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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 private foundations)

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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) | Room/suite
615 JEFFERSON AVENUE SUITE 102

City or town, state or province, country, and ZIP or foreign postal code
SCRANTON, PA 18510

D Employer identification number
23-2890364

E Telephone number
(570) 347-6203

G Gross receipts $ 20,195,852

F Name and address of principal officer:
LAURA DUCCESCHI
615 JEFFERSON AVENUE SUITE 102
SCRANTON, PA 18510

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

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

J Website: ▶ WWW.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

1 Briefly describe the organization's mission or most significant activities:
SCRANTON AREA FOUNDATION STRIVES TO ENHANCE THE QUALITY OF LIFE IN NORTHEASTERN PENNSYLVANIA 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 NORTHEASTERN PENNSYLVANIA TO ASSIST DONORS TO BUILD AND SUSTAIN THEIR COMMUNITY WHILE CARRYING OUT THEIR CHARITABLE INTENT.

2 Check this box ▶ ☐

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	13
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	7,935,675	7,198,204
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,392,930	2,006,350
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,828	29,391
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,395,433	9,233,945
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,933,830	5,693,554
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	744,537	865,281
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶327,937		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,053,891	1,178,048
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,732,258	7,736,883
	19	Revenue less expenses. Subtract line 18 from line 12	6,663,175	1,497,062

			Beginning of Current Year	End of Year
et Assets or ind Balances	**20**	Total assets (Part X, line 16)	60,897,206	52,409,547
	21	Total liabilities (Part X, line 26)	4,885,885	4,778,786

22	Net assets or fund balances. Subtract line 21 from line 20	56,011,321	47,630,761

Part II **Signature Block**

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

Sign Here

Signature of officer — Date 2023-09-19

LAURA DUCCESCHI PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2023-09-19	Check ☐ if self-employed	PTIN P01056330
Firm's name ▶ MCGRAIL MERKEL QUINN & ASSOCIATES PC			Firm's EIN ▶ 23-2226550	
Firm's address ▶ 1173 CLAY AVENUE SCRANTON, PA 18510			Phone no. (570) 961-0345	

May the IRS discuss this return with the preparer shown above? See Instructions. . . . . ☑ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

SCRANTON AREA FOUNDATION STRIVES TO ENHANCE THE QUALITY OF LIFE IN NORTHEASTERN PENNSYLVANIA, 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 NORTHEASTERN PENNSYLVANIA TO ASSIST DONORS TO BUILD AND SUSTAIN THEIR COMMUNITY WHILE CARRYING OUT THEIR CHARITABLE INTENT.

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

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

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

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

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

4a (Code:) (Expenses $ 6,947,102 including grants of $ 5,693,554) (Revenue $)

FUND ADMINISTRATIONTHE SCRANTON AREA COMMUNITY FOUNDATION (SAF) ADDED TWENTY FOUR (24) NEW FUNDS IN 2022, INCLUDING 11 NON-ENDOWED FUNDS AND 13 ENDOWED FUNDS, BRINGING THE TOTAL NUMBER OF FUNDS TO 308. THE FOUNDATION DISTRIBUTED OVER $6 MILLION DOLLARS IN HUNDREDS OF GRANTS TO NONPROFIT AND CHARITABLE ORGANIZATIONS, AND NEARLY $1 MILLION DOLLARS IN SCHOLARSHIPS TO 236 AREA STUDENTS. THE FOUNDATION'S BOARD OF DIRECTORS APPROVED AN UNPRECEDENTED $1 MILLION DOLLAR SPECIAL GRANTS DISTRIBUTION FOR 2022, DOUBLING WHAT WOULD HAVE BEEN A NORMAL COMMUNITY NEEDS AND CRITICAL NEEDS GRANT DISTRIBUTION FOR THE YEAR. SAF ALSO MANAGES TWO PRIVATE FOUNDATIONS, THE NEPA HEALTH CARE FOUNDATION AND THE ROBERT H. SPITZ FOUNDATION. THE NEPA HEALTH CARE FOUNDATION CONTINUED ITS INNOVATIVE CAREERS IN CARE SCHOLARSHIP PROGRAM IN 2022, HELPING TO ADDRESS THE NURSING SHORTAGE IN NORTHEASTERN PA. THROUGH THIS PROGRAM, THE NEPA HEALTH CARE FOUNDATION PROVIDED SCHOLARSHIPS TO 61 STUDENTS IN LOCAL NURSING PROGRAMS. DUE TO THE SUCCESS OF THE FIRST YEAR, THE HEALTH CARE FOUNDATION DECIDED TO DOUBLE THE AMOUNT OF SCHOLARSHIP SUPPORT AVAILABLE FOR THIS YEAR'S SCHOLARSHIP CYCLE. THE FOUNDATION HAS ALSO SUPPORTED A GRANT PROGRAM FOR HEALTH CARE WORKFORCE PIPELINE PROGRAMS. TOTAL SUPPORT TO PROVIDE SCHOLARSHIPS, HELP FURTHER EXPAND AND DEVELOP THE WORKFORCE PIPELINE AND OTHER RELATED ISSUES IMPACTING THE REGIONAL NURSING WORKFORCE WILL EXCEED $1.7 MILLION DOLLARS THROUGH THIS MULTI-YEAR COMMITMENT.THE ROBERT H. SPITZ FOUNDATION DISTRIBUTED OVER $760,000 IN GRANT FUNDING TO ORGANIZATIONS ACROSS OUR REGION IN 2022, FOCUSING ON BREAKING THE CYCLE OF POVERTY, REMOVING ECONOMIC BARRIERS AND ENCOURAGING INDEPENDENCE THROUGH SAFE, AFFORDABLE HOUSING AND EDUCATION. PRIORITIES ALSO INCLUDED VETERANS' PROGRAMS, ANIMAL WELFARE AND SUPPORT FOR JEWISH CULTURE, HERITAGE AND COMMUNITY AS WELL AS ENVIRONMENTAL PROGRAMS AND PROJECTS.COMMUNITY INITIATIVES THE SCRANTON AREA COMMUNITY FOUNDATION LEADS SEVERAL COMMUNITY INITIATIVES, MAKING A SIGNIFICANT DIFFERENCE IN THE LIVES OF PEOPLE AND ANIMALS ACROSS NORTHEAST PENNSYLVANIA. NEPA THRIVES - THIS YEAR OUR WORKFORCE INITIATIVE, NEPA THRIVES, FURTHER DEFINED AND STRENGTHENED ITS FOCUS ON NORTHEASTERN PENNSYLVANIA'S WORKFORCE CHALLENGES, IN ORDER TO CREATE A ROBUST AND GROWING REGIONAL ECONOMY WHERE ALL INDIVIDUALS, FAMILIES AND EMPLOYERS THRIVE. THIS IS GUIDED BY A REGIONAL STEERING COMMITTEE THAT INCLUDES FUNDERS, EMPLOYERS, AND REPRESENTATIVES FROM GOVERNMENT AND EDUCATION. IN 2022, NEPA THRIVES HIRED A PROJECT MANAGER WHO BEGAN LEADING A MAPPING PROJECT TO HELP IDENTIFY THE ASSETS, NEEDS AND EMPLOYMENT BARRIERS IN LACKAWANNA AND LUZERNE COUNTIES. THE FOUNDATION WAS ALSO CHOSEN TO HOST THE NORTHEASTERN PENNSYLVANIA WORKFORCE LEADERSHIP ACADEMY, A FELLOWSHIP PROGRAM DESIGNED TO SUPPORT LEADERS IN WORKFORCE DEVELOPMENT COMMITTED TO THE ADVANCEMENT OF THE LOCAL WORKFORCE ECOSYSTEM. SAF WAS ONE OF ONLY EIGHT ORGANIZATIONS ACROSS THE COUNTRY SELECTED TO DELIVER AN ACADEMY IN PARTNERSHIP WITH THE ASPEN INSTITUTE. THE ACADEMY WILL RUN FROM MARCH THROUGH DECEMBER 2023.NEPA MOVES - COMPRISING OVER 90 REGIONAL STAKEHOLDERS, THIS INITIATIVE FORMED IN 2017 TO ADDRESS REGIONAL TRANSPORTATION CONCERNS AND CONTINUES TO FOCUS ON EQUITABLE TRANSPORTATION. NEPA MOVES HAS FOCUSED ON THE CITIES OF SCRANTON, PITTSTON AND WILKES-BARRE TO IDENTIFY OPTIONS TO BETTER CONNECT THE 3 MAJOR CITIES UTILIZING AMERICAN RESCUE PLAN ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT FUNDING. A STRATEGIC PLAN IS BEING DEVELOPED, TO BE UNVEILED IN 2023. THIS PLAN WILL LEAD THE INITIATIVE FOR THE NEXT 3+ YEARS.WOMEN IN PHILANTHROPY (WIP) - WIP IS A COLLECTIVE PHILANTHROPY MODEL THAT BRINGS TOGETHER COMMUNITY-MINDED INDIVIDUALS WORKING TOGETHER TO CREATE SYSTEMIC, SUSTAINABLE CHANGE IN THE LIVES OF DISADVANTAGED WOMEN AND CHILDREN IN THE LACKAWANNA COUNTY COMMUNITY. THERE ARE SEVERAL INITIATIVES THAT WIP FOCUSES ON, INCLUDING: STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATH) EDUCATION, HEALTH AND WELLNESS INITIATIVES, SMALL BUSINESS DEVELOPMENT, AND FINANCIAL WELL-BEING AND ECONOMIC EDUCATION. WIP'S MORE RECENT FOCUS AREAS INCLUDE AFFORDABLE CHILDCARE, AFFORDABLE HOUSING AND CIVIC

ENGAGEMENT AND ADVOCACY. IN 2022, WIP COMMISSIONED A CHILDCARE STUDY IN PARTNERSHIP WITH THE AGENCY FOR COMMUNITY EMPOWERMENT AND PUBLIC HEALTH MANAGEMENT CORPORATION TO UNDERSTAND THE OBSTACLES WOMEN AND FAMILIES FACE TODAY IN NORTHEASTERN PA IN ATTAINING QUALITY, AFFORDABLE CHILDCARE. WIP ALSO WORKED WITH THE CITY OF SCRANTON TO DETERMINE HOW TO MOST EFFECTIVELY USE AMERICAN RECOVERY PLAN ACT DOLLARS SPECIFICALLY SET ASIDE FOR CHILDCARE. IN ADDITION, THE FOUNDATION SUPPORTED THE DEVELOPMENT OF A WIP LED GRASSROOTS EFFORT, TO ENHANCE VOTER EDUCATION AND REGISTRATION AND HOSTED A CIVIC ENGAGEMENT SUMMIT WHICH PROMOTED THE DEVELOPMENT OF LEADERSHIP AND ADVOCACY SKILLS ACROSS THE REGION AS WELL AS THE ENGAGEMENT OF YOUTH IN CIVIC EDUCATION AND CIVIC LEADERSHIP.NEPA ANIMAL WELFARE COLLABORATIVE - ESTABLISHED IN 2019, THE NEPA ANIMAL WELFARE COLLABORATIVE IS A COLLECTIVE OF OVER 40 ANIMAL SHELTERS, RESCUES, ADVOCATES, AND SANCTUARIES IN THE REGION THAT ARE INTERESTED IN COMING TOGETHER TO ADVANCE VARIOUS CAUSES IN ANIMAL WELFARE AND TO INCREASE THE COLLECTIVE RESOURCES AVAILABLE TO THESE AGENCIES. ACTIVITIES OF THE COLLABORATIVE INCLUDE EDUCATION, PROFESSIONAL DEVELOPMENT, FUNDRAISING AND OTHER PRACTICES THAT MOVE THE GOALS OF THE COLLABORATIVE FORWARD TO ENSURE ANIMALS IN NORTHEAST PENNSYLVANIA LIVE A LIFE FREE FROM ABUSE AND NEGLECT. IN 2022, THE COLLABORATIVE HOSTED A NEPA PET EXPO AND ANIMAL WELFARE SUMMIT WHICH DREW HUNDREDS OF PEOPLE TO LEARN ABOUT THE MANY ANIMAL CARE ORGANIZATIONS IN OUR AREA, MEET ADOPTABLE ANIMALS, AND TO SEE PRESENTATIONS ON TOPICS SUCH AS PET FIRST AID. IN ADDITION, THE NEPA RESCUE VET, SUPPORTED BY THE COLLABORATIVE, STARTED TO ADDRESS THE SEVERE VETERINARY SHORTAGE IN NEPA BY OFFERING LOW-COST APPOINTMENTS FOR ANIMALS IN PARTICIPATING SHELTERS, RESCUES AND SANCTUARIES.NEPA GIVES - A REGIONAL GIVING DAY THAT RAISES AWARENESS OF THE CRITICAL WORK BEING CARRIED OUT BY NONPROFIT ORGANIZATIONS ACROSS THE REGION, THE THIRD ANNUAL NEPA GIVES RAISED OVER $1 MILLION TO BENEFIT 216 LOCAL CHARITABLE CAUSES. DONATIONS WERE ENHANCED WITH BONUS FUNDS RAISED BY SAF AND ITS PARTNERS. CENTER FOR COMMUNITY LEADERSHIP AND NONPROFIT EXCELLENCE - SAF PROVIDES FUNDING TO HELP LOCAL NONPROFIT ORGANIZATIONS MANAGE THE PROJECTS AND PROGRAMS THAT ENHANCE THE QUALITY OF LIFE IN NORTHEASTERN PA. IN ADDITION TO PROVIDING FUNDING, SAF HELPS TO MAXIMIZE NONPROFIT ORGANIZATIONS' ABILITY TO MEET THEIR CRITICAL MISSIONS BY PROVIDING ACCESS TO PROGRAMS, TRAINING, AND RELATED TECHNICAL ASSISTANCE. IN 2022, THE CENTER HOSTED 14 TRAININGS AND WORKSHOPS FOR HUNDREDS OF NONPROFIT LEADERS AND PROVIDED 12 CAPACITY BUILDING GRANTS TO HELP BUILