

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL SUSQUEHANNA COMMUNITY 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	G Gross receipts \$ 17,098,988.
	725 WEST FRONT STREET		
City or town, state or province, country, and ZIP or foreign postal code BERWICK, PA 18603		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: HOLLY MORRISON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: www.cssgiving.org		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: 1998		M State of legal domicile: PA	

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	212
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	1,366,721.
9 Program service revenue (Part VIII, line 2g)	149,513.	160,571.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,633,038.	3,259,227.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,301.	-52,463.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,151,573.	5,513,794.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,451,480.	2,230,893.	
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)	500,382.	524,716.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25)	220,871.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	597,755.	471,564.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,549,617.	3,227,173.	
19 Revenue less expenses. Subtract line 18 from line 12	1,601,956.	2,286,621.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		54,478,198.	50,741,937.
	21 Total liabilities (Part X, line 26)	13,101,427.	12,350,743.
22 Net assets or fund balances. Subtract line 21 from line 20	41,376,771.	38,391,194.	

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			
	HOLLY MORRISON, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TRACEY L. RASH	Preparer's signature <i>[Signature]</i>	Date 7-31-19	Check if self-employed <input type="checkbox"/>	PTIN P00252345
	Firm's name MAHER DUESSEL, CPA'S	Firm's EIN 25-1622758	Firm's address 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110	Phone no. 717-232-1230	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,492,229 including grants of \$ 2,230,893) (Revenue \$ 163,658)

THE CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION (CSCF) SERVES COLUMBIA, MONTOUR, NORTHUMBERLAND, SNYDER, UNION AND LOWER LUZERNE COUNTIES. CSCF HAS 261 FUNDS, INCLUDING FUNDS WITHOUT DONOR RESTRICTIONS, FIELD OF INTEREST, DONOR-ADVISED, AGENCY ENDOWMENT, CHARITABLE GIFT ANNUITY AND SCHOLARSHIP FUNDS. IN 2018, THE FOUNDATION CONTINUED TO DEVELOP FUNDS WITHOUT DONOR RESTRICTIONS THAT WILL ALLOW GRANTS TO BE MADE THROUGHOUT THE SERVICE AREA. THE FOUNDATION'S MISSION IS HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS WHILE PROVIDING MUCH NEEDED DOLLARS THAT CHANGE LIVES WITHIN THE COMMUNITY. THE FOUNDATION ALSO SERVES TO HELP LOCAL AGENCIES RECEIVE STATE AND FEDERAL GRANT DOLLARS AND PROVIDES THE VEHICLE FOR CORPORATIONS TO TAKE ADVANTAGE OF TAX CREDITS FROM CHARITABLE DONATIONS TO QUALIFIED EDUCATION PROGRAMS.

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 2,492,229

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other financial reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		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 <input type="text" value="7"/>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		x
b	If "Yes," enter the name of the foreign country: <input type="text"/> 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?		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	x	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d <input type="text" value=""/>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		x
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		x
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a <input type="text" value=""/>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b <input type="text" value=""/>	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a <input type="text" value=""/>	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b <input type="text" value=""/>	
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 <input type="text" value=""/>	
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 <input type="text" value=""/>	
c	Enter the amount of reserves on hand	13c <input type="text" value=""/>	
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? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	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 in 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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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 in 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 in 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 **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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 Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN B. PARKER CHAIR	2.00	X		X				0.	0.	0.
(2) TIMOTHY J. APPLE VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) JOANN M. FERENTZ TREASURER BEGINNING MAY 30, 2018	2.00	X		X				0.	0.	0.
(4) JOANN M. FERENTZ SECRETARY THRU MAY 30, 2018	2.00	X		X				0.	0.	0.
(5) NANCY J. MARR SECRETARY BEGINNING MAY 30, 2018	2.00	X		X				0.	0.	0.
(6) MATTHEW P. PROSEDA TREASURER THRU MAY 30, 2018	2.00	X		X				0.	0.	0.
(7) DR. ROBERT L. ALBERTSON DIRECTOR	2.00	X						0.	0.	0.
(8) SAM BALUKOFF DIRECTOR	2.00	X						0.	0.	0.
(9) JEFF CERMINARO DIRECTOR	2.00	X						0.	0.	0.
(10) PAUL R. EYERLY, IV DIRECTOR	2.00	X						0.	0.	0.
(11) PEGGY FULLMER DIRECTOR	2.00	X						0.	0.	0.
(12) DR. JOHN M. KURELJA DIRECTOR	2.00	X						0.	0.	0.
(13) KEN HOLDREN DIRECTOR THRU MAY 30, 2018	2.00	X						0.	0.	0.
(14) GREG MARTZ DIRECTOR BEGINNING MAY 30, 2018	2.00	X						0.	0.	0.
(15) HEATHER ROWE DIRECTOR	2.00	X						0.	0.	0.
(16) RHONDA SEEBOLD DIRECTOR	2.00	X						0.	0.	0.
(17) J. DONALD STEELE, JR. DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CONNIE TRESSLER DIRECTOR	2.00	X					0.	0.	0.	
(19) M. HOLLY MORRISON PRESIDENT & CEO	45.00			X			125,000.	0.	39,378.	
(20) ALBERT MEALE CHIEF FINANCIAL OFFICER	40.00			X			78,250.	0.	34,665.	
1b Sub-total							203,250.	0.	74,043.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							203,250.	0.	74,043.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) 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	42,263.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	620,524.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,483,672.				
	g Noncash contributions included in lines 1a-1f: \$		41,246.				
	h Total. Add lines 1a-1f		2,146,459.				
	Program Service Revenue	2 a ADMINISTRATIVE FEE INC	Business Code 541900	160,571.	160,571.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			160,571.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		956,189.			956,189.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)		2,303,038.			2,303,038.	
	8 a Gross income from fundraising events (not including \$ 42,263. of contributions reported on line 1c). See Part IV, line 18	a		12,724.			
		b Less: direct expenses	b	26,832.			
c Net income or (loss) from fundraising events			-14,108.			-14,108.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	3,920.	3,920.				
b CHANGE IN VALUE OF CHA	900099	-833.	-833.				
c LOSS ON BENEFICIAL INT	900099	-41,442.			-41,442.		
d All other revenue							
e Total. Add lines 11a-11d		-38,355.					
12 Total revenue. See instructions		5,513,794.	163,658.	0.	3,203,677.		

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 ...	2,087,035.	2,087,035.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	143,858.	143,858.		
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	277,293.	44,783.	198,403.	34,107.
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	168,511.	53,540.	26,604.	88,367.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	78,912.	23,575.	17,801.	37,536.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	350.	92.	171.	87.
c Accounting	21,050.	5,513.	10,325.	5,212.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,737.		103,737.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,630.	1,736.	3,252.	1,642.
12 Advertising and promotion				
13 Office expenses	11,813.	3,526.	6,604.	1,683.
14 Information technology				
15 Royalties				
16 Occupancy	9,846.	2,579.	4,829.	2,438.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,232.	11,322.	21,206.	10,704.
23 Insurance	18,432.	4,827.	9,041.	4,564.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SPECIAL PROJECTS</u>	68,676.	68,676.		
b <u>REPAIRS AND MAINTENANCE</u>	43,692.	11,443.	21,431.	10,818.
c <u>COMMUNITY EVENTS</u>	40,546.	10,619.	19,888.	10,039.
d <u>MARKETING</u>	36,101.	10,604.	19,859.	5,638.
e All other expenses	67,459.	8,501.	50,922.	8,036.
25 Total functional expenses. Add lines 1 through 24e	3,227,173.	2,492,229.	514,073.	220,871.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	929,971.	2	1,045,400.
	3 Pledges and grants receivable, net	60,275.	3	48,825.
	4 Accounts receivable, net	6,950.	4	61,572.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35.	9	30.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,835,954.		
	b Less: accumulated depreciation	10b 536,969.	1,342,217.	10c 1,298,985.
	11 Investments - publicly traded securities	51,784,003.	11	47,974,653.
	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	354,747.	15	312,472.
16 Total assets. Add lines 1 through 15 (must equal line 34)	54,478,198.	16	50,741,937.	
Liabilities	17 Accounts payable and accrued expenses	24,859.	17	30,743.
	18 Grants payable	711,097.	18	556,339.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	12,365,471.	21	11,763,661.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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	13,101,427.	26	12,350,743.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	41,022,024.	27	38,078,722.
	28 Temporarily restricted net assets	11,884.	28	11,051.
	29 Permanently restricted net assets	342,863.	29	301,421.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	41,376,771.	33	38,391,194.	
34 Total liabilities and net assets/fund balances	54,478,198.	34	50,741,937.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,513,794.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,227,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,286,621.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,376,771.
5	Net unrealized gains (losses) on investments	5	-5,753,564.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	481,215.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	151.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,391,194.

Part XII Financial Statements and Reporting

Check 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 in Schedule O.	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	954,071.	1,107,705.	1,868,334.	1,366,721.	2,146,459.	7,443,290.
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	954,071.	1,107,705.	1,868,334.	1,366,721.	2,146,459.	7,443,290.
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)						499,372.
6 Public support. Subtract line 5 from line 4.						6,943,918.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	954,071.	1,107,705.	1,868,334.	1,366,721.	2,146,459.	7,443,290.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	586,216.	1,176,902.	746,210.	698,537.	956,189.	4,164,054.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						11,607,344.
12 Gross receipts from related activities, etc. (see instructions)					12	890,546.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	59.82	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	61.61	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

CENTRAL SUSQUEHANNA COMMUNITY 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 620,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 51,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 206,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 48,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 245,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 653,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

23-2982141

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

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

Name of organization

Employer identification number

CENTRAL SUSQUEHANNA COMMUNITY 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)

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

2018
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	35	
2 Aggregate value of contributions to (during year)	138,524.	
3 Aggregate value of grants from (during year)	145,070.	
4 Aggregate value at end of year	3,010,058.	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 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 SFAS 116 (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 are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,566,100	37,160,300	35,561,100	36,802,700	33,717,300
b Contributions	777,700	1,689,600	2,226,700	1,364,800	4,154,200
c Net investment earnings, gains, and losses	-2,567,800	5,773,600	2,349,500	215,200	2,137,000
d Grants or scholarships	1,079,800	2,551,300	2,018,100	1,791,100	2,202,000
e Other expenditures for facilities and programs	96,000	621,900	499,800	459,800	586,900
f Administrative expenses	561,200	428,300	459,100	570,700	416,900
g End of year balance	37,039,000	41,022,000	37,160,300	35,561,100	36,802,700

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

- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		x
(ii) related organizations		x
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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	358,762	1,058,731
c Leasehold improvements				
d Equipment		31,424	31,424	0
e Other		291,713	146,783	144,930
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,298,985

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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	-137,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,753,564.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	206,441.
e	Add lines 2a through 2d	2e	-5,547,123.
3	Subtract line 2e from line 1	3	5,410,057.
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	103,737.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	103,737.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,513,794.

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

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

1	Total expenses and losses per audited financial statements	1	3,329,726.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	206,290.
e	Add lines 2a through 2d	2e	206,290.
3	Subtract line 2e from line 1	3	3,123,436.
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	103,737.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	103,737.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,227,173.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER ORGANIZATIONS, IN

ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED

STATES OF AMERICA, THE FOUNDATION IS REPORTING THE FUNDS IT HAS RECEIVED

AND ALL EARNINGS ON THESE FUNDS AS LIABILITIES, THE FOUNDATION

ADMINISTERS AND INVESTS THESE FUNDS IN ACCORDANCE WITH THE AGREEMENTS

ESTABLISHED WITH EACH ORGANIZATION.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS PROVIDE A VEHICLE FOR INDIVIDUALS,

BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR COMMUNITY THROUGH

CHARITABLE GIVING.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MEDICAL ASSISTANCE PAID DIRECTLY TO GRANTEE	179,458.
FUNDRAISING EXPENSES	26,832.
GAIN ON CANCELLATION OF GRANTS	151.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	206,441.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MEDICAL ASSISTANCE PAID DIRECTLY TO GRANTEE	179,458.
FUNDRAISING EXPENSES	26,832.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	206,290.

PART V, LINE 1A - BEGINNING OF YEAR BALANCE

WITH THE ADOPTION OF ASU 2016-14 "NOT-FOR-PROFIT ENTITIES (TOPIC 958):

PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES", THE

BEGINNING OF THE YEAR BALANCE OF BOARD-DESIGNATED ENDOWMENT FUNDS WAS

ADJUSTED TO REMOVE THE NON-PERMANENT FUNDS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		HOLIDAY HAPPENINGS (event type)	VIP GOLF TOURNAMENT (event type)	NONE (total number)		
Revenue	1	Gross receipts	45,092.	9,895.	54,987.	
	2	Less: Contributions	35,880.	6,383.	42,263.	
	3	Gross income (line 1 minus line 2)	9,212.	3,512.	12,724.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	13,908.	600.	14,508.	
	6	Rent/facility costs	6,887.	1,440.	8,327.	
	7	Food and beverages		1,697.	1,697.	
	8	Entertainment				
	9	Other direct expenses	1,150.	1,150.	2,300.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				26,832.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-14,108.

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Employer identification number
23-2982141

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE PO BOX 424 BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	32,766.	0.			ADDRESSING LIFE'S CHALLENGES
AMERICAN RED CROSS 249 FARLEY CIRCLE LEWISBURG, PA 17837	53-0196605	501(C)(3)	11,000.	0.			CENTRAL PA DISASTER RELIEF
BENTON AREA SCHOOL DISTRICT 600 GREEN ACRES ROAD BENTON, PA 17814	23-1667659		20,550.	0.			FLOOD RECOVERY - BENTON AREA
BENTON COUNCIL OF CHURCHES 70 WESLEY STREET STILLWATER, PA 17878	23-2769892		8,299.	0.			SUPPLEMENTAL FUEL ASSISTANCE
BERWICK AREA SCHOOL DISTRICT 500 LINE STREET BERWICK, PA 18603	23-1654551		86,146.	0.			BUILDING ACHIEVEMENT THROUGH READING FOR KINDERGARTEN
BERWICK AREA SWIMMING POOL 6084 PARK ROAD BERWICK, PA 18603	47-3527281	501(C)(3)	8,750.	0.			BER-VAUGHN ADULT EXERCISE PROGRAMMING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 49

3 Enter total number of other organizations listed in the line 1 table 4

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERWICK AREA UNITED WAY 139 REAR EAST SECOND STREET BERWICK, PA 18603	23-7114627	501(C)(3)	6,046.	0.			AGENCY ENDOWMENT PAYOUT 2018
BERWICK AREA YMCA 231 WEST THIRD STREET BERWICK, PA 18603	24-0813665	501(C)(3)	32,262.	0.			SENIOR SWIM PROGRAM
BERWICK HISTORICAL SOCIETY PO BOX 301 BERWICK, PA 18603	23-2019266	501(C)(3)	6,100.	0.			AGENCY ENDOWMENT PAYOUT 2018
BEYOND VIOLENCE, INC. 1612 WALNUT STREET BERWICK, PA 18603	23-2899786	501(C)(3)	98,901.	0.			BREAKING THE CYCLE
BLOOMSBURG THEATRE ENSEMBLE, ALVINA KRAUSE THEATRE - 226 CENTER STREET - BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	11,000.	0.			AGENCY ENDOWMENT PAYOUT 2018
BLOOMSBURG UNIVERSITY FOUNDATION 400 EAST SECOND STREET BLOOMSBURG, PA 17815	23-7088491	501(C)(3)	15,000.	0.			STEM COMPETITION 2018
BOROUGH OF BERWICK 1800 NORTH MARKET STREET BERWICK, PA 18603	24-6000568		39,842.	0.			SECURITY PROJECT
CENTRAL SUSQUEHANNA OPPORTUNITIES, INC. - 2 EAST ARCH STREET - SHAMOKIN, PA 17872	23-2564524	501(C)(3)	14,694.	0.			BRIDGES OUT OF POVERTY PROGRAM
CENTRAL SUSQUEHANNA SIGHT SERVICES, INC. - 348 MARKET STREET - SUNBURY, PA 17801	24-0798648	501(C)(3)	17,500.	0.			2018 SUPPORT SERVICES FOR THE BLIND/LOW VISION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA CHILD DEVELOPMENT PROGRAM 215 E. 5TH STREET BLOOMSBURG, PA 17815	23-1877155	501(C)(3)	44,000.	0.			INTEGRATED POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS FOR CHILDREN AND FAMILIES
COLUMBIA COUNTY COMMISSIONERS FOR COLUMBIA COUNTY FAMILY CENTERS - PO BOX 380 - BLOOMSBURG, PA 17815	24-6000727		35,000.	0.			PREVENTION PROGRAMS FOR FAMILIES
COLUMBIA COUNTY VOLUNTEERS IN MEDICINE CLINIC, INC. - 310 EAST 3RD STREET BOX 416 - MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	101,000.	0.			SALARY SUPPORT FOR 2018
COLUMBIA-MONTOUR COUNCIL NO. 504 BOY SCOUTS OF AMERICA - 5 AUDUBON COURT - BLOOMSBURG, PA 17815	24-0795392	501(C)(3)	18,917.	0.			CAMP LAVIGNE FLOOD REMEDIATION
COLUMBIA-MONTOUR FAMILY HEALTH INC. - 2201 5TH STREET HOLLOW ROAD - BLOOMSBURG, PA 17815	23-2000229	501(C)(3)	8,000.	0.			FAMILY HEALTH FEBRUARY 2018
DANVILLE AREA COMMUNITY CENTER PO BOX 125 DANVILLE, PA 17821	24-0860310	501(C)(3)	15,300.	0.			ORGANIZATION SUPPORT
DENTAL HEALTH CLINIC 107 S. MARKET STREET, SUITE 2 BERWICK, PA 18603	23-3083080	501(C)(3)	41,042.	0.			ORAL HEALTH PROJECT 2018
FAMILY HEALTH COUNCIL OF CENTRAL PA, INC. - 3461 MARKET STREET, SUITE 200 - CAMP HILL, PA 17011	23-7289815	501(C)(3)	12,500.	0.			SUMMER FOOD SERVICE PROGRAM
FOR THE CAUSE PO BOX 816 BERWICK, PA 18603	45-5087276	501(C)(3)	15,650.	0.			TEEN CENTER PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER - COLUMBIA MONTOUR HOME HEALTH SERVICES - 410 GLENN AVENUE, SUITE 200 - BLOOMSBURG, PA 17815	23-1704399	501(C)(3)	60,200.	0.			2018-19 MATCHING FOR NURSE-FAMILY PARTNERSHIP STATE GRANT
GEISINGER HEALTH SYSTEM 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-6291113	501(C)(3)	719,036.	0.			NURSE-FAMILY PARTNERSHIP EXPANSION GRANT 2018 PAYMENT
GEISINGER HEALTH SYSTEM - PSYCHIATRY AND SPECIAL CLINICS - 100 N. ACADEMY AVENUE - DANVILLE, PA 17821	23-1995911	501(C)(3)	8,388.	0.			MENTAL HEALTH COUNSELOR - BENTON AREA SCHOOL DISTRICT
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-1995911	501(C)(3)	23,000.	0.			KIDNEY CARE PROJECT
GIRLS ON THE RUN OF GREATER SUSQUEHANNA VALLEY - 484 ALEXIS DRIVE - WILLIAMSPORT, PA 17701	56-2201835	501(C)(3)	9,500.	0.			GIRLS ON THE RUN EXPANSION AND SCHOLARSHIP INITIATIVE
GRACE COVENANT COMMUNITY CHURCH 99 NORTH SHUMAN STREET MIDDLEBURG, PA 17842	23-3085437		10,000.	0.			GRACE TRANSITIONAL HOME - ROOF REPLACEMENT PROJECT
GREATER SUSQUEHANNA VALLEY UNITED WAY - 335 MARKET STREET, SUITE 2 - SUNBURY, PA 17801	23-1697631	501(C)(3)	6,750.	0.			NORTHERN NORTHUMBERLAND COUNTY FLOOD RELIEF
LYCOMING COUNTY HOMETOWN HEROS, INC. - 528 RUBEN KEHRER ROAD - MUNCY, PA 17756	47-0961957	501(C)(3)	5,600.	0.			HOMETOWN HERO'S PROGRAM
MCBRIDE MEMORIAL LIBRARY 500 N. MARKET STREET BERWICK, PA 18603	24-0796862	501(C)(3)	40,280.	0.			CHILDREN'S LIBRARIAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTOUR AREA RECREATION COMMISSION PO BOX 456 DANVILLE, PA 17821	26-1859983		12,000.	0.			PARK AND TRAIL MAINTENANCE
MONTOUR COUNTY HISTORICAL SOCIETY PO BOX 8 DANVILLE, PA 17821	23-6651180	501(C)(3)	8,350.	0.			ORGANIZATION SUPPORT
NORTH BERWICK ATHLETIC ASSOCIATION, INC. - 1932A ORANGE STREET - BERWICK, PA 18603	23-2560961	501(C)(3)	7,794.	0.			AGENCY ENDOWMENT PAYOUT
NORTHERN COLUMBIA COMMUNITY & CULTURAL CENTER - PO BOX 305 - BENTON, PA 17814	23-3079237	501(C)(3)	24,000.	0.			NACS 2018 YOUTH PROGRAM SUPPORT
NORTHWEST AREA SCHOOL DISTRICT 243 THORNE HILL ROAD SHICKSHINNY, PA 18655	23-1654941		23,500.	0.			JUMPSTART
RELIANCE FIRE COMPANY 501 W. THIRD STREET BERWICK, PA 18603	26-0105380	501(C)(3)	10,821.	0.			WATER RESCUE EQUIPMENT
SAINT COLUMBA CHURCH PO BOX 829 BLOOMSBURG, PA 17815	23-1494791		5,900.	0.			SUPPORT OF SCHOOL
SALEM TOWNSHIP 38 BOMBOY LANE BERWICK, PA 18603	24-6001546		21,000.	0.			BODY AND IN CAR CAMERAS FOR THE POLICE DEPARTMENT
SETEBAID SERVICES, INC. PO BOX 196 WINFIELD, PA 17889	23-2979076	501(C)(3)	8,850.	0.			THE HYDC AND CAMP SETEBAID 2018 CAMPSHIPS.

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAMOKIN & COAL TOWNSHIP PUBLIC LIBRARY - 210 EAST INDEPENDENCE STREET - SHAMOKIN, PA 17872	24-0831817	501(C)(3)	6,600.	0.			LIBRARY ACCESSIBILITY PROJECT
SINGLE MOTHERS INDIVIDUALLY LIVING EMPOWERED, INC. - PO BOX 998 - BERWICK, PA 18603	45-3368986	501(C)(3)	5,300.	0.			DREAM-LEARN-CARE-CREATE
SUSQUEHANNA VALLEY CASA - VOICES FOR CHILDREN - 155 N. 13TH STREET - LEWISBURG, PA 17837	45-4034465	501(C)(3)	8,000.	0.			SUPPORT OF VOLUNTEERS
THE CHILDREN'S MUSEUM 2 WEST 7TH STREET BLOOMSBURG, PA 17815	23-2303460	501(C)(3)	6,921.	0.			BENTON HANDS ON HEALTH EXPANSION
THE HOPE CENTER OF NESCOPECK, PA INC. - 650 HARTER AVENUE - NESCOPECK, PA 18635	45-5491183	501(C)(3)	20,000.	0.			ADA COMPLIANT RESTROOM AND SHOWER COMPLETION & COMMUNITY KITCHEN
THE NICHOLAS WOLFF FOUNDATION, INC. - PO BOX 810 - MILLVILLE, PA 17846	23-2481065	501(C)(3)	8,000.	0.			CAMP VICTORY SUPPORT
THE SALVATION ARMY, BERWIC BOX 303 BERWICK, PA 18603	13-5562351	501(C)(3)	10,697.	0.			BERWICK HEALTH SMART INITIATIVE
UNION-SNYDER COMMUNITY ACTION AGENCY - 713 BRIDGE STREET, SUITE 1 - SELINGROVE, PA 17870	23-2112682		16,452.	0.			DOLLAR GENERAL LITERACY FOUNDATION GRANT
UNITED WAY OF COLUMBIA AND MONTOUR COUNTY - PO BOX 313 - BLOOMSBURG, PA 17815	24-0840626	501(C)(3)	70,750.	0.			ORGANIZATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY UNITED METHODIST CHURCH 401 BROAD STREET NESCOPECK, PA 18635	24-6021283		10,000.	0.			MILK & EGG DISTRIBUTION
WILKES-BARRE VA MEDICAL CENTER 1111 EAST END BLVD WILKES-BARRE, PA 18711	24-0796250		5,931.	0.			ORGANIZATION SUPPORT

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	103	143,858.	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)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Employer identification number

23-2982141

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	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?	5a	X
b	Any related organization?	5b	X
	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?	6a	X
b	Any related organization?	6b	X
	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	7	X
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	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	41,246	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION

Employer identification number

23-2982141

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

OUR PURPOSE IS TO ENCOURAGE INCREASED PHILANTHROPY THAT WILL BENEFIT

THE CHARITIES AND COMMUNITIES LOCATED IN THIS REGION, IMPROVING THE

QUALITY OF LIFE TODAY AND FOR GENERATIONS TO COME, WHILE ACHIEVING

DONORS' INTENTIONS, THE COMMUNITY FOUNDATION PROVIDES A VEHICLE FOR

INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR

COMMUNITY THROUGH CHARITABLE GIVING.

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

INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR

COMMUNITY THROUGH CHARITABLE GIVING.

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

FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

CSCF HAS A WRITTEN CONFLICT OF INTEREST POLICY, A COPY OF THE POLICY IS

INCLUDED IN A NOTEBOOK OF INFORMATION GIVEN TO NEW DIRECTORS WHEN THEY COME

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

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

MEETING EVERY JANUARY.

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

ALL BOARD MEMBERS SERVE AS VOLUNTEERS, THE PROCESS FOR DETERMINING

COMPENSATION FOR MANAGEMENT IS A COMPARATIVE ANALYSIS OF NATIONAL AND

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

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

Schedule O (Form 990 or 990-EZ) (2018)

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

BY THE GOVERNANCE COMMITTEE, INDIVIDUAL STAFF COMPENSATION IS DETERMINED

BY THE CEO IN ACCORDANCE WITH AN ANNUAL BUDGET APPROVED BY THE FINANCE

COMMITTEE AND THE FULL BOARD OF DIRECTORS.

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

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

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

INSPECTION DOCUMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE REPRINTED IN CSCF'S ANNUAL REPORT, WHICH IS WIDELY

DISTRIBUTED, AND ARE MADE AVAILABLE ON THE FOUNDATION'S WEBSITE. ALL OTHER

REQUIRED PUBLIC INSPECTION DOCUMENTS ARE AVAILABLE UPON REQUEST FREE OF

CHARGE.

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

GAIN ON CANCELLATION OF GRANTS 151.

FORM 990, PART XII, LINE 2C

THE FOUNDATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE

AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT

ACCOUNTANT. ALL AUDIT PROPOSALS ARE REVIEWED BY THE BOARD AND ONE IS

SELECTED BASED ON THE NEEDS OF THE ORGANIZATION. THIS PROCESS HAS NOT

CHANGED FROM THE PREVIOUS YEAR.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

AL MEALE, CFO

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2018 or
▶ tax year beginning _____, and ending _____.

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

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

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