

Product: **Exempt**  
 Name: **COMMUNITY GIVING FOUNDATION**  
 FEIN: **\*\*\*\*\*2141**  
 Bank Info:  
 Fiscal Year Begin Date: **1/1/2022**  
 IRS Message:

Category:  
 Plan Number:  
 Fiscal Year End Date: **12/31/2022**

IRS Center: **Ogden**  
 e-Postmark: **6/1/2023 7:27 AM**  
 Notification:  
 eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
06/01/2023	22X:010197:V1	Upload Started			Smith,Sara	
06/01/2023	22X:010197:V1	Released for Transmission - Validation in Progress			Smith,Sara	
06/01/2023	22X:010197:V1	Ready to transmit - Validation Complete				
06/01/2023	22X:010197:V1	Transmitted to FD	25570920231520326e02			
06/01/2023	22X:010197:V1	Accepted by FD on 6/1/2023				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>COMMUNITY GIVING FOUNDATION</b>	EIN or SSN <b>23-2982141</b>
Name and title of officer or person subject to tax <b>KARA SEESHOLTZ PRESIDENT AND CEO</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	-467,400.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize MAHER DUESSEL, CPA'S to enter my PIN 10197  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25570912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature *Maher Dussel* Date 5/31/23

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2022)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

### A For the 2022 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization COMMUNITY GIVING FOUNDATION		<b>D</b> Employer identification number 23-2982141
	Doing business as		<b>E</b> Telephone number 570-752-3930
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 10,852,099.
	725 WEST FRONT STREET		
	City or town, state or province, country, and ZIP or foreign postal code BERWICK, PA 18603		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: KARA SEESHOLTZ SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If "No," attach a list. See instructions

**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.CSGIVING.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1998

**M** State of legal domicile: PA

### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	9
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	276
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,536,649.	2,080,762.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,611.	83,227.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,306,390.	-2,417,291.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	307,742.	-214,098.
		7,230,392.	-467,400.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,851,921.	3,067,646.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	683,807.	801,327.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	291,055.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	580,230.	574,007.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,115,958.	4,442,980.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,114,434.	-4,910,380.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	84,175,286.	64,313,270.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	7,104,717.	5,547,784.
	77,070,569.	58,765,486.	

### 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.

<b>Sign Here</b>	Signature of officer		Date		
	KARA SEESHOLTZ, PRESIDENT AND CEO				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LISA A. RITTER				P00168809
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	MAHER DUESSEL, CPA'S	25-1622758			
<b>Preparer Use Only</b>	Firm's address		Phone no.		
	1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110		717-232-1230		

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 3,444,619. including grants of \$ 3,067,646. ) (Revenue \$ 28,281. ) THE COMMUNITY GIVING FOUNDATION (CGF) SERVES COLUMBIA, MONTOUR, NORTHUMBERLAND, SNYDER, UNION AND LOWER LUZERNE COUNTIES. CGF HAS 340 FUNDS, INCLUDING FUNDS WITHOUT DONOR RESTRICTIONS, FIELD OF INTEREST, DONOR-ADVISED, AGENCY ENDOWMENT, CHARITABLE GIFT ANNUITY AND SCHOLARSHIP FUNDS. THE FOUNDATION CONTINUES TO DEVELOP FUNDS WITHOUT DONOR RESTRICTIONS THAT WILL ALLOW GRANTS TO BE MADE THROUGHOUT THE SERVICE AREA. THE FOUNDATION'S MISSION IS HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS WHILE PROVIDING MUCH NEEDED DOLLARS THAT CHANGE LIVES WITHIN THE COMMUNITY. THE FOUNDATION ALSO SERVES TO HELP LOCAL AGENCIES RECEIVE STATE AND FEDERAL GRANT DOLLARS AND PROVIDES THE VEHICLE FOR CORPORATIONS TO TAKE ADVANTAGE OF TAX CREDITS FROM CHARITABLE DONATIONS TO QUALIFIED EDUCATION PROGRAMS. THE PROGRAM OFFICE FULFILLED ALL

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

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

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

4e Total program service expenses 3,444,619.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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> See instructions .....		X
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational 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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>10b</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?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
AL MEALE, CFO - 570-752-3930  
725 WEST FRONT STREET, BERWICK, PA 18603



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY J. MARR CHAIR	2.00			X				0.	0.	0.
(2) DR. JOHN M. KURELJA VICE-CHAIR	2.00			X				0.	0.	0.
(3) JOHN THOMPSON TREASURER	2.00			X				0.	0.	0.
(4) JEFF CERMINARO SECRETARY	2.00			X				0.	0.	0.
(5) DR. ROBERT L. ALBERTSON DIRECTOR	2.00	X						0.	0.	0.
(6) HARRY MATHIAS DIRECTOR	2.00	X						0.	0.	0.
(7) GREG MARTZ DIRECTOR	2.00	X						0.	0.	0.
(8) JULIE ERIKSSON DIRECTOR	2.00	X						0.	0.	0.
(9) MICHAEL GORESH DIRECTOR	2.00	X						0.	0.	0.
(10) WENDY TRIPOLI DIRECTOR	2.00	X						0.	0.	0.
(11) JEFF HOLLENBACH DIRECTOR	2.00	X						0.	0.	0.
(12) RICHARD CASHMAN DIRECTOR	2.00	X						0.	0.	0.
(13) ANGELA MOTTO DIRECTOR	2.00	X						0.	0.	0.
(14) LYNDA SCHLEGEL CULVER DIRECTOR	2.00	X						0.	0.	0.
(15) TOM KAPELEWSKI DIRECTOR	2.00	X						0.	0.	0.
(16) MARISSA MARSHALL GOLLA DIRECTOR	2.00	X						0.	0.	0.
(17) M. HOLLY MORRISON PRESIDENT & CEO, THRU 9/30/22	45.00			X				142,429.	0.	31,942.

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KARA SEESHOLTZ PRESIDENT & CEO, BEGINNING 10/1/22	45.00			X				99,091.	0.	7,097.
(19) ALBERT MEALE CHIEF FINANCIAL OFFICER	40.00			X				87,866.	0.	38,789.
<b>1b Subtotal</b> .....								329,386.	0.	77,828.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								329,386.	0.	77,828.

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>	13,994.		
	<b>d</b>	Related organizations	<b>1d</b>			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	636,570.		
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,430,198.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 24,702.		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		2,080,762.		
	Program Service Revenue	<b>2 a</b>	ADMINISTRATIVE FEE INC	<b>Business Code</b>		
			541900	83,227.	83,227.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>		All other program service revenue				
<b>g</b>		<b>Total.</b> Add lines 2a-2f		83,227.		
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,328,081.		1,328,081.
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties				
	<b>6 a</b>	Gross rents	(i) Real			
			(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>			
	<b>c</b>	Rental income or (loss)	<b>6c</b>			
	<b>d</b>	Net rental income or (loss)				
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				6,037,077.	1,500,000.	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	5,327,449.	5,955,000.	
	<b>c</b>	Gain or (loss)	<b>7c</b>	709,628.	-4,455,000.	
	<b>d</b>	Net gain or (loss)		-3,745,372.	-3,745,372.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 13,994. of contributions reported on line 1c). See Part IV, line 18					
		<b>8a</b>	91,395.			
<b>b</b>	Less: direct expenses	<b>8b</b>	37,050.			
<b>c</b>	Net income or (loss) from fundraising events		54,345.		54,345.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19					
		<b>9a</b>				
<b>b</b>	Less: direct expenses	<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances					
		<b>10a</b>				
		<b>10b</b>				
<b>b</b>	Less: cost of goods sold					
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	<b>Business Code</b>	900099	44,988.	44,988.
	<b>b</b>	CHANGE IN VALUE OF CHA		900099	-99,934.	-99,934.
	<b>c</b>	LOSS ON BENEFICIAL INT		900099	-213,497.	-213,497.
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			-268,443.	
	<b>12</b>	<b>Total revenue.</b> See instructions			-467,400.	-3,717,091.
						1,168,929.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,792,528.	2,792,528.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	275,118.	275,118.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	413,239.	71,371.	245,159.	96,709.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	240,721.	114,911.	53,871.	71,939.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	147,367.	54,117.	52,663.	40,587.
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	33,500.	10,050.	14,740.	8,710.
<b>c</b> Accounting .....	11,546.	3,464.	5,080.	3,002.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	155,810.		155,810.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	13,261.	3,978.	5,770.	3,513.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	26,710.	8,013.	11,723.	6,974.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	15,396.	4,619.	6,757.	4,020.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	44,098.	13,229.	19,355.	11,514.
<b>23</b> Insurance .....	11,893.	3,568.	5,220.	3,105.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> SPECIAL PROJECTS	63,789.	30,252.	44,257.	-10,720.
<b>b</b> DUES AND SUBSCRIPTIONS	45,397.	13,619.	19,924.	11,854.
<b>c</b> COMMUNITY EVENTS	40,560.	12,168.	17,801.	10,591.
<b>d</b> REPAIRS AND MAINTENANCE	31,974.	9,592.	14,033.	8,349.
<b>e</b> All other expenses	80,073.	24,022.	35,143.	20,908.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,442,980.	3,444,619.	707,306.	291,055.
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	972,398.	<b>2</b>	797,492.
	<b>3</b> Pledges and grants receivable, net .....	323,083.	<b>3</b>	246,833.
	<b>4</b> Accounts receivable, net .....	58,284.	<b>4</b>	61,338.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	530.	<b>9</b>	34,724.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,813,942.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 685,280.	1,172,761.	<b>10c</b> 1,128,662.
	<b>11</b> Investments - publicly traded securities .....	74,168,442.	<b>11</b>	60,832,864.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	5,955,000.	<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,524,788.	<b>15</b>	1,211,357.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	84,175,286.	<b>16</b>	64,313,270.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,167.	<b>17</b>	19,523.
	<b>18</b> Grants payable .....	377,123.	<b>18</b>	280,517.
	<b>19</b> Deferred revenue .....	100,000.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	6,621,427.	<b>21</b>	5,247,744.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,104,717.	<b>26</b>	5,547,784.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	75,545,781.	<b>27</b>	57,554,129.
	<b>28</b> Net assets with donor restrictions .....	1,524,788.	<b>28</b>	1,211,357.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	77,070,569.	<b>32</b>	58,765,486.
	<b>33</b> Total liabilities and net assets/fund balances .....	84,175,286.	<b>33</b>	64,313,270.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	-467,400.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,442,980.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,910,380.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	77,070,569.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-13,394,703.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	58,765,486.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		





**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,146,459.	3,110,622.	5,030,102.	3,536,649.	2,080,762.	15,904,594.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,146,459.	3,110,622.	5,030,102.	3,536,649.	2,080,762.	15,904,594.
<b>5</b> 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) .....						857,823.
<b>6 Public support.</b> Subtract line 5 from line 4.						15,046,771.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	2,146,459.	3,110,622.	5,030,102.	3,536,649.	2,080,762.	15,904,594.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	956,189.	1,077,425.	908,552.	1,562,581.	1,328,081.	5,832,828.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						21,737,422.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,239,796.

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	69.22 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	69.66 %

**16a 33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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).		



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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

COMMUNITY GIVING FOUNDATION

Employer identification number

23-2982141

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  COMMUNITY GIVING 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	<hr/> <hr/> <hr/>	\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 59,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 50,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  COMMUNITY GIVING 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
7	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 102,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 84,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  COMMUNITY GIVING FOUNDATION	Employer identification number  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  COMMUNITY GIVING FOUNDATION	Employer identification number  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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

2022

Open to Public Inspection

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

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

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

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

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

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,933,800.	66,177,700.	52,351,100.	37,039,000.	40,566,100.
b Contributions	871,600.	530,500.	7,878,000.	3,365,000.	777,700.
c Net investment earnings, gains, and losses	-11,307,700.	8,085,100.	7,806,100.	8,228,100.	-2,567,800.
d Grants or scholarships	1,903,900.	994,600.	1,261,500.	1,378,600.	1,079,800.
e Other expenditures for facilities and programs	4,536,100.	73,200.		243,000.	96,000.
f Administrative expenses	837,600.	791,700.	596,000.	614,400.	561,200.
g End of year balance	55,220,100.	72,933,800.	66,177,700.	46,396,100.	37,039,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                  | 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.	503,958.	913,535.
c Leasehold improvements				
d Equipment		76,624.	7,170.	69,454.
e Other		224,501.	174,152.	50,349.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,128,662.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	-13,919,879.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-13,394,703.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	60,984.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-13,333,719.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	-586,160.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	155,810.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-37,050.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	118,760.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	-467,400.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	4,385,204.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	98,034.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	98,034.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,287,170.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	155,810.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	155,810.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,442,980.

**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 PRIOR YEAR'S BEGINNING OF YEAR BALANCE WAS RESTATED BY \$5,955,000 TO

INCLUDE AN INVESTMENT IN A PRIVATE COMPANY. THE FOUNDATION WAS THE

BENEFICIARY OF A TRUST THAT HAD PREVIOUSLY HELD THE INVESTMENT.

**Part XIII** Supplemental Information (continued)

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MEDICAL ASSISTANCE PAID DIRECTLY TO GRANTEE 60,984.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -37,050.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MEDICAL ASSISTANCE PAID DIRECTLY TO GRANTEE 60,984.

FUNDRAISING EXPENSES 37,050.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 98,034.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ROTARY (event type)	ROBINSON (event type)	2 (total number)	
Revenue	<b>1</b> Gross receipts .....	19,139.	32,075.	54,175.	105,389.
	<b>2</b> Less: Contributions .....	1,914.		12,080.	13,994.
	<b>3</b> Gross income (line 1 minus line 2) .....	17,225.	32,075.	42,095.	91,395.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	1,180.	2,307.		3,487.
	<b>6</b> Rent/facility costs .....	3,604.	4,158.	1,621.	9,383.
	<b>7</b> Food and beverages .....	3,915.	2,983.	15,956.	22,854.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	187.	567.	572.	1,326.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				37,050.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				54,345.	

