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Department of the Treasury Internal Revenue Service

SCANNED APR 0 5 2011

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

Open to Public Inspection

<u>A</u>	For the	zo i o caien	dar year, or tax year beginning , 2010, and ending			
В	Check if ap	plicable		D Employ	er Identification	on Number
	Addre	ss change	COMMUNITY FOUNDATION OF NO. CENTRAL PENN	25-	1859637	•
	11	change	111 ERIE AVENUE, PO BOX 934	E Telepho		
	\vdash	-	ST. MARYS, PA 15857	1		25
	\vdash	return	,	814	-834-21	.25
	Termi	nated				
	Amen	ded return		G Gross r	ecerpts \$	594,205.
	Applic	ation pending	F Name and address of principal officer PAULA FRITZ EDDY	H(a) Is this a group retur	n for affiliates?	' Yes X No
			SAME AS C ABOVE	H(b) Are all affiliates incl		Yes No
ī	Tax-exer	npt status	X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527	If 'No,' attach a list	(see instructio	ons) —
j	Websi	·		H(c) Group exemption nu	ımbar 🕨	
K		organization	X Corporation		State of legal d	D7
		Summai		on 2000 W	nate of legal o	omicile IA
1,0				INTENT COUNTRY	MTON M	AVEC CDANIEC
			be the organization's mission or most significant activities. THE COMMI			
9			NITY ORGANIZATIONS IN THE AREAS OF EDUCATION,	<u> AKIZ' HEALII</u>	1-2FKAT	CES, HUMAN
ľа	لكت	ERVICES	CIVIC _SERVICES, _ AND _ ECONOMIC _ DEVELOPMENT		. – – – –	
Activities & Governance					. – – – –	
õ		eck this bo		re than 25% of its	net assets	
જ			oting members of the governing body (Part VI, line 1a).		3	14
8			dependent voting members of the governing body (Part VI, line 1b)		4	14
₹			of individuals employed in calendar year 2010 (Part V, line 2a)		5	3
ŧ			of volunteers (estimate if necessary)		6	40
∢			ed business revenue from Part VIII, column (C), line 12		7a	0.
	b Ne	t unrelated	business taxable income from Form 990-T, line 34		7 b	0.
				Prior Year		Current Year
	8 Co	ntributions	and grants (Part VIII, line 1h)	209,0	07.	485,302.
ž	9 Pr	ogram serv	rice revenue (Part VIII, line 2g)			_
Revenue	10 Inv	estment in	come (Part VIII, column (A), lines 3, 4, and 7d)	111,7	03.	108,903.
æ	11 Ot	her revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			· · · · · · · · · · · · · · · · · · ·
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,7	10.	594,205.
			milar amounts paid (Part IX, column (A), lines 1-3)	179,8		196,074.
i			to or for members (Part IX; column (A); line 4);	2.370		
				10.3	20	A1 A1E
s.			er compensation, employee benefits (Part IX, column-(A), lines 5-10)	40,3	20.	41,415.
Jse			fundraising fees (Part IX, column (A), line 11e)			
Expenses	b To	tal fundrais	sing expenses (Part IX, column (D), lime 25) (7111) (6) 8, 420.	了 以 然外外数37		
ũ			es (Part IX, column (A), lines 1,1a-11d, 11f-24f)	43,0	82	49,501.
			es Add lines 13-17 (must equal Part IX, column (A), line-25)	263,2		286,990.
_	19 Re	venue less	expenses Subtract line 18 from line 12	57,4		307,215.
8 OF				Beginning of Curren		End of Year
a a			(Part X, line 16)	5,045,5		5,871,938.
Net Assets Fund Balon	21 To	tal liabilitie	s (Part X, line 26).	89,1	69.	109,179.
žä	22 Ne	t assets or	fund balances Subtract line 21 from line 20	4,956,3	99.	5,762,759.
Pà	rt II 🛴	Signatur	e Block			
Und	er penalties	of perjury, Jet	edare that I have examined this return. Richding accompanying schedules and statements, and to the larger (other than officer) is based on all physiciation of which preparer has any knowledge	he best of my knowledge	and belief, it i	is true, correct, and
com	piete Decia	ration of prepa	(or (other trian officer) is based on all manufaction of which preparer has any knowledge			
			M Manuely Classon	3/1/	<u> </u>	
Sig	n	Signatur	re of officer	Date/		
He	re	▶ J.M.	HAMLIN JOHNSON AT THE TOUSEN	TREASURER		
			print name and title			
		Print/Type p	reparer's name Date Date	Check X	If PTIN	
D - 1	٦.	TIMOTH		111 <u> </u>	_	143374
Pai			1 B. PANNIN, CHATIMOTHE B. PANNIN, CFA	self employe	<u>u FUU</u>	140014
	parer	Firm's name			05 1-	15.06
US	e Only	Firm s addre		Firm's EIN	<u>* 25-151</u>	
		<u> </u>	CLEARFIELD, PA 16830	Phone no	(814) 7	765-1624
Мау	the IRS	discuss th	is return with the preparer shown above? (see instructions).		X	Yes No
BAA	A For Pa	perwork R	eduction Act Notice, see the separate instructions. TEEA	0113L 12/21/10		Form 990 (2010)

