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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization

SCRANTON AREA FOUNDATION, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

321 SPRUCE STREET, 6TH FL-BANK TOWE

City or town, state or country, and ZIP + 4

SCRANTON, PA 18503-1409

F Name and address of principal officer: JEANNE A. BOVARD

321 SPRUCE STREET, 6TH FL - BANK TOWERS, SCR

D Employer identification number

23-2890364

E Telephone number

570-347-6203

G Gross receipts \$

19,551,678.

H(a) Is this a group return for affiliates?☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) (Insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.SAFDN.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1954**M State of legal domicile** PA**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: SCRANTON AREA FOUNDATION STRIVES TO ENHANCE THE QUALITY OF LIFE FOR ALL PEOPLE IN LACKAWANNA COUNTY						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3	19				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19				
5	Total number of employees (Part V, line 2a)	5	4				
6	Total number of volunteers (estimate if necessary)	6	0				
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	578,078.	410,807.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,636,771.	-1,943,984.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,807.	-26,318.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,010,886.	-1,559,495.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	940,901.	849,771.				
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10)	252,636.	260,759.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,006.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	436,736.	318,576.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,630,273.	1,429,106.				
19	Revenue less expenses. Subtract line 18 from line 12	-2,641,159.	-2,988,601.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	21,236,959.	23,506,807.				
22	Net assets or fund balances. Subtract line 21 from line 20	2,480,453.	2,554,314.				
		18,756,506.	20,952,493.				

Part II Signature Block

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

Sign Here

Signature of officer

JEANNE A. BOVARD

Type or print name and title

Date

11/5/10

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

MCGRAIL MERKEL QUINN & ASSOCIATES, P.C.
1173 CLAY AVENUE
SCRANTON, PA 18510

Date

11/05/10

Check if self-employed

☐

Preparer's identifying number (see instructions)

17684159

EIN ▶

Phone no ▶ (570) 961-0345

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED NOV 29 2010

5-16 4

Part III	Statement of Program Service Accomplishments
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- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
SCRANTON AREA FOUNDATION STRIVES TO ENHANCE THE QUALITY OF LIFE FOR
ALL PEOPLE IN LACKAWANNA COUNTY AS A STEWARD, BY DEVELOPING AND
MANAGING PERMANENT ENDOWMENT FUNDS; AS A GRANTMAKER, BY GIVING SUPPORT
TO ENABLE THE COMMUNITY TO RESPOND TO EMERGING AND CHANGING NEEDS AND
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code:) (Expenses \$ 849,771. including grants of \$ 849,771.) (Revenue \$)
- THE SCRANTON AREA FOUNDATION WAS ESTABLISHED IN 1954 TO ASSIST TAX-EXEMPT ORGANIZATIONS BY PROVIDING PROJECT GRANTS FOR RELIGIOUS, SCIENTIFIC, CHARITABLE, LITERARY OR EDUCATIONAL PURPOSES. SCRANTON AREA PROVIDED MORE THAN 150 GRANTS IN 2009 INCLUDING:
- A GREAT OPPORTUNITY TO SUPPORT AN AMAZING NEW PROGRAM IN OUR COMMUNITY WAS OUR ASSISTANCE TO THE COMMONWEALTH MEDICAL COLLEGE. WE HELPED THEM CONNECT WITH OTHER FOUNDATIONS AND KEY INDIVIDUALS WHO HAVE THE CAPABILITY TO PARTICIPATE IN MOVING THIS IMPORTANT NEW PROJECT FORWARD. OUR GRANT WAS FOR \$400,000 OVER FOUR YEARS FOR TUITION SCHOLARSHIPS FOR MEDICAL STUDENTS. THIS WAS THE BIGGEST GRANT IN SCRANTON AREA FOUNDATION'S HISTORY. WE CONSIDER THIS A VERY GOOD GRANT FOR OBVIOUS REASONS, NOT THE LEAST OF WHICH IS THE GOOD HEALTH AND

- [illegible]

- [illegible]

- 4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
- 4e Total program service expenses ► \$ 849,771 .