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A COMMUNITY CLINIC, INC. 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)	50,000.	0.			HEALTH & HUMAN SERVICES
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY (CHAPMAN) - PO BOX 424 851 RAILROAD STREET - BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	110,300.	0.			HEALTH & HUMAN SERVICES
AMERICAN RED CROSS OFFICE OF THE GENERAL COUNSEL 431 18TH STREET N.W. - WASHINGTON, DC 20006	53-0196605	501(C)(3)	9,918.	0.			HEALTH & HUMAN SERVICES
BENTON AREA SCHOOL DISTRICT (GEFFKEN) - 600 GREEN ACRES ROAD - BENTON, PA 17814	23-1667659	SCHOOL	40,790.	0.			YOUTH & RECREATION
BERWICK AREA SCHOOL DISTRICT (HRINDA) - 500 LINE STREET - BERWICK, PA 18603	23-1654551	SCHOOL	135,484.	0.			YOUTH & RECREATION
BERWICK AREA UNITED WAY (SHORTLIDGE) - 107 SOUTH MARKET STREET SUITE 6 - BERWICK, PA 18603	24-0831490	501(C)(3)	26,808.	0.			YOUTH & RECREATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 66.
- 3** Enter total number of other organizations listed in the line 1 table 13.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERWICK AREA YMCA (PAJOVICH) 231 WEST THIRD STREET BERWICK, PA 18603	24-0813665	501(C)(3)	74,480.	0.			YOUTH & RECREATION
BERWICK ARTS ASSOCIATION 309 EAST 4TH ST. BERWICK, PA 18603	87-0815352	501(C)(3)	40,150.	0.			ARTS & CULTURE
BERWICK HISTORICAL SOCIETY (STOUT) PO BOX 301 BERWICK, PA 18603	23-2019266	501(C)(3)	27,900.	0.			ARTS & CULTURE
BERWICK THEATER AND CENTER FOR COMMUNITY ARTS - 110 E. FRONT STREET - BERWICK, PA 18603	47-1959473	501(C)(3)	76,250.	0.			ARTS & CULTURE
BEYOND VIOLENCE INC. (CAMPBELL) 212 W ELEVENTH STREET BERWICK, PA 18603	23-2899786	501(C)(3)	101,100.	0.			HEALTH & HUMAN SERVICES
BIRTHRIGHT OF SUNBURY, INC. 2063 HOSTA ROAD PAXINOS, PA 17860	23-2304134	501(C)(3)	7,800.	0.			HEALTH & HUMAN SERVICES
BLOOMSBURG AREA SCHOOL DISTRICT (CLEAVER) - 728 EAST FIFTH STREET - BLOOMSBURG, PA 17815	23-1667959	501(C)(3)	11,100.	0.			YOUTH & RECREATION
BLOOMSBURG PUBLIC LIBRARY 225 MARKET STREET BLOOMSBURG, PA 17815	24-0820972	501(C)(3)	6,000.	0.			YOUTH & RECREATION
BLOOMSBURG THEATRE ENSEMBLE (WHITE-SPUNNER) - ALVINA KRAUSE THEATRE 226 CENTER STREET - BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	9,900.	0.			ARTS & CULTURE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMSBURG UNIVERSITY FOUNDATION 400 EAST SECOND STREET BLOOMSBURG, PA 17815	23-7088491	501(C)(3)	14,000.	0.			EDUCATION
BOROUGH OF BERWICK 1800 NORTH MARKET STREET BERWICK, PA 18603	24-6000568	GOVT	14,000.	0.			CIVIC & COMMUNITY DEVELOPMENT
BOROUGH OF BRIAR CREEK 6029 PARK ROAD BERWICK, PA 18603	23-1974966	GOVT	8,694.	0.			HEALTH & HUMAN SERVICES
CATAWISSA MILITARY BAND 115 S. BERGER AVE. CATAWISSA, PA 17820	23-2232989	501(C)(3)	9,000.	0.			ARTS & CULTURE
CENTRAL PA YOUTH MINISTRIES (LITTLE) - 11TH AVENUE PO BOX 189 - SHAMOKIN DAM, PA 17876	24-0855903	501(C)(3)	6,200.	0.			YOUTH & RECREATION
CENTRAL PENNSYLVANIA FOOD BANK (KNAPP) - 3908 COREY ROAD - HARRISBURG, PA 17109	23-2202250	501(C)(3)	18,600.	0.			HEALTH & HUMAN SERVICES
CENTRAL SUSQUEHANNA SIGHT SERVICES, INC. (CSSS) - 348 MARKET STREET - SUNBURY, PA 17801	24-0798648	501(C)(3)	26,850.	0.			HEALTH & HUMAN SERVICES
CHILD HUNGER OUTREACH PARTNERS 2 ELIZABETH STREET TOWANDA, PA 18848	83-3319637	501(C)(3)	16,000.	0.			YOUTH & RECREATION
CHRIST MEMORIAL EPISCOPAL CHURCH PO BOX 363 156 EAST MARKET STREET DANVILLE, PA 17821	24-0826171	CHURCH	87,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA CHILD DEVELOPMENT PROGRAM (WEAVER) - 215 EAST 5TH STREET - BLOOMSBURG, PA 17815	23-1877155	501(C)(3)	49,405.	0.			YOUTH & RECREATION
COLUMBIA COUNTY COMMISSIONERS FOR COLUMBIA CO. FAMILY CENTERS - PO BOX 380 11 WEST MAIN STREET - BLOOMSBURG, PA 17815	24-6000727	GOVT	41,000.	0.			YOUTH & RECREATION
COLUMBIA COUNTY VOLUNTEERS IN MEDICINE CLINIC, INC. (CHOPRA) - PO BOX 416 310 EAST THIRD STREET - MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	116,650.	0.			HEALTH & HUMAN SERVICES
COLUMBIA MONTOUR COUNCIL NO. 504 BOY SCOUTS OF AMERICA (KNOX) - 5 AUDUBON COURT - BLOOMSBURG, PA 17815	24-0795392	501(C)(3)	19,530.	0.			YOUTH & RECREATION
DANVILLE AREA COMMUNITY CENTER 1041 LIBERTY STREET DANVILLE, PA 17821	24-0860310	501(C)(3)	18,800.	0.			HEALTH & HUMAN SERVICES
DANVILLE AREA COMMUNITY CENTER (NIED) - 1041 LIBERTY STREET - DANVILLE, PA 17821	24-0860310	501(C)(3)	10,500.	0.			YOUTH & RECREATION
DIG FURNITURE BANK 14 ELM STREET MILTON, PA 17847	85-1259732	501(C)(3)	22,700.	0.			HEALTH & HUMAN SERVICES
FAMILY SERVICE ASSOCIATION OF NEPA 31 WEST MARKET STREET WILKES BARRE, PA 18701-1304	24-0795415	501(C)(3)	12,000.	0.			HEALTH & HUMAN SERVICES
FOR THE CAUSE 1130 6TH AVE. BERWICK, PA 18603	45-5087276	501(C)(3)	71,574.	0.			YOUTH & RECREATION

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION OF THE COLUMBIA MONTOUR CHAMBER OF COMMERCE - 238 MARKET STREET - BLOOMSBURG, PA 17815	23-2697698	501(C)(3)	106,668.	0.			HEALTH & HUMAN SERVICES
FRIENDS OF THE COLUMBIA COUNTY TRAVELING LIBRARY - 702 SAWMILL ROAD, SUITE 101 - BLOOMSBURG, PA 17815	23-2662846	501(C)(3)	5,500.	0.			YOUTH & RECREATION
GAUDENZIA, INC. 2930 DERRY STREET HARRISBURG, PA 17111	23-1706895	501(C)(3)	9,500.	0.			HEALTH & HUMAN SERVICES
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE MAIL CODE DANVILLE, PA 17822	23-6291113	501(C)(3)	439,896.	0.			HEALTH & HUMAN SERVICES
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 40-36 DANVILLE, PA 17822	23-1995911	501(C)(3)	69,254.	0.			HEALTH & HUMAN SERVICES
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 40-36 DANVILLE, PA 17822	23-1995911	501(C)(3)	7,500.	0.			YOUTH & RECREATION
GLOBAL AWARENESS SOCIETY INTERNATIONAL (POMFRET) - ATTN: JAMES POMFRET 208 MCHENRY HILL ROAD - ORANGEVILLE, PA 17859	23-2647251	501(C)(3)	5,800.	0.			YOUTH & RECREATION
GOOD SAMARITAN MISSION (WHARTON) PO BOX 114 DANVILLE, PA 17821	20-0305960	501(C)(3)	20,750.	0.			HEALTH & HUMAN SERVICES
GREATER SUSQUEHANNA VALLEY UNITED WAY - 228 ARCH STREET - SUNBURY, PA 17801	23-1697631	501(C)(3)	6,100.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SUSQUEHANNA VALLEY YMCA PO BOX 390 SUNBURY, PA 17801	24-0795634	501(C)(3)	7,850.	0.			YOUTH & RECREATION
HAVEN MINISTRY 1043 SOUTH FRONT STREET PO BOX 345 SUNBURY, PA 17801	23-2628202	501(C)(3)	15,200.	0.			EDUCATION
KIWANIS CUB OF SUNBURY P.O. BOX 711 SUNBURY, PA 17801	23-6403895	501(C)(3)	12,500.	0.			YOUTH & RECREATION
MCBRIDE MEMORIAL LIBRARY (CURLEY) 500 N. MARKET STREET BERWICK, PA 18603	24-0796862	501(C)(3)	48,349.	0.			YOUTH & RECREATION
MELVIN CHIP R. DRUMHELLER MEMORIAL CHILDRENS CANCER FUND - 211 HEMLOCK LANE - BLOOMSBURG, PA 17815	88-2349919	501(C)(3)	5,497.	0.			HEALTH & HUMAN SERVICES
MIFFLINBURG AREA SCHOOL DISTRICT 178 MAPLE STREET MIFFLINBURG, PA 17844	24-6001910	SCHOOL	6,400.	0.			EDUCATION
MONTOUR AREA RECREATION COMMISSION (STOUDT) - PO BOX 456 - DANVILLE, PA 17821	26-1859983	501(C)(3)	44,100.	0.			YOUTH & RECREATION
NICHOLAS WOLFF FOUNDATION, INC. CAMP VICTORY PO BOX 810 MILLVILLE, PA 17846	23-2481065	501(C)(3)	38,100.	0.			YOUTH & RECREATION
NORTHERN COLUMBIA COMMUNITY & CULTURAL CENTER (SPESS) - PO BOX 305 42 COMMUNITY DRIVE - BENTON, PA 17814	23-3079237	501(C)(3)	37,700.	0.			YOUTH & RECREATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST AREA SCHOOL DISTRICT 243 THORNE HILL ROAD SHICKSHINNY, PA 18655	23-1654941	SCHOOL	25,900.	0.			YOUTH & RECREATION
PA PETS, INC. 203 EAST 5TH STREET BLOOMSBURG, PA 17815	23-2282512	501(C)(3)	6,700.	0.			HEALTH & HUMAN SERVICES
RESURGENT LIFE 62 VILLAGE LANE BERWICK, PA 18603	87-1271043	501(C)(3)	24,500.	0.			HEALTH & HUMAN SERVICES
SALEM TOWNSHIP POLICE DEPARTMENT 38 BOMBOY LANE BERWICK, PA 18603	24-6001546	GOVT	11,552.	0.			HEALTH & HUMAN SERVICES
SELINGSGROVE AREA SCHOOL DISTRICT 401 NORTH 18TH STREET SELINGSGROVE, PA 17870	23-1727728	SCHOOL	10,200.	0.			EDUCATION
SELINGSGROVE PROJECTS INCORPORATED (DERK) - PO BOX 377 - SELINGSGROVE, PA 17870	22-2719219	501(C)(3)	5,200.	0.			YOUTH & RECREATION
SETEBAID SERVICES, INC. PO BOX 196 WINFIELD, PA 17889-0196	23-2979076	501(C)(3)	7,083.	0.			YOUTH & RECREATION
SHAMOKIN AREA SCHOOL DISTRICT (VENNA) - 2000 WEST STATE STREET - COAL TOWNSHIP, PA 17866	23-1654594	SCHOOL	7,371.	0.			EDUCATION
SHAPE OF JUSTICE INC. 265 POINT TOWNSHIP DRIVE NORTHUMBERLAND, PA 17857	83-0939345	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHIKELLAMY SCHOOL DISTRICT (BENDLE) - 200 ISLAND BOULEVARD - SUNBURY, PA 17801	23-1654595	501(C)(3)	8,500.	0.			EDUCATION
SPREADING ANTLERS CHILDREN'S FOUNDATION - 26 S. 2ND STREET PO BOX 288 - NORTHUMBERLAND, PA 17857	46-1545809	501(C)(3)	17,500.	0.			YOUTH & RECREATION
ST JOHN'S LUTHERAN CHURCH - KATE'S KUPBOARD - 300 IVY LANE - NORTHUMBERLAND, PA 17857	24-0802111	501(C)(3)	6,280.	0.			HEALTH & HUMAN SERVICES
ST. COLUMBA CATHOLIC CHURCH PARISH OFFICE - 342 IRON STREET - BLOOMSBURG, PA 17815	84-3606899	CHURCH	8,750.	0.			HEALTH & HUMAN SERVICES
ST. COLUMBA CATHOLIC SCHOOL 40 E. THIRD STREET BLOOMSBURG, PA 17815	84-3606899	SCHOOL	10,400.	0.			EDUCATION
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC - 335 MARKET STREET SUITE 1 - SUNBURY, PA 17801	27-1099832	501(C)(3)	42,700.	0.			HEALTH & HUMAN SERVICES
SUSQUEHANNA VALLEY UNITED WAY (MAEL) - 228 ARCH STREET - SUNBURY, PA 17801	24-0840626	501(C)(3)	20,500.	0.			HEALTH & HUMAN SERVICES
THE CHILDREN'S MUSEUM, INC. 2 WEST 7TH STREET BLOOMSBURG, PA 17815	23-2303460	501(C)(3)	28,000.	0.			YOUTH & RECREATION
THE DENTAL HEALTH CLINIC 107 S. MARKET STREET SUITE 2 BERWICK, PA 17815	23-3083080	501(C)(3)	56,200.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EXCHANGE 24 E. MAIN STREET BLOOMSBURG, PA 17815	27-0980463	501(C)(3)	7,475.	0.			ARTS & CULTURE
THE LITTLE CHILDREN DEVELOPMENT CENTER - 20 KACHINKA HOLLOW RD - BERWICK, PA 18603	87-3490979	501(C)(3)	9,000.	0.			YOUTH & RECREATION
THE SALVATION ARMY - SERVICE EXTENSION - BLOOMSBURG SERVICE CENTER 345 MARKET STREET - BLOOMSBURG, PA 17815	13-5562351	501(C)(3)	7,918.	0.			HEALTH & HUMAN SERVICES
THE SALVATION ARMY, BERWICK 320 WEST SECOND STREET BOX 303 BERWICK, PA 18603	13-5562351	501(C)(3)	15,299.	0.			HEALTH & HUMAN SERVICES
THE WOMEN'S CENTER, INC. 111 NORTH MARKET STREET BLOOMSBURG, PA 17815	23-7456259	501(C)(3)	6,000.	0.			HEALTH & HUMAN SERVICES
TRANSITIONAL HOUSING AND CARE CENTER OF COLUMBIA AND MONTGOMERY COUNTY - 21 GATE HOUSE DRIVE - DANVILLE, PA 17821	23-2824353	501(C)(3)	38,250.	0.			HEALTH & HUMAN SERVICES
TRANSITIONS OF PA PO BOX 170 LEWISBURG, PA 17857	23-2089699	501(C)(3)	10,750.	0.			HEALTH & HUMAN SERVICES
WESLEY UNITED METHODIST CHURCH, NESCOPECK - 401 BROAD STREET - NESCOPECK, PA 18635	24-6021283	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
WVIA PUBLIC MEDIA 100 WVIA WAY PITTSBURGH, PA 15222	23-1663603	501(C)(3)	5,200.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS AWARDED TO INDIVIDUALS	225	0.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

COMMUNITY GIVING FOUNDATION

Employer identification number

23-2982141

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) M. HOLLY MORRISON PRESIDENT & CEO, THRU 9/30/22	(i)	142,429.	0.	0.	7,241.	24,701.	174,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

COMMUNITY GIVING 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, ENHANCING THE

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

DONORS' INTENTIONS. THE COMMUNITY GIVING FOUNDATION PROVIDES A VEHICLE

FOR INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR

COMMUNITY THROUGH CHARITABLE GIVING.

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

INDIVIDUALS, BUSINESSES, AND NONPROFIT ORGANIZATIONS TO HELP THEIR

COMMUNITY THROUGH CHARITABLE GIVING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

REQUIREMENTS OF DISTRIBUTING GRANTS AND SCHOLARSHIPS AS PART OF THEIR

REGULAR DUE DILIGENCE TO OUR CURRENT FUNDHOLDERS WITH ANNUAL

DISTRIBUTIONS.

FORM 990, PART VI, SECTION A, LINE 4:

BY-LAWS WERE UPDATED IN JULY 2022.

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

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

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

THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. A COPY OF THE

POLICY IS INCLUDED IN A NOTEBOOK OF INFORMATION GIVEN TO NEW DIRECTORS WHEN

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

Schedule O (Form 990) 2022

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

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

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:

THE FOUNDATION INDICATES ON ITS WEBSITE THAT 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 THE FOUNDATION'S ANNUAL REPORT, WHICH

IS WIDELY DISTRIBUTED, AND ARE MADE AVAILABLE ON THE FOUNDATION'S WEBSITE.

ALL OTHER REQUIRED PUBLIC INSPECTION DOCUMENTS ARE AVAILABLE UPON REQUEST

FREE OF CHARGE.

FORM 990, PART XII, LINE 2C

THE FOUNDATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE

AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT

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

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



# 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](http://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](http://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.

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

AL MEALE, CFO

• The books are in the care of ▶ 725 WEST FRONT STREET - BERWICK, PA 18603

Telephone No. ▶ 570-752-3930 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2022 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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