENTON, PA 17814	24-6000567	GOVT	9,125.	0.			HEALTH & HUMAN SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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	SCHOOL	93,031.	0.			YOUTH & RECREATION
BERWICK AREA SWIMMING POOL INC. (KISHBAUGH) - PO BOX 64 - BERWICK, PA 18603	47-3527281	501(C)(3)	20,300.	0.			YOUTH & RECREATION
BERWICK AREA UNITED WAY (SHORTLIDGE) - 107 SOUTH MARKET STREET SUITE 6 - BERWICK, PA 18603	24-0831490	501(C)(3)	36,573.	0.			HEALTH & HUMAN SERVICES
BERWICK AREA YMCA (PAJOVICH) 231 WEST THIRD STREET BERWICK, PA 18603	24-0813665	501(C)(3)	25,711.	0.			HEALTH & HUMAN SERVICES
BERWICK ARTS ASSOCIATION (DIRECTOR) - 309 EAST 4TH ST. - BERWICK, PA 18603	87-0815352	501(C)(3)	20,200.	0.			ARTS & CULTURE
BERWICK BOROUGH POLICE DEPARTMENT 1800 NORTH MARKET STREET BERWICK, PA 18603	24-6000568	GOVT	10,000.	0.			HEALTH & HUMAN SERVICES
BERWICK HISTORICAL SOCIETY (STOUT) PO BOX 301 BERWICK, PA 18603	23-2019266	501(C)(3)	26,650.	0.			EDUCATION
BERWICK THEATER AND CENTER FOR COMMUNITY ARTS - 110 E. FRONT STREET - BERWICK, PA 18603	47-1959473	501(C)(3)	40,800.	0.			YOUTH & RECREATION
BEYOND VIOLENCE INC. (CAMPBELL) 212 W ELEVENTH STREET BERWICK, PA 18603	23-2899786	501(C)(3)	121,700.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHRIGHT OF SUNBURY INC. 2063 HOSTA ROAD PAXINOS, PA 17860	23-2304134	501(C)(3)	9,300.	0.			YOUTH & RECREATION
BLOOMSBURG AREA SCHOOL DISTRICT (CLEAVER) - 728 EAST FIFTH STREET - BLOOMSBURG, PA 17815	23-1667959	501(C)(3)	12,400.	0.			YOUTH & RECREATION
BLOOMSBURG AREA YMCA 30 E. SEVENTH STREET BLOOMSBURG, PA 17815	23-2085257	501(C)(3)	33,350.	0.			YOUTH & RECREATION
BLOOMSBURG PUBLIC LIBRARY 225 MARKET STREET BLOOMSBURG, PA 17815	24-0820972	501(C)(3)	7,500.	0.			YOUTH & RECREATION
BLOOMSBURG THEATRE ENSEMBLE (WHITE-SPUNNER) - 226 CENTER STREET - BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	15,150.	0.			ARTS & CULTURE
BOROUGH OF BERWICK 1800 NORTH MARKET STREET BERWICK, PA 18603	24-6000568	GOVT	18,000.	0.			YOUTH & RECREATION
CAMP KOALA 239 BUTLER STREET KINGSTON, PA 18704	26-3851753	501(C)(3)	19,650.	0.			YOUTH & RECREATION
CAMP MOUNT LUTHER 355 MOUNT LUTHER LANE MIFFLINBURG, PA 17844	23-2624417	501(C)(3)	10,000.	0.			YOUTH & RECREATION
CENTRAL PA YOUTH MINISTRIES 12339 WILLIAM PENN HWY THOMPSONTOWN, PA 17094	24-0855903	501(C)(3)	5,320.	0.			YOUTH & RECREATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL SUSQUEHANNA OPPORTUNITIES INC. "A COMMUNITY ACTION AGENCY" (BAIR) - 2 EAST ARCH STREET - SHAMOKIN, PA 17872	23-2564524	501(C)(3)	56,500.	0.			HEALTH & HUMAN SERVICES
CENTRAL SUSQUEHANNA SIGHT SERVICES INC. (CSSS) - 348 MARKET STREET - SUNBURY, PA 17801	24-0798648	501(C)(3)	19,450.	0.			HEALTH & HUMAN SERVICES
CHILD HUNGER OUTREACH PARTNERS 2 ELIZABETH STREET TOWANDA, PA 18848	83-3319637	501(C)(3)	32,750.	0.			HEALTH & HUMAN SERVICES
CHRIST MEMORIAL EPISCOPAL CHURCH 156 EAST MARKET STREET DANVILLE, PA 17821	24-0826171	CHURCH	87,500.	0.			HEALTH & HUMAN SERVICES
COLUMBIA CHILD DEVELOPMENT PROGRAM (WEAVER) - 215 EAST 5TH STREET - BLOOMSBURG, PA 17815	23-1877155	501(C)(3)	53,615.	0.			EDUCATION
COLUMBIA COUNTY COMMISSIONERS FOR COLUMBIA CO. FAMILY CENTERS - 11 WEST MAIN STREET - BLOOMSBURG, PA 17815	24-6000727	GOVT	41,000.	0.			YOUTH & RECREATION
COLUMBIA COUNTY VOLUNTEERS IN MEDICINE CLINIC INC. (CHOPRA) - 310 EAST THIRD STREET - MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	117,400.	0.			HEALTH & HUMAN SERVICES
COLUMBIA MONTOUR COUNCIL NO. 504 BOY SCOUTS OF AMERICA (KNOX)5 AUDUBON - COURTBLOOMSBURG, PA 17815	24-0795392	501(C)(3)	19,275.	0.			YOUTH & RECREATION
DANVILLE AREA COMMUNITY CENTER 1041 LIBERTY STREET DANVILLE, PA 17821	24-0860310	501(C)(3)	41,500.	0.			YOUTH & RECREATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIG FURNITURE BANK 14 ELM STREET MILTON, PA 17847	85-1259732	501(C)(3)	23,800.	0.			HEALTH & HUMAN SERVICES
DRIVE AN ECONOMIC COUNCIL OF GOVERNMENTS - 418 RAILROAD STREET SUITE 101 - DANVILLE, PA 17821	47-4155853	501(C)(3)	5,500.	0.			CIVIC & COMMUNITY DEVELOPMENT
DWELL-LYCOMING COUNTY (LAKE) 1157 MARKET STREET WILLIAMSPORT, PA 17701	83-2470625	501(C)(3)	10,000.	0.			YOUTH & RECREATION
FAMILY HEALTH COUNCIL OF CENTRAL PENNSYLVANIA - 3461 MARKET STREET SUITE 200 - CAMP HILL, PA 17011	23-7289815	501(C)(3)	5,400.	0.			HEALTH & HUMAN SERVICES
FAMILY SERVICE ASSOCIATION OF NEPA 31 WEST MARKET STREET WILKES BARRE, PA 18701-1304	24-0795415	501(C)(3)	7,000.	0.			HEALTH & HUMAN SERVICES
FIVE BARLEY LOAVES FOOD BANK 29 RED OAK DRIVE BEAVERTOWN, PA 17813	22-3361000	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
FOR THE CAUSE 1130 6TH AVE. BERWICK, PA 18603	45-5087276	501(C)(3)	50,583.	0.			EDUCATION
FRIENDS OF THE COLUMBIA COUNTY TRAVELING LIBRARY - 702 SAWMILL ROAD SUITE 101 - BLOOMSBURG, PA 17815	23-2662846	501(C)(3)	10,000.	0.			YOUTH & RECREATION
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 40-36 DANVILLE, PA 17822	23-1995911	501(C)(3)	14,000.	0.			YOUTH & RECREATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 40-36 DANVILLE, PA 17822	23-1995911	501(C)(3)	48,412.	0.			HEALTH & HUMAN SERVICES
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 4640 TRINDLE ROAD - CAMP HILL, PA 17011	24-0795960	501(C)(3)	5,750.	0.			YOUTH & RECREATION
GIRLS ON THE RUN MID STATE PA (BYERLY) - 123 N. ENOLA DRIVE SUITE 1A - ENOLA, PA 17025	27-5095044	501(C)(3)	10,300.	0.			YOUTH & RECREATION
GLOBAL AWARENESS SOCIETY INTERNATIONAL (POMFRET) - 208 MCHENRY HILL ROAD - ORANGEVILLE, PA 17859	23-2647251	501(C)(3)	6,500.	0.			EDUCATION
GOOD SAMARITAN MISSION (WHARTON) PO BOX 114 DANVILLE, PA 17821	20-0305960	501(C)(3)	13,000.	0.			HEALTH & HUMAN SERVICES
GREATER SUSQUEHANNA VALLEY YMCAPO BOX 390S UNBURY, PA 17801	24-0795634	501(C)(3)	11,200.	0.			YOUTH & RECREATION
HAVEN MINISTRY 1043 SOUTH FRONT STREET SUNBURY, PA 17801	23-2628202	501(C)(3)	6,650.	0.			HEALTH & HUMAN SERVICES
HISTORICAL & PRESERVATION SOCIETY OF THE GREATER SHICKSHINNY - AREA11 N MAIN STREET - SHICKSHINNY, PA 18655	23-3074173	501(C)(3)	6,193.	0.			EDUCATION
JOHN BUCK MEMORIAL COMMUNITY FOOD BANK - 18 EVANS LANE - ORANGEVILLE, PA 17859	47-5530863	501(C)(3)	7,500.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARNING TO LIVE BELOVED MINISTRIES - PO BOX 136 - BERWICK, PA 18603	92-3144710	501(C)(3)	40,100.	0.			HEALTH & HUMAN SERVICES
LIME RIDGE FIRE COMPANY 6496 4TH STREET BLOOMSBURG, PA 17815	23-6392301	501(C)(3)	6,105.	0.			HEALTH & HUMAN SERVICES
LINE MOUNTAIN SCHOOL DISTRICT 185 LINE MOUNTAIN ROAD HERNDON, PA 17830	23-1671239	SCHOOL	5,500.	0.			YOUTH & RECREATION
LYCOMING COUNTY HOMETOWN HEROS INC. - 330 PINE STREET SUITE 401 - WILLIAMSPORT, PA 17701	47-0961957	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
MARIA JOSEPH MANOR 1707 MONTGOMERY BOULEVARD DANVILLE, PA 17821	23-2517957	501(C)(3)	10,185.	0.			HEALTH & HUMAN SERVICES
MCBRIDE MEMORIAL LIBRARY (JOHNSON) 500 MARKET STREET BERWICK, PA 18603	24-0796862	501(C)(3)	46,936.	0.			YOUTH & RECREATION
MIDDLE SUSQUEHANNA RIVERKEEPER ASSOCIATION - 112 MARKET STREET - SUNBURY, PA 17801	47-5000692	501(C)(3)	6,850.	0.			YOUTH & RECREATION
MIFFLINBURG AREA SCHOOL DISTRICT 178 MAPLE STREET MIFFLINBURG, PA 17844	24-6001910	SCHOOL	12,700.	0.			YOUTH & RECREATION
MOORESBURG PRESBYTERIAN CHURCH 21 CHURCH DR. DANVILLE, PA 17821	24-6001910	CHURCH	8,800.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NESCOPECK VOLUNTEER FIRE COMPANY NO. 1 (BOROUGH) - 325 WARREN STREET - NESCOPECK, PA 18635	23-2708099	GOVT	5,086.	0.			HEALTH & HUMAN SERVICES
NICHOLAS WOLFF FOUNDATION INC. CAMP VICTORY MILLVILLE, PA 17846	23-2481065	501(C)(3)	37,173.	0.			YOUTH & RECREATION
NORTH BERWICK ATHLETIC ASSOCIATION INC. - 1932A ORANGE STREET - BERWICK, PA 18603	23-2560961	501(C)(3)	6,000.	0.			YOUTH & RECREATION
NORTHERN COLUMBIA COMMUNITY & CULTURAL CENTER (DIRECTOR) - 42 COMMUNITY DRIVE - BENTON, PA 17814	23-3079237	501(C)(3)	32,430.	0.			YOUTH & RECREATION
NORTHERN MONTOUR RECREATION ASSOCIATION - PO BOX 241 - TURBOTVILLE, PA 17772	23-2017743	501(C)(3)	12,900.	0.			YOUTH & RECREATION
NORTHERN TIER UNITED ARTS ASSOCIATION - PO BOX 246 - TROY, PA 16947-1449	86-3322068	501(C)(3)	15,000.	0.			ARTS & CULTURE
NORTHUMBERLAND COUNTY HISTORICAL SOCIETY INC. - 1150 N FRONT STREET - SUNBURY, PA 17801	22-2446050	501(C)(3)	8,400.	0.			EDUCATION
NORTHWEST AREA SCHOOL DISTRICT 243 THORNE HILL ROAD SHICKSHINNY, PA 18655	23-1654941	SCHOOL	32,060.	0.			YOUTH & RECREATION
NOT BREAD ALONE MINISTRY 440 SHICKSHINNY VALLEY RD SHICKSHINNY, PA 18655	99-3311282	501(C)(3)	9,500.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGEVILLE PUBLIC LIBRARY (SIMPSON) - 301 MILL STREET - ORANGEVILLE, PA 17859	23-3075659	501(C)(3)	5,441.	0.			HEALTH & HUMAN SERVICES
PENNSYLVANIA FRIENDS OF AGRICULTURE FOUNDATION - 214 SENATE AVE. - CAMP HILL, PA 17001-8736	22-2699958	501(C)(3)	28,790.	0.			YOUTH & RECREATION
POND HILL / LILY LAKE VOLUNTEER FIRE COMPANY - 344 POND HILL MOUNTAIN ROAD - WAPWALLOPEN, PA 18660-1205	22-2458030	501(C)(3)	5,818.	0.			HEALTH & HUMAN SERVICES
REGIONAL ENGAGEMENT CENTER (REC) 429 8TH STREET SELINGROVE, PA 17870	81-2492499	501(C)(3)	10,000.	0.			YOUTH & RECREATION
RESURGENT LIFE 62 VILLAGE LANE BERWICK, PA 18603	87-1271043	501(C)(3)	11,000.	0.			HEALTH & HUMAN SERVICES
RONALD MCDONALD HOUSE OF DANVILLE (TURLIS) - 24 TREMBULAK WAY - DANVILLE, PA 18721	23-2155803	501(C)(3)	7,250.	0.			YOUTH & RECREATION
SALEM TOWNSHIP POLICE DEPARTMENT 38 BOMBOY LANE BERWICK, PA 18603	24-6001546	GOVT	13,924.	0.			HEALTH & HUMAN SERVICES
SELINGROVE AREA RECREATION INC .PO BOX 172 SELINGROVE, PA 17870	23-1700543	501(C)(3)	25,000.	0.			YOUTH & RECREATION
SELINGROVE AREA SCHOOL DISTRICT 401 NORTH 18TH STREET SELINGROVE, PA 17870	23-1727728	SCHOOL	11,739.	0.			YOUTH & RECREATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SETEBAID SERVICES INC. PO BOX 196 WINFIELD, PA 17889-0196	23-2979076	501(C)(3)	21,561.	0.			YOUTH & RECREATION
SHAMOKIN AREA EDUCATION FOUNDATION 292 TULIP ROAD PAXINOS, PA 17860	87-3327815	501(C)(3)	21,193.	0.			YOUTH & RECREATION
SHIKELLAMY SCHOOL DISTRICT (BENDLE) - 200 ISLAND BOULEVARD - SUNBURY, PA 17801	23-1654595	501(C)(3)	5,475.	0.			YOUTH & RECREATION
SOUTH CENTRE TOWNSHIP POLICE DEPARTMENT - 6260 FOURTH STREET - BLOOMSBURG, PA 17815	23-1693899	GOVT	6,875.	0.			HEALTH & HUMAN SERVICES
SPREADING ANTLERS CHILDREN'S FOUNDATION - 26 S. 2ND STREET - NORTHUMBERLAND, PA 17857	46-1545809	501(C)(3)	21,800.	0.			YOUTH & RECREATION
SS. CYRIL AND METHODIUS UKRAINIAN CATHOLIC CHURCH - 706 N. WARREN ST. - BERWICK, PA 18603	23-1986964	CHURCH	5,675.	0.			HEALTH & HUMAN SERVICES
ST JOHN'S LUTHERAN CHURCH - KATE'S KUPBOARD - 300 IVY LANE - NORTHUMBERLAND, PA 17857	24-0802111	501(C)(3)	18,510.	0.			HEALTH & HUMAN SERVICES
SUGARLOAF FIRE COMPANY INC. 95 WEST COUNTY ROAD SUGARLOAF, PA 18249	23-7324943	501(C)(4)	35,000.	0.			HEALTH & HUMAN SERVICES
SUMMERHILL FIRE COMPANY 422 SUMMERHILL ROAD BERWICK, PA 18603	23-6391158	501(C)(3)	5,900.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNNYBROOK PARK ASSOCIATION PO BOX 124 DANVILLE, PA 17821	24-0820844	501(C)(3)	5,900.	0.			HEALTH & HUMAN SERVICES
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC - 335 MARKET STREET - SUNBURY, PA 17801	27-1099832	501(C)(3)	48,800.	0.			HEALTH & HUMAN SERVICES
SUSQUEHANNA VALLEY UNITED WAY (MAEL) - 228 ARCH STREET - SUNBURY, PA 17801	23-1697631	501(C)(3)	9,700.	0.			HEALTH & HUMAN SERVICES
THE CHILDREN'S MUSEUM INC.2 WEST 7TH STREET BLOOMSBURG, PA 17815	23-2303460	501(C)(3)	15,400.	0.			YOUTH & RECREATION
THE DENTAL HEALTH CLINIC 107 S. MARKET STREET BERWICK, PA 18603	23-3083080	501(C)(3)	58,200.	0.			HEALTH & HUMAN SERVICES
THE EXCHANGE 24 E. MAIN STREET BLOOMSBURG, PA 17815	27-0980463	501(C)(3)	5,750.	0.			ARTS & CULTURE
THE FOUNDATION OF THE COLUMBIA MONTOUR CHAMBER OF COMMERCE - 160 W. 6TH STREET - BLOOMSBURG, PA 17815	23-2697698	501(C)(3)	6,000.	0.			EDUCATION
THE GATE HOUSE- TRANSITIONAL HOUSING AND CARE CENTER OF COLUMBIA AND MONTOUR COU - P.O. BOX 446 - DANVILLE, PA 17821	23-2824353	501(C)(3)	31,100.	0.			HEALTH & HUMAN SERVICES
THE HOPE CENTER OF NESCOPECK PA INC. - 650 HARTER AVENUE - NESCOPECK, PA 18635	45-5491183	501(C)(3)	16,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LITTLE CHILDREN DEVELOPMENT CENTER - 20 KACHINKA HOLLOW RD - BERWICK, PA 18603	87-3490979	501(C)(3)	7,065.	0.			YOUTH & RECREATION
THE MONTOUR COUNTY HISTORICAL SOCIETY (REICHEN) - 11 BLOOM STREET - DANVILLE, PA 17821	23-6651180	501(C)(3)	14,711.	0.			EDUCATION
THE SALVATION ARMY 320 WEST SECOND STREET BERWICK, PA 18603	13-5562351	501(C)(3)	14,500.	0.			HEALTH & HUMAN SERVICES
THE THOMAS BEAVER FREE LIBRARY (MCQUISTON) - PO BOX 177 - DANVILLE, PA 17821	24-0796861	501(C)(3)	7,900.	0.			EDUCATION
THE WOMEN'S CENTER INC. 111 NORTH MARKET STREET BLOOMSBURG, PA 17815	23-7456259	501(C)(3)	12,500.	0.			HEALTH & HUMAN SERVICES
THINKBIG PEDIATRIC CANCER FUND 520 MONTOUR BLVD BLOOMSBURG, PA 17815	47-1955469	501(C)(3)	7,880.	0.			HEALTH & HUMAN SERVICES
UNION-SNYDER COMMUNITY ACTION AGENCY - 713 BRIDGE STREET SUITE 10 - SELINSRGROVE, PA 17870	23-2112682	501(C)(3)	5,250.	0.			HEALTH & HUMAN SERVICES
WESLEY UNITED METHODIST CHURCH NESCOPECK - 401 BROAD STREET - NESCOPECK, PA 18635	24-6021283	501(C)(3)	28,000.	0.			HEALTH & HUMAN SERVICES
WVIA 100 WVIA WAYPITTSTON, PA 18640	23-1663603	501(C)(3)	11,000.	0.			ARTS & CULTURE

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS AWARDED TO INDIVIDUALS	210	460,678.	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.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

COMMUNITY GIVING FOUNDATION

Employer identification number

23-2982141

Part I Questions Regarding Compensation

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

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

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

[illegible]

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.

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

COMMUNITY GIVING FOUNDATION

Employer identification number

23-2982141

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	9	1,955.	SELLING PRICE
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	9	440,888.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2024

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization COMMUNITY GIVING FOUNDATION	Employer identification number 23-2982141
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITIES LOCATED IN THIS REGION, ENHANCING THE QUALITY OF LIFE TODAY
AND FOR GENERATIONS TO COME, WHILE ACHIEVING DONORS' INTENTIONS. THE
COMMUNITY GIVING FOUNDATION PROVIDES A VEHICLE FOR INDIVIDUALS,
BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR COMMUNITY THROUGH
CHARITABLE GIVING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR
COMMUNITY THROUGH CHARITABLE GIVING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
REQUIREMENTS OF DISTRIBUTING GRANTS AND SCHOLARSHIPS AS PART OF THEIR
REGULAR DUE DILIGENCE TO OUR CURRENT FUNDHOLDERS WITH ANNUAL
DISTRIBUTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. A COPY OF THE
POLICY IS INCLUDED IN A NOTEBOOK OF INFORMATION GIVEN TO NEW DIRECTORS WHEN
THEY COME ON THE BOARD. IN ADDITION, EACH OFFICER, DIRECTOR, AND EMPLOYEE
IS GIVEN A CONFLICT OF INTEREST QUESTIONNAIRE TO FILL OUT AND A SIGN AT THE
ANNUAL MEETING EVERY JANUARY.

FORM 990, PART VI, SECTION B, LINE 15:
ALL BOARD MEMBERS SERVE AS VOLUNTEERS. THE PROCESS FOR DETERMINING
COMPENSATION FOR MANAGEMENT IS A COMPARATIVE ANALYSIS OF NATIONAL AND
REGIONAL SALARIES WITHIN THE FIELD. THE CEO'S COMPENSATION IS SET ANNUALLY
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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY
NC,ND,OH,OK,OR,PA,RI,SC,TN,VA,WA,WI

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION INDICATES ON ITS WEBSITE THAT FORM 990 DOCUMENTS AND
CONFLICTS OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND HAS A FILE WITH
ALL APPLICABLE IRS PUBLIC INSPECTION DOCUMENTS. FINANCIAL STATEMENTS ARE
REPRINTED IN THE FOUNDATION'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 XII, LINE 2C
THE FOUNDATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT. ALL AUDIT PROPOSALS ARE REVIEWED BY THE BOARD AND ONE IS
SELECTED BASED ON THE NEEDS OF THE ORGANIZATION. THIS PROCESS HAS NOT
CHANGED FROM THE PREVIOUS YEAR.

23-2982141

[illegible]