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2009)

Form **990** (2009)

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	19	
b Enter the number of voting members that are independent	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PA**
SCRANTON AREA FOUNDATION, INC. - 570-347-6203
BANK TOWERS, 6TH FL, 321 SPRUCE STREET, SCRANTON, PA 18503-1409

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE V. LYNETT, ESQ. CHAIRMAN		X		X				0.	0.	0.
KAREN CLIFFORD VICE CHAIRMAN		X		X				0.	0.	0.
THOMAS C. CAPEZIO TREASURER		X		X				0.	0.	0.
WARREN T. ACKER DIRECTOR		X						0.	0.	0.
DR. EDWARD G. BOEHM DIRECTOR		X						0.	0.	0.
DANTE A. CANCELLI, ESQ. DIRECTOR		X						0.	0.	0.
ALAN F. HUGHES DIRECTOR		X						0.	0.	0.
L. PETER FRIEDER, JR. DIRECTOR		X						0.	0.	0.
JUDITH O. GRAZIANO DIRECTOR		X						0.	0.	0.
CATHY ANN HARDAWAY DIRECTOR		X						0.	0.	0.
DAVID HAWK DIRECTOR		X						0.	0.	0.
DAVID KIRTLAND DIRECTOR		X						0.	0.	0.
PATRICK J. MCMAHON DIRECTOR		X						0.	0.	0.
JANE OPPENHEIM DIRECTOR		X						0.	0.	0.
ANN LAVELLE POWELL, ESQ. DIRECTOR		X						0.	0.	0.
JAMES A. ROSS DIRECTOR		X						0.	0.	0.
WALTER L. SHAUTZ DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM W. SCRANTON, III DIRECTOR		X						0.	0.	0.
THOMAS G. SPEICHER DIRECTOR		X						0.	0.	0.
JEANNE A. BOVARD EXECUTIVE DIRECTOR	40.00			X				87,637.	0.	14,410.
1b Total								87,637.	0.	14,410.

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

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

	Yes	No
3		X
4		X
5		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	410,807.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			410,807.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			582,955.			582,955.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-2526939.			-2526939.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a ADMINISTRATIVE FEE		900099	73,460.			73,460.	
b CHANGE IN CHARITABLE R		900099	-99,778.			-99,778.	
c							
d All other revenue							
e Total. Add lines 11a-11d			-26,318.				
12 Total revenue. See instructions			-1559495.	0.	0.	-1970302.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	642,163.	642,163.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	207,608.	207,608.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,047.		51,024.	51,023.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	113,449.		113,449.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,078.		9,078.	
9 Other employee benefits	20,237.		20,237.	
10 Payroll taxes	15,948.		12,473.	3,475.
11 Fees for services (non-employees)				
a Management	1,944.		1,944.	
b Legal	3,780.		945.	2,835.
c Accounting	29,324.		29,324.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	229,127.		229,127.	
g Other				
12 Advertising and promotion				
13 Office expenses	5,623.		2,812.	2,811.
14 Information technology				
15 Royalties				
16 Occupancy	27,859.		27,859.	
17 Travel	2,811.		2,811.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	383.		383.	
23 Insurance	5,588.		5,588.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FOUNDATION AND DONOR DE	6,862.			6,862.
b BOARD/STAFF DEVELOPMENT	2,992.		2,992.	
c ASSOCIATION DUES	1,100.		1,100.	
d FUND ADMINISTRATION	924.		924.	
e SUBSCRIPTIONS AND RESOU	178.		178.	
f All other expenses	81.		81.	
25 Total functional expenses. Add lines 1 through 24f	1,429,106.	849,771.	512,329.	67,006.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	680,309.	2	287,048.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,017.		
	b Less: accumulated depreciation	10b 48,665.	735.	10c 352.
	11 Investments - publicly traded securities	20,170,077.	11	22,884,612.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	385,838.	15	334,795.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,236,959.	16	23,506,807.	
Liabilities	17 Accounts payable and accrued expenses	1,165.	17	2,374.
	18 Grants payable	342,584.	18	183,019.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,136,704.	25	2,368,921.
	26 Total liabilities. Add lines 17 through 25	2,480,453.	26	2,554,314.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		9,740,273.	27	10,775,862.
28 Temporarily restricted net assets		9,016,233.	28	10,176,631.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		18,756,506.	33	20,952,493.
34 Total liabilities and net assets/fund balances		21,236,959.	34	23,506,807.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number

23-2890364

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	438,890.	543,794.	375,733.	578,078.	413,381.	2349876.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	438,890.	543,794.	375,733.	578,078.	413,381.	2349876.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						57,471.
6 Public support. Subtract line 5 from line 4						2292405.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	438,890.	543,794.	375,733.	578,078.	413,381.	2349876.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	482,004.	518,103.	855,512.	745,743.	582,956.	3184318.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						5534194.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	41.42	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	43.89	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ► ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number

23-2890364

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	14	77
2 Aggregate contributions to (during year)	27,442.	272,560.
3 Aggregate grants from (during year)	12,980.	262,108.
4 Aggregate value at end of year	579,182.	9,597,449.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

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

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

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

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 organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		49,017.	48,665.	352.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				352.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col.(b) must equal Form 990, Part X, col.(B), line 13.) ▶		

Part IV Other Assets (See Form 990, Part IV, and instructions)	
(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	LIABILITY UNDER CHARITABLE REMAINDER	
	UNITRUSTS	19,912.
	FUNDS HELD AS FAS 136 ENDOWMENTS	2,349,009.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,368,921.

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Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-1,559,495.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,429,106.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,988,601.
4	Net unrealized gains (losses) on investments	4	5,500,583.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-315,995.
9	Total adjustments (net). Add lines 4 through 8	9	5,184,588.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,195,987.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,369,127.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	5,181,584.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	5,181,584.
3	Subtract line 2e from line 1	3	-1,812,457.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	215,957.
b	Other (Describe in Part XIV.)	4b	37,005.
c	Add lines 4a and 4b	4c	252,962.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	-1,559,495.

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

1	Total expenses and losses per audited financial statements	1	1,133,914.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,133,914.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	215,957.
b	Other (Describe in Part XIV.)	4b	79,235.
c	Add lines 4a and 4b	4c	295,192.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,429,106.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET ACTIVITY IN FAS 136 FUNDS HELD AS AGENCY ENDOWMENTS

TRANSFER OF FUNDS TO AGENCY ENDOWMENTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME IN FAS 136 FUNDS

ADJUSTMENT TO CHARITABLE REMAINDER TRUST

Part XIV Supplemental Information (continued)**PART XIII, LINE 4B - OTHER ADJUSTMENTS:****INVESTMENT EXPENSES IN FAS 136 FUNDS**

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE HAS GRANTED THE FOUNDATION PERMANENT PUBLIC FOUNDATION STATUS. CONSEQUENTLY, THE FOUNDATION IS REQUIRED TO DRAW ITS SUPPORT FROM A BROAD BASE OF THE COMMUNITY. TO MEET THIS REQUIREMENT, THE "FOUNDATION ASSOCIATES" WAS ESTABLISHED SEVERAL YEARS AGO FOR THE PURPOSE OF SOLICITING MEMBERSHIP AND PARTICIPATION IN THE WORK OF THE SCRANTON AREA FOUNDATION, INC.

THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION ADOPTED THIS NEW GUIDANCE FOR THE YEAR ENDED DECEMBER 31, 2009. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX BY THE FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2006.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009.

Open to Public
Inspection

Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number
23-2890364

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES OF THE DIOCESE OF SCRANTON INC - 33 EAST NORTHAMPTON ST - WILKESBARRE, PA 18701	24-0818341	501(C)(3)	15,000.	0.			TO PROVIDE SUPPORT FOR PROGRAMS THAT PROVIDE A VARIETY OF COUNSELING SERVICES TO INDIVIDUALS
UNITED NEIGHBORHOOD CENTERS 425 ALDER STREET SCRANTON, PA 18505	24-0759389	501(C)(3)	24,000.	0.			TO PROVIDE ASSISTANCE WITH THE ANGEL'S ATTIC PROGRAM AND THE COMMUNITY ORGANIZING PROGRAM FOR ANNUAL TUITION ASSISTANCE TO AN INDIVIDUAL FROM THE SOCIAL SERVICES FIELD PARTICIPATING IN THE
LEADERSHIP LACKAWANNA PO BOX 431 SCRANTON, PA 18501	22-2686540	501(C)(3)	5,000.	0.			TO PROVIDE ASSISTANCE TO LIBRARY'S LECTURE SERIES.
LACKAWANNA COUNTY LIBRARY SYSTEM 500 VINE STREET SCRANTON, PA 18509			8,000.	0.			TO PROVIDE ASSISTANCE TO LIBRARY'S LECTURE SERIES.
COMMUNITY INTERVENTION CENTER OF LACKAWANNA COUNTY - 537-539 WYOMING AVE - SCRANTON, PA 18509	23-1941321	501(C)(3)	10,000.	0.			TO PROVIDE ASSISTANCE TO THE COMMUNITY INTERVENTION CENTER OF LACKAWANNA
FRIENDS OF THE POOR 148 MERIDIAN AVE SCRANTON, PA 18504			10,000.	0.			HUMAN SERVICES

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

(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 non-cash assistance
SCHOLARSHIPS FOR STUDENTS GRADUATING FROM OR ATTENDING A PARTICULAR SCHOOL	52	189,184.	0.		
HUMANITARIAN AWARD PRESENTED TO A WOMAN WHOSE VISION, DEDICATION AND COURAGE HAS ENHANCED THE QUALITY OF LIFE AND EXPANDED THE OPPORTUNITIES FOR THE PEOPLE OF HER COMMUNITY	1	1,000.	0.		
SCHOLARSHIPS TO TEACHERS IN A PARTICULAR SCHOOL DISTRICT FOR TRAINING TO ENHANCE PROFESSIONALISM	1	1,000.	0.		
TUITION ASSISTANCE TO AN INDIVIDUAL TO PARTICIPATE IN LEADERSHIP LACKAWANNA	1	2,550.	0.		
SCHOLARSHIPS FOR STUDENTS FROM A PARTICULAR SCHOOL TO PARTICIPATE IN OUTWARD BOUND	5	13,346.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

SCHEDULE I, PART I, LINE 2: GRANTS REQUIRE THE ORGANIZATION TO SEND

PROGRESS REPORTS TO THE FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC SOCIAL SERVICES OF THE DIOCESE OF SCRANTON INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR PROGRAMS THAT

PROVIDE A VARIETY OF COUNSELING SERVICES TO INDIVIDUALS AND FAMILIES

RESIDING IN NORTHEASTERN PENNSYLVANIA.

Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number
23-2890364

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFETY NET 550 MADISON AVE SCRANTON, PA 18510	23-2706023	501(C)(3)	15,000.	0.			TO PROVIDE ASSISTANCE WITH THE EMERGENCY SERVICES PROGRAM.
THE SALVATION ARMY							HUMAN SERVICES
LACKAWANNA COUNTY HOUSING 209 W. PINE ST DUNMORE, PA 18509		501(C)(3)	10,500.	0.			HOUSING GRANT
MEALS ON WHEELS OF NORTHEASTERN PA INC. - 541 WYOMING AVE - SCRANTON, PA 18509	23-1856098	501(C)(3)	11,000.	0.			TO PROVIDE ASSISTANCE IN PROVIDING MEALS TO AND OTHER NUTRITIONAL SERVICES TO THOSE WHO ARE
THE BREAD BASKET OF NORTHEASTER PENNSYLVANIA - 550 MADISON AVE - SCRANTON, PA 18510	23-2319623	501(C)(3)	6,000.	0.			TO PROVIDE ASSISTANCE IN THE DISTRIBUTION OF FOOD TO THE NEEDY.
EMPLOYMENT OPPORTUNITY TRAINING CENTER OF NORTHEASTER PENNSYLVANIA - 116 N. WASHINGTON AVE, STE 3D - SCRANTON, PA 18503	25-1562285	501(C)(3)	20,000.	0.			ASSIST IN PROVIDING A VARIETY OF PROGRAMS THAT PROMOTE FAMILY STABILITY AND ECONOMIC
WOMEN'S RESOURCE CENTER PO BOX 975 SCRANTON, PA 18501	23-2003915	501(C)(3)	20,000.	0.			TO PROVIDE OPERATIONAL ASSISTANCE.
DAY NURSERY ASSOCIATION 332 JEFFERSON AVE SCRANTON, PA 18510	24-0799342	501(C)(3)	10,000.	0.			TO PROVIDE LOW COST DAY CARE SERVICES FOR CHILDREN OF WORKING PARENTS IN LACKAWANNA

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number
23-2890364

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JUNIOR ACHIEVEMENT OF NORTHEASTERN PENNSYLVANIA - 1122 OAK STREET - PITTSBURGH TWP, PA 18640	23-1700209		10,000.	0.			OPERATIONAL ASSISTANCE.		
NORTHEAST REGIONAL CANCER INSTITUTE - 334 JEFFERSON AVE - SCRANTON, PA 18510	23-2662214	501(C)(3)	52,555.	0.			TO PROVIDE OPERATIONAL ASSISTANCE.		
WVIA 100 WVIA WAY PITTSBURGH, PA 18640	23-1663603	501(C)(3)	20,180.	0.			TO PROVIDE SUPPORT FOR PUBLIC TELEVISION AND RADIO PROGRAMMING.		
THE COMMONWEALTH MEDICAL COLLEGE 150 N. WASHINGTON AVE SCRANTON, PA 18503		501(C)(3)	100,000.	0.			TO PROVIDE FOR A SCHOLARSHIP FUND.		
UNITED WAY OF LACKAWANNA COUNTY 615 JEFFERSON AVE SCRANTON, PA 18510	24-0824164	501(C)(3)	25,000.	0.			TO PROVIDE OPERATIONAL ASSISTANCE.		
ST. FRANCIS ASSISI KITCHEN 500 PENN AVE SCRANTON, PA 18509	23-2070989	501(C)(3)	5,000.	0.			TO ASSIST IN PROVIDING MEALS TO THE NEEDY AT NO CHARGE.		
SALVATION ARMY		501(C)(3)	10,500.	0.			TO PROVIDE OPERATIONAL SUPPORT.		
TELESPOND SENIOR SERVICES, INC. 1200 SAGINAW ST SCRANTON, PA 18505	23-7353444	501(C)(3)	15,000.	0.			TO PROMOTE THE WELL-BEING OF THE ELDERLY IN NORTHEASTERN PENNSYLVANIA THROUGH A VARIETY OF		

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

Schedule I-1 (Form 990) 2009

Employer identification number
23-2890364

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNITED NEIGHBORHOOD CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ASSISTANCE WITH THE ANGEL'S ATTIC PROGRAM AND THE COMMUNITY ORGANIZING PROGRAM FOR RESIDENTS AT HILLTOP MANOR

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP LACKAWANNA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL TUITION ASSISTANCE TO AN INDIVIDUAL FROM THE SOCIAL SERVICES FIELD PARTICIPATING IN THE LEADERSHIP LACKAWANNA PROGRAM WHICH PROMOTES LEADERSHIP AND EQUALITY.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY INTERVENTION CENTER OF LACKAWANNA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE OPERATIONAL ASSISTANCE TO THE COMMUNITY INTERVENTION CENTER OF LACKAWANNA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

MEALS ON WHEELS OF NORTHEASTERN PA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ASSISTANCE IN PROVIDING MEALS TO AND OTHER NUTRITIONAL SERVICES TO THOSE WHO ARE ELDERLY, HOMEBOUND, DISABLED, FRAIL, OR AT RISK.

NAME OF ORGANIZATION OR GOVERNMENT:

EMPLOYMENT OPPORTUNITY TRAINING CENTER OF NORTHEASTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST IN PROVIDING A VARIETY OF PROGRAMS THAT PROMOTE FAMILY STABILITY AND ECONOMIC SELF-SUFFICIENCY.

NAME OF ORGANIZATION OR GOVERNMENT: DAY NURSERY ASSOCIATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LOW COST DAY CARE
SERVICES FOR CHILDREN OF WORKING PARENTS IN LACKAWANNA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: TELESPOOND SENIOR SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE THE WELL-BEING OF THE
ELDERLY IN NORTHEASTERN PENNSYLVANIA THROUGH A VARIETY OF PROGRAMS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number

23-2890364

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

AS A STEWARD, BY DEVELOPING AND MANAGING PERMANENT ENDOWMENT FUNDS; AS
A GRANTMAKER, BY GIVING SUPPORT TO ENABLE THE COMMUNITY TO RESPOND TO
EMERGING AND CHANGING NEEDS AND OPPORTUNITIES; AS A CHARITABLE
RESOURCE, BY ENCOURAGING AND EDUCATING DONORS AND PROVIDING A FLEXIBLE
VEHICLE FOR INDIVIDUAL DONORS, NON-PROFIT ORGANIZATIONS AND THE
COMMUNITY AT LARGE; AS A CATALYST, BY MOBILIZING COMMUNITY LEADERSHIP
IN RESPONSE TO ISSUES. IT IS A CHARITABLE RESOURCE THAT HAS BEEN
CREATED BY AND FOR THE PEOPLE OF SCRANTON AND LACKAWANNA COUNTY TO
ASSIST DONORS TO BUILD AND SUSTAIN THEIR COMMUNITY WHILE CARRYING OUT
THEIR CHARITABLE INTENT.

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

OPPORTUNITIES; AS A CHARITABLE RESOURCE, BY ENCOURAGING AND EDUCATING
DONORS AND PROVIDING A FLEXIBLE VEHICLE FOR INDIVIDUAL DONORS,
NON-PROFIT ORGANIZATIONS AND THE COMMUNITY AT LARGE; AS A CATALYST, BY
MOBILIZING COMMUNITY LEADERSHIP IN RESPONSE TO ISSUES. IT IS A
CHARITABLE RESOURCE THAT HAS BEEN CREATED BY AND FOR THE PEOPLE OF
SCRANTON AND LACKAWANNA COUNTY TO ASSIST DONORS TO BUILD AND SUSTAIN
THEIR COMMUNITY WHILE CARRYING OUT THEIR CHARITABLE INTENT.

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

POSITIVE ECONOMIC IMPACT THE TCMC PROMISES TO HAVE ON OUR CITY AND OUR
REGION. \$100,000 HAS BEEN AWARDED TO 5 STUDENTS IN 2009.

THROUGH A BEQUEST FROM JAMES F. SWIFT, A LARGE SCHOLARSHIP PROGRAM
WAS PREVIOUSLY ESTABLISHED FOR THE BENEFIT OF LACKAWANNA COUNTY HIGH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number

23-2890364

SCHOOL STUDENTS WHO ARE SEEKING HIGHER EDUCATION. IT IS OUR PLEASURE TO REPORT THAT EIGHTEEN ADDITIONAL RENEWABLE SCHOLARSHIPS WERE GRANTED IN 2009 TO OUR AREA STUDENTS WHO ARE CONTINUING THEIR FORMAL EDUCATION AT THE FOLLOWING INSTITUTIONS: BAPTIST BIBLE COLLEGE, GEORGE WASHINGTON UNIVERSITY, KEYSTONE COLLEGE, LACKAWANNA COLLEGE, MARYWOOD UNIVERSITY, PENN STATE UNIVERSITY WORTHINGTON SCRANTON, SHIPPENSBURG UNIVERSITY OF PENNSYLVANIA, TEMPLE UNIVERSITY, UNIVERSITY OF SCRANTON, AND THE UNIVERSITY OF THE SCIENCES IN PHILADELPHIA. ONE OF THE PROGRAM'S GOALS, AS SET BY THE SCRANTON AREA FOUNDATION, IS TO PLACE A PRIORITY ON MATRICULATIONS AT AN EDUCATIONAL INSTITUTION IN LACKAWANNA COUNTY, WHILE STILL PROVIDING THE FLEXIBILITY OF A SMALLER PORTION OF THE SCHOLARSHIPS FOR STUDY OUTSIDE THE COUNTY. ALL OF THIS IS BECAUSE OF A KIND AND GENEROUS GENTLEMAN WHO HIGHLY VALUED EDUCATION AND WANTED TO HELP PROVIDE OPPORTUNITIES FOR YOUNG PEOPLE IN OUR COMMUNITY TO HAVE THE GREAT ADVENTURE AND BENEFIT OF LEARNING. A TOTAL OF \$224,000 HAS BEEN GRANTED TO STUDENTS THROUGH 2009.

FORM 990, PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE MEETS WITH THE EXECUTIVE DIRECTOR AND THE INDEPENDENT ACCOUNTING FIRM TO REVIEW THE FINANCIAL STATEMENTS AND THE FORM 990. THE AUDIT COMMITTEE WILL THEN REPORT TO THE FULL BOARD AND MAKE A RECOMMENDATION OF WHETHER OR NOT TO ACCEPT THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 BASED ON ITS REVIEW OF THE DOCUMENTS. THE FULL BOARD WILL THEN VOTE ON THE FINANCIAL STATEMENTS AND FORM 990.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

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Employer identification number

23-2890364

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD IS REQUIRED ANNUALLY TO
FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE. ANY POTENTIAL CONFLICTS ARE
REVIEWED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A: FROM THE DATE OF EMPLOYMENT AT THE
FOUNDATION IN 1987 UP THROUGH 2007, THE EXECUTIVE DIRECTOR'S SALARY HAS
BEEN DETERMINED BY THE EXECUTIVE COMMITTEE FOLLOWING THEIR REVIEW OF HER
PERFORMANCE AND SUBMITTED AS PART OF THE OPERATING BUDGET TO THE BOARD OF
GOVERNORS FOR ACTION. BEGINNING IN 2008, AS DIRECTED BY THE EXECUTIVE
COMMITTEE, THE PROPOSED OPERATING BUDGET REFLECTED SUGGESTED SALARIES FOR
ALL THREE EMPLOYEES AND THE EXECUTIVE DIRECTOR FOR REVIEW AND ACTION BY THE
EXECUTIVE COMMITTEE AND FINAL APPROVAL OF THE BOARD OF GOVERNORS. THE
SALARY FOR THE EXECUTIVE DIRECTOR IS SUBSTANTIATED BY INFORMATION PROVIDED
BY THE COUNCIL ON FOUNDATIONS - A NATIONAL ACCREDITING BODY. THE EXECUTIVE
COMMITTEE WILL REVIEW THE OPERATING BUDGET AND THE SUPPORTING DOCUMENTS AND
WILL VOTE TO ACCEPT, AMEND, OR DISMISS THE BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST. A COPY OF THE BALANCE SHEET IS
INCLUDED IN FOUNDATION'S QUARTERLY NEWSLETTER. SINCE THE FOUNDATION IS
REGISTERED WITH PENNSYLVANIA'S BUREAU OF CHARITABLE ORGANIZATIONS, A COPY
OF FINANCIAL INFORMATION IS ALSO AVAILABLE FROM THE PA DEPARTMENT OF STATE.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

SCRANTON AREA FOUNDATION, INC.

FORM 990 PAGE 10

23-2890364

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		367.	5 YRS.	HY	200DB	383.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	383.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2009 tax year:

43 Amortization of costs that began before your 2009 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

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

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	SCRANTON AREA FOUNDATION, INC.	23-2890364
	Number, street, and room or suite no. If a P.O. box, see instructions. 321 SPRUCE STREET, 6TH FL-BANK TOWERS	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18503-1409		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

SCRANTON AREA FOUNDATION, INC. - BANK TOWERS, 6TH FL,

- The books are in the care of ► **321 SPRUCE STREET - SCRANTON, PA 18503-1409**

Telephone No. ► **570-347-6203**

FAX No. ►

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2009** or
- ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	SCRANTON AREA FOUNDATION, INC.	23-2890364
	Number, street, and room or suite no. If a P.O. box, see instructions. 321 SPRUCE STREET, 6TH FL-BANK TOWERS	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18503-1409	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SCRANTON AREA FOUNDATION, INC. - BANK TOWERS, 6TH FL,

- The books are in the care of ☒ 321 SPRUCE STREET - SCRANTON, PA 18503-1409

Telephone No. ☒ 570-347-6203

FAX No. ☐

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

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

THE ORGANIZATION IS AWAITING INFORMATION FROM A THIRD PARTY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Francis J. Merkel

McGRAIL, MERKEL, QUINN & ASSOCIATES

Date

8/5/10

1173 CLAY AVENUE
SCRANTON, PA 18510
(570) 961-0345
I.D. 23-2226550

Form 8868 (Rev. 4-2009)