	ITY FOUNDATION OF NO. CENTRAL PENN	25-18596	37 Pa	ige 2
	Program Service Accomplishments			
Check if Schedu	e O contains a response to any question in this Part III			
	enization's mission: FOUNDATION MAKES GRANTS TO COMMUNITY ORGANIZATIONS 5. HEALTH SERVICES, HUMAN SERVICES, CIVIC SERVICES,			
2 Did the organization uniform 990 or 990-EZ?	dertake any significant program services during the year which were not listed on	the prior	Yes X I	No
·	new services on Schedule O			
3 Did the organization ceal If 'Yes,' describe these	ise conducting, or make significant changes in how it conducts, any program sen changes on Schedule O	vices?	Yes X I	OV
and 501(c)(4) organizat	rpose achievements for each of the organization's three largest program services ons and section 4947(a)(1) trusts are required to report the amount of grants and if any, for each program service reported	by expenses a allocations to	Section 501(c) others, the tot	(3) al
		IC, MAKES) 0
4b (Code (Co	penses \$ including grants of \$) (Re	evenue \$)
	·			
		.		
4c (Code) (Ex	penses \$ including grants of \$) (Re	venue \$		_)
-				
				
				- -
4d Other program services (Expenses \$				
4e Total program service e				—
BAA	TEEA0102L 10/06/10		Form 990 (20	010)

Part W Checklist of Required Schedules

			ſ	_
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
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? If 'Yes,' complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes,' complete Schedule D, Part V	10	Х	William Land
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	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>	11 b		X
	c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		_X_
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	_X_	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	_ X	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>X</u>
	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? If 'Yes,' complete Schedule F, Parts II and IV	15		_X_
	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? If 'Yes,' complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	-	X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	_	<u>X</u>
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
ł	olf 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 Ь		

Form 990 (2010) COMMUNITY FOUNDATION OF NO. CENTRAL PENN

Partiv 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? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If 'Yes,' complete Schedule L, Part I	25a		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes,' complete Schedule L, Part II	26		х
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? If 'Yes,' complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>X</u>
	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	38		Х
BAA		Form	990 (2010)

١.

Form 990 (2010) COMMUNITY FOUNDATION OF NO. CENTRAL PENN 25-1859637 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No Yes 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) Χ 4 a **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х services provided to the payor? **7** a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 70 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Х **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business X 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. X **9**a a Did the organization make any taxable distributions under section 4966? X **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year **b** Enter the number of voting members included in line 1a, above, who are independent 1b 14 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? SEE SCHEDULE O 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Does the organization have members or stockholders? Χ 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Х X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8Ь Х Is there any officer, director or 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 Q Х 9 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? 10a Х 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? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **b** 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 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHÉDULE O X 12c 13 Does the organization have a written whistleblower policy? Χ 13 14 Does the organization have a written document retention and destruction policy? Х 14 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 SEE SCHEDULE O Х 15a b Other officers of key employees of the organization Х 15_b 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? Х 16a 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? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA 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 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial SEE SCHEDULE O statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization PAULA FRITZ EDDY 111 ERIE AVENUE ST. MARYS PA 15857 814-834-2125

Form 990 (2010)	COMMINITY	FOUNDATION	OF NO	CENTRAI.	PFNN
COMI 330 (2010)	COMMUNICIAL	LOUNDATION	Or NO.	CENTRAL	ECIMIN

25-1859637

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Partivili Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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 it heither the organization	i iloi aliy	Telate	u u	iyan	ızaı	ion co	nipe	risated any current o	incer, director, or trus	
(A)	(B)			-	C)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	ndividual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(1) BEA TERBOVICH										
BOARD MEMBER	1	X						0.	0.	0.
(2) CHARLES CONSTABLE										
BOARD MEMBER	1	X						0.	0.	0.
(3) J.M. HAMLIN JOHNSON										
TREASURER	1	X						0.	0.	0.
(4) DONALD VALONE]			İ		ŀ				
SECRETARY	1	Х						0.	0.	0.
(5) PAUL BIERLEY										
BOARD MEMBER	1	Х						0.	0.	0.
(6) JOHN KOCJANCIC	1									
BOARD MEMBER	11	_ X						0.	0.	0.
(7) CHARLES STEGER, JR.										
BOARD MEMBER	11	X						0.	0.	0.
(8) JOHN DIPPOLD, III	_							_	_	_
BOARD MEMBER	1 1	_X_						0.	0.	0.
(9) DAN STRAUB		,						0		
VICE PRESIDENT	1	X						0.	0.	0.
(10) JUDITH MANNO STAGER PRESIDENT	1 1							0		0
(11) WILLIAM CONRAD		Х						0.	0.	0.
BOARD MEMBER	1	х						0.	0.	0.
(12) JAKE MEYER	1	^						0.		
BOARD MEMBER	1	х						0.	0.	0.
(13) BARB MARTINI								0.	0.	
BOARD MEMBER	1 1	х						0.	0.	0.
(14) RICH SMITH							_			<u>. </u>
BOARD MEMBER	1	х						0.	0.	0.
(15) PAULA FRITZ EDDY			_							<u></u>
EXECUTIVE DIREC	20					х		21,630.	0.	9,273.
(16)			\neg	\neg	\neg					-,-,-,-
]]									
(17)				_						
RAA	<u> </u>					101415				Form 990 (2010)
RAA		т	⊢F∆ſ	บกป	17	/21/10				FORM MMII (2011)

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	iplo	ye	es,	an	d Highest Con	npensated Emp	loyees (cont)
(A)	(B)				c)			(D)	(E)	(F)
Name and title	Average hours per week		_					Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	per week (describe hours for related organi- zations in Sch O)	direct	Institutional trustee	Officer	y emi	Highest compensate employee	rmer	(W-2/1099 MISC)	(W-2/1099-MISC)	from the organization
	organi- zations	or trus	nal tr		oloyee	comp				and related organizations
	Sch O)	stee	ustee		"	ensat			•	
						ed.				
(18)										
_(19)				-						
(20)		_								_
(21)										
(22)								<u> </u>		
(24)										
(25)										
(26)										
(27)				_	ļ 					
5-2										
(28)										
(29)										
1 b Sub-total							>	21,630.	0.	9,273.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						•	0. 21,630.	0.	0. 9,273.
2 Total number of individuals (including but not limited	d to tho	se li	sted	labo	ove)	wh	o re	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
from the organization 0								·	•	
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust ndividua	ee, I I	key	emp	oloy	ee,	or hi	ighest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable han \$15	cor 0,00	npe 102	nsat If 'Y	ion es'	and com	l oth	er compensation of schedule J for	from	
such individual5 Did any person listed on line 1a receive or accrue c	ompens	atio	n fro	om a	iny	unre	elate	d organization or	ındıvıdual	4 X
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	complete	e Sc	nea	uie .	J to	Su	cn p	erson		5 X
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	s							(B) Description of	of services	(C) Compensation
1 1			-					= =====================================		
										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	_	lımıl	ed t	to th	iose	list	ed a	bove) who receive	ed more than	*

٠.

1 41	T VIII Statement of Nevenue	(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. b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f	485,302.			
PROGRAM SERVICE REVENUE	Business Code 2a b c d e f All other program service revenue g Total. Add lines 2a-2f	1007,502.			
	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Comparison of tax-exempt bond proceeds Royalties (ii) Real (iii) Personal A Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	108,903.	\(\frac{1}{2}\)		108, 903.
	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events	.,			
OTHER REVENUE	(not including \$				
	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 b	-			
	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	594,205.	0.	0.	108,903.

Page 10

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)

(**D**) Fundraising (B) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and general expenses Program service Total expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 126,239 126,239 Grants and other assistance to individuals in 69,835 69,835 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 ٠,٠ 4 Benefits paid to or for members Compensation of current officers, directors, 2,130. 21,630 9,750 9,750 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0. 7,791 1,663 6,128 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 4,173 927. 9,273 4,173 Other employee benefits 1,224 2,721 1.224 273. Payroll taxes Fees for services (non-employees) a Management **b** Legal c Accounting **d** Lobbying . 5 e Professional fundraising services See Part IV, line 17 24,414. 24,414 f Investment management fees 4,450 1,303. 7,056 1,303 12 Advertising and promotion 1,502 341 1,502 Office expenses 3,345 14 Information technology Royalties 6,336. 2,851 2,851 634. Occupancy 16 316 71. 703 316 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 304 304 22 Depreciation, depletion, and amortization 121 545 23 Insurance 211 545 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a PRINTING AND PUBLICATIONS 4,090. 1,470 2,620. **b** COPIER/COMPUTER EXPENSE 2,042 2,042 f All other expenses. 286,990 220,871 57,699 8,420. 25 Total functional expenses Add lines 1 through 24f Joint costs. Check here ► SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Form 990 (2010) BAA

Balance Sheet (A) End of year Beginning of year 10,595 10,579. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 1,119. 1,015 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10,939 **b** Less: accumulated depreciation. 10b 10,939 304 10 c 5,033,654 11 5,860,240 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 5,045,568 16 5,871,938. Total assets. Add lines 1 through 15 (must equal line 34) 16 2,107. 17 1,034 17 Accounts payable and accrued expenses 125 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 86,937 108,145. 25 Other liabilities Complete Part X of Schedule D 89,169 26 109,179 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here |X| and complete lines 34 -27 through 29 and lines 33 and 34. 5,762,759 4,956,399 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete 10 lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 4,956,399 33 5,762,759. 5,045,568 34 5,871,938. 34 Total liabilities and net assets/fund balances

BAA

Form 990 (2010)

Form 990 (2010) COMMUNITY FOUNDATION OF NO. CENTRAL PENN	25-185963	7	Pa	age <u>12</u>
Part XI Reconciliation of Net Assets	<u> </u>			
Check if Schedule O contains a response to any question in this Part XI				X
	1 1	_		
1 Total revenue (must equal Part VIII, column (A), line 12)	1		94,2	
2 Total expenses (must equal Part IX, column (A), line 25)	2		86,9	_
3 Revenue less expenses Subtract line 2 from line 1	3		07,2	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		56,3	
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	4	99,1	45.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,7	62,7	159 <u>.</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990 $^{\cdot}$ Cash $\overline{\mathrm{X}}$ Accrual $\overline{}$ Other			<i>"</i>	
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?		2a		Х
b Were the organization's financial statements audited by an independent accountant?		2b	_X_	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			, , ,	3
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	e issued on a			\$4.
X Separate basis Consolidated basis Both consolidated and separate basis		3 ",	A 13	·° - '
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth a Audit Act and OMB Circular A-133?	n the Single	3a		Х

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

Form 990 (2010)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

		NITY FOUNDATIO								85963°		
Part	١,	Reason for Publ	lic Charity Status	(All organizations	must (comple	ete this	s part.)	See i	nstruct	tions.	
The o	rga	•		se it is (For lines 1 thro	-		-	•				
1	Ц			ciation of churches des		sectio	n 170(b)	(1)(A)(i)				
2	Ц	A school described in	n section 170(b)(1)(A)(ii). (Attach Schedule I	E)							
3	Ц	A hospital or a coope	erative hospital service	ce organization describe	ed in se	ction 17	0(Ь)(1)(/	4)(iii).				
4	Ш	A medical research of	organization operated	I in conjunction with a h	ospital	describe	d in sec	ction 17	0(Ь)(1)(A)(iii) E	nter the hospital's	
_	_	name, city, and state						. 				
5		An organization oper 170(b)(1)(A)(iv). (Co	rated for the benefit omplete Part II)	of a college or university	y owned	or oper	ated by	a gover	nmenta	l unit de	escribed in section	
6 7		An organization that	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . n organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi) . (Complete Part II)									
8	X	X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9		An organization that from activities related investment income a	normally receives: (1) more than 33-1/3% of ons — subject to certain is taxable income (less	fits sup	port froi	nd (2) no	o more f	han 33.	1/3% of	its support from gross	
10		An organization orga	inized and operated e	exclusively to test for pu	ıblıc saf	ety See	section	n 509(a)	(4).			
11		more publicly suppor	ted organizations des	exclusively for the benef scribed in section 509(a tion and complete lines	1)(1) or s 11e thr	section ! ough 11	509(a)(2 h	?) See s	of, or ca section	rry out t 509(a)(3)	he purposes of one or). Check the box that	
		a Type I	b Type II	□ ''	l – Fun	•	_			d 📗	Type III - Other	
е	Ш	By checking this box other than foundation section 509(a)(2)	, I certify that the org n managers and othe	anization is not controll r than one or more pub	led dired licly sup	ctly or in oported (idirectly organiza	by one ations de	or more	disqual I in secti	lified persons on 509(a)(1) or	
f		If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting	organization,	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	oution fr	om any	of the fo	ollowing	persons	5?	
											Yes No	
		(i) A person who c	directly or indirectly co	ontrols, either alone or pported organization?	togethe	r with pe	ersons c	lescribe	d ın (ıı)	and (III)	11 g (i)	
			er of a person descri	.,							11 g (ii)	
		•	•	described in (i) or (ii) a	hove?						11 g (iii)	
h		• •		e supported organization							9 ()	
		(i) Name of supported	(ii) EIN	(iii) Type of organization	T-3-4	Is the	(A) Did y	ou notify	(10)	s the	(vii) Amount of support	
		organization	(1) = 11	(described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	zation in i) listed in overning ment?	the organ	n (i) of upport?	organiz colur organiz	ation in nn (i) ed in the S ?	(vii) and an or support	
					Yes	No	Yes	No	Yes	No		
A)												
						ŀ						
B)								<u> </u>				
C)	_		_									
D)												
E)												

Schedule A (Form 990 or 990-EZ) 2010 COMMUNITY FOUNDATION OF NO. CENTRAL PENN 25-1859637 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	·	483,512.	1,712,964.	402,707.	209,007.	485,302.	3,293,492.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	483,512.	1,712,964.	402,707.	209,007.	485,302.	3,293,492.
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)						0.
6	Public support. Subtract line 5 from line 4		,		4		3,293,492.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	483,512.	1,712,964.	402,707.	209,007.	485,302.	3,293,492.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,738.	181,659.	125,539.	111,073.	108,903.	629,912.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10	•	5		•	,	3,923,404.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □
$\overline{}$	tion C. Computation of Pul						
	Public support percentage for 20			ne 11, column (f))		14	83.9%
	Public support percentage from 2					<u> 15</u>	83.2%
16 a	33-1/3% support test $-$ 2010. If the and stop here. The organization	the organization of qualifies as a pul	lid not check the l olicly supported o	box on line 13, an rganization	nd the line 14 is 3.	3-1/3% or more, c	heck this box
Ŀ	33-1/3% support test – 2009. If t and stop here. The organization	the organization of qualifies as a pub	lid not check a bo olicly supported or	ox on line 13 or 16 rganization	oa, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s test, check this	box and stop her	re. Explain in Part	IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization	IV how the ►
	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,			
BAA					Sc	nedule A (Form 99	90 or 990-EZ) 2010

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 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.)

to qualify under the tests	, listed below, pleas	se complete Part I	Ⅱ)			
Section A. Public Support						
Calendar year (or fiscal yr beginning in) 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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						. -
 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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 o 1% of the amount on line 13 for the year						
c Add lines 7a and 7b 8 Public support (Subtract line		被扩系,点 。	1. K 3 4 4 7 2		1.0480 (a.3x 13.75)	
7c from line 6)						
Section B. Total Support				Т	T	-
Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Ins 9, 10c, 11, and 12)					
14 First five years. If the Form 99 organization, check this box an	0 is for the organiza	ation's first, secon	d, third, fourth, o	or fifth tax year as	a section 501(c)(3)	▶ [
Section C. Computation of Pr		ercentage				1
15 Public support percentage for 2			e 13. column (n)		15	8
16 Public support percentage from	•	• • •	,		16	
Section D. Computation of In					1 10 1	
17 Investment income percentage				mn (f))	17	%
18 Investment income percentage	•	• • •	-	(17)	18	
19a 33-1/3% support tests – 2010. Is not more than 33-1/3%, chec	If the organization of	did not check the	box on line 14, a	and line 15 is mor	e than 33-1/3%, and	•
b 33-1/3% support tests — 2009. Inne 18 is not more than 33-1/3	If the organization of	did not check a bo	ox on line 14 or l	ine 19a, and line	16 is more than 33-1	
20 Private foundation. If the organ						→

Schedule A	(Form 9	90 or 990	-EZ) 201	O COM	TTNUMN	Y FOU	INDAT'I	ON OF.	NO. (JENTRA.	L PENN	1 25-1	859637	,	Page 4
Part IV	Supple Part II.	mental line 17 struction	I <mark>nform</mark> a or 17	ation. b; and	Comple Part III	ete this I, line	part to 12. Also	provid compl	le the elete the	explana s part f	tions re or any a	equired to additiona	y Part I al inform	II, line 1 nation	0;
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047 2010 Open to Public

Employer identification number

CON	MMUNITY FOUNDATION OF NO. CENT	'RAL PENN	25-1859637
Ŗāi	では Organizations Maintaining Dono	Advised Funds or Other Similar Fun	ds or Accounts. Complete if
	the organization answered 'Yes' to	<u> </u>	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	12	58
2	Aggregate contributions to (during year)	17,718.	467,584.
3	Aggregate grants from (during year)	77,269.	118,805.
4	Aggregate value at end of year	2,223,487.	3,636,753.
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised X Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beneather.	rs, and donor advisors in writing that grant func the benefit of the donor or donor advisor, or for efit?	ds can be r any other XYes No
Pai	till Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		to total body to driving miles to
	Preservation of land for public use (e.g., r		of an historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
t	Total acreage restricted by conservation easei	ments	2b
•	Number of conservation easements on a certification	fied historic structure included in (a).	2c
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histor	ric 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminal	ted by the organization during the
4	Number of states where property subject to co	onservation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, har	ndling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, in \$	nspecting, and enforcing conservation easemen	its during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of se	ction Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	s conservation easements in its revenue and expension the organization's financial statements that d	ise statement, and balance sheet, and lescribes the organization's accounting for
Rai	Complete if the organization answerse	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	s held for public exhibition, education, or resear	nue statement and balance sheet works of rch in furtherance of public service, provide,
t	olf the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue id for public exhibition, education, or research in	statement and balance sheet works of art, n furtherance of public service, provide the
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets for 116 (ASC 958) relating to these items	or financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1	> \$
ь	Assets included in Form 990. Part X		►\$

Schedule D (Form 990) 2010 COMMU	NITY FOUNDA	TION OF NO.	. CEN	ITRAL PENN	25-18	59637 Page 2
Part III Organizations Maintai	ning Collection	ns of Art, Hist	torica	l Treasures, o	r Other Similar As	sets (continued)
3 Using the organization's acquisition items (check all that apply)	on, accession, and	l other records, c	heck a	ny of the followin	g that are a significant	use of its collection
a Public exhibition		d Loan	or exc	change programs		
b Scholarly research		e Othe	er			
c Preservation for future genera	ations	_		•	-	
4 Provide a description of the organ Part XIV	nization's collection	ns and explain ho	ow they	/ further the orga	nization's exempt purp	ose in
5 During the year, did the organizat assets to be sold to raise funds raise.	ather than to be m	aintained as part	t of the	organization's co	Ilection?	Yes No
Part IV Escrow and Custodial 9, or reported an amou	Arrangements unt on Form 99	s. Complete ıf 0, Part X, lıne	orgai e 21.	nization answe	ered 'Yes' to Form	990, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediar	ry for c	ontributions or ot	her assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and co	implete the follow	wing ta	ple.		
					<u> </u>	Amount
c Beginning balance					1 c	
d Additions during the year					1 d	
e Distributions during the year					1 e	
f Ending balance					1f)	
2a Did the organization include an ai		0, Part X, line 21	7			Yes No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds. Co	mplete if the o	rganization an	nswer			
	(a) Current year	(b) Prior ye		(c) Two years bac		k (e) Four years back
1 a Beginning of year balance	86,937		636.	80,56		The state of the s
b Contributions	9,085	2,	100.	12,85	 の、なられる 水 	
c Net investment earnings, gains, and losses	13,341	. 16,	226.	-22,16	8.	
d Grants or scholarships.	····					計画は対象を表現
Other expenditures for facilities and programs				86	7.	是 "这个人,
f Administrative expenses	1,218		025.	74		
g End of year balance	108,145		937.	69,63	6.	
2 Provide the estimated percentage	of the year end b	alance held as				
a Board designated or quasi-endow	ment ►10	<u>00.00</u> %				
b Permanent endowment ►	%					
c Term endowment ►	[%]					
3a Are there endowment funds not in organization by	the possession o	f the organization	n that a	are held and adm	inistered for the	Yes No
(i) unrelated organizations	3a(i) X					
(ii) related organizations						3a(ii) X
b If 'Yes' to 3a(II), are the related of	rganizations listed	as required on S	Schedu	le R?		3b X
4 Describe in Part XIV the intended	uses of the organ	ization's endown	nent fu	nds	<u> </u>	
Part VI Land, Buildings, and E	quipment. See	Form 990, P	art X	line 10.		
Description of investment		ost or other basis (investment)		Cost or other oasis (other)	(c) Accumulated depreciation	(d) Book value

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,939.	10,939.	0.
e Other				
Total Add leass to through to (Column (d) s	aust saud Form 000 Port V s	olumn (P) lung 10(a)		0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) BAA

Schedule **D** (Form 990) 2010

		25-1859	631 Page 4
	tXI ★ Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
_	Total revenue (Form 990, Part VIII,column (A), line 12)		594,205.
2	Total expenses (Form 990, Part IX, column (A), line 25)		286,990.
3	Excess or (deficit) for the year Subtract line 2 from line 1	_	307,215.
4	Net unrealized gains (losses) on investments	<u> </u>	
5	Donated services and use of facilities .	L	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV) SEE PART XIV	L	499,145.
9	Total adjustments (net) Add lines 4 through 8	<u> </u>	499,145.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		806,360.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,093,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
ä	Net unrealized gains on investments 2a		
ŀ	Donated services and use of facilities 2b		
(Recoveries of prior year grants.		
(Other (Describe in Part XIV) SEE PART XIV 2d 499,145	j .	
•	Add lines 2a through 2d	2 e	499,145.
3	Subtract line 2e from line 1	3	594,205.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	4.00	
á	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	: Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	594,205.
	t※川園 Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
	Total expenses and losses per audited financial statements	1	286,990.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	(10 mg/s)	
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV.).		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	286,990.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	200, 990.
	Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV).		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	286,990.
	Supplemental Information		200,550.
		V lines 1b	and 2h
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 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 compli	ete this par	t to provide
апу а	additional information		
	PART X - FIN 48 FOOTNQTE		
	DEFENSE PRODUCED 15 AAA3 MUR PAUVENTAU ARABER ETUNYATAT AAAA		
	<u>EFFECTIVE DECEMBER 15, 2007, THE FOUNDATION ADOPTED FINANCIAL ACCOU</u>	NTING S	TANDARDS
	BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING	<u> </u>	NCERTAINTY
	IN_INCOME_TAXES FASB_ASC_740_CLARIFIES_THE_ACCOUNTING_FOR_UNCERTA	<u>INTY IN</u>	_INCOME
	<u>TAX_RECOGNIZED_IN_AN_ENTITY'S_FINANCIAL_STATEMENTSFASB_ASC_740_R</u>	<u> </u>	<u>ENTITIES</u>
			_
	TO_DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION	<u>WILL B</u>	E
	<u>SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES BE</u>	ORE ANY	Y_PART_OF
	THE BENEFIT CAN BE RECORDED IN THE FINANCIAL STATEMENTS. IT ALSO PI	ROVIDES	GUIDANCE

RankXIV Supplemental Information (continued)	Page :
Rangalis Supplemental information (continueu)	
PART X - FIN 48 FOOTNOTE (CONTINUED)	
ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIE	<u>s, </u>
ALONG WITH ANY RELATED INTEREST OR PENALTIES. A TAX POSITION IS MEASURED AT T	HE
LARGEST_AMOUNT_OF_BENEFIT_THAT_IS_GREATER_THAN_FIFTY_PERCENT_LIKELY_OF_BEING_	
REALIZED UPON SETTLEMENT. THE ADOPTION OF FASB ASC 740 HAD NO IMPACT ON THE	
FOUNDATION'S FINANCIAL STATEMENTS.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Schedule D (Form 990) 2010 COMMUNITY FOUNDATION OF NO. CENTRAL PENN	25-1859637	Page 5
Schedule D (Form 990) 2010 COMMUNITY FOUNDATION OF NO. CENTRAL PENN  Part XIV: Supplemental Information (continued)		
<del></del>		
<del></del>		

### 2010 SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

**CLIENT ELKCOUNT** 

**COMMUNITY FOUNDATION OF NO. CENTRAL PENN** 

25-1859637

2/24/11

09 26AM

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

REALIZED/UNREALIZED GAINS

TOTAL \$ 499,145. 499,145.

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

NET REALIZED/UNREALZED GAINS

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047

Open to Public Inspection

EQUIP/DIGITA L STREAMING HOLIDAY FOOD STREAMING/OT **≗** □ RENOVATIONS (h) Purpose of grant or assistance RENOVATIONS EQUIP/DIG FUND/FIRE EQUIPMENT APPARATUS EQUIPMENT BUILDING Employer identification number BOXES 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. X Yes TECH Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' 25-1859637 (g) Description of non-cash 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? (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV 0 0 0 0 Ö O o 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 000 623. 500. 500. 000 10,623 9,250 (d) Amount of cash grant 6,000 5 6 'n (c) IRC section if applicable Part II can be duplicated if additional space is needed 2 Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance CENTRAL PENN 25-1151175 25-6006433 25-1394230 25-1430554 25-1867132 25-1732868 25-1891498 (b) EIN 3 Enter total number of other organizations COMMUNITY FOUNDATION OF NO. JOHNSONBURG AREA SCHOOL 315 HIGH SCHOOL ROAD ___ LIFT 503 ARCH ST. EXT ST. MARYS, PA 15857 P.O. BOX 1033 ____ ST. MARYS, PA 15857 __ (4) JAY TWP VOLUNTEER FIRE
- P.O. BOX 146
- BYRNEDALE, PA 15827 <u>F.O. BOX 1022</u> ST. MARYS, PA 15857 JOHNSONBURG, PA 15845 1 (a) Name and address of organization or government Ω <u>RIDGWAY A/S/D</u> --<u>P.O. BOX 411</u> --RIDGWAY, PA 15853 (2) CHRISTIAN FOOD BANK 18) RIDGWAY Y.M.C.A. -34 NORTH BROAD ST RIDGWAY, PA 15853 <u>CAPSEA</u>

P.O. BOX 464

RIDGWAY, PA 15853 Name of the organization 9 ଫ୍ର ଞ୍ଚ

Schedule I (Form 990) 2010

TEEA3901L 10/29/10

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 25-1859637 COMMUNITY FOUNDATION OF NO. CENTRAL PENN Schedule I (Form 990) 2010 Part III

Page 2

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) __IHERE IS AN ANNUAL GRANT EVALUATION PROCEDURE, WHERE GRANTEES SEND IN A NARRATIVE TO (d) Amount of non-cash assistance ___PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.___ 69,835 (c) Amount of cash grant (b) Number of recipients _THE_EXECUTIVE_DIRECTOR. (a) Type of grant or assistance SCHOLARSHIPS 8 4 ო Ŋ 9

BAA

Schedule I (Form 990) 2010

# Continuation Sheet for Schedule I (Form 990)

2010

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

(h) Purpose of ASST/KINGS ō grant or assistance REVOLVING STREAMING EQUIPMENT CAMPAIGN CAPITAL DIGITAL Continuation Page 1 ENERGY LOANS TABLE Employer identification number (Form 990), Part II. (g) Description of non-cash assistance 25-1859637 Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 9,000. 6.919 9,000 33,824 (c) IRC section if applicable 25-1499253 25-1636723 25-6010620 CENTRAL PENN 13-5562351 (b) EIN COMMUNITY FOUNDATION OF NO. (a) Name and address of organization or government ST. MARYS ECONOMIC DEVELO-111 ERIE AVENUE ST. MARYS, PA 15857 W-ELK REGIONAL HTH SYS 763 JOHNSONBURG RD ST. MARYS, PA 15857 Y-ST. MARYS A/S/D 977 SOUTH ST. M RD ST. MARYS, PA 15857 Z_ _ OTHER_ <\$5000 Name of the organization 1

Schedule I Cont (Form 990) 2010

TEEA4001L 01/25/11

### **SCHEDULE O** (Form 990 or 990-EZ)

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

OMB No 1545 0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

25-1859637 COMMUNITY FOUNDATION OF NO. CENTRAL PENN <u>FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.</u> PAULA EDDY, EXECUTIVE DIRECTOR COMMUNITY FOUNDATION OF NORTH CENTRAL PENNSYLVANIA FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE FINANCE COMMITTEE, A SUB COMMITTEE OF THE FULL BOARD OF DIRECTORS, REVIEWS THE 990. THE RETURN IS ALSO REVIEWED BY THE BOARD TREASURER BEFORE SIGNING. THE 990 IS REVIEWED BY THE PREPARER WITH THE FULL BOARD MEETING PRIOR TO BEING FILED SUBMITTED. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE BOARD SIGNS AN ANNUAL ACKNOWLEDGEMENT OF THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG ANNUAL REVIEW BY FOUNDATION BOARD OF DIRECTORS FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.

J ** *, 2010 PAGE 2 **SCHEDULE O - SUPPLEMENTAL INFORMATION CLIENT ELKCOUNT COMMUNITY FOUNDATION OF NO. CENTRAL PENN** 25-1859637 2/24/11 09 26AM FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES 499,145. 499,145. REALIZED/UNREALIZED GAINS TOTAL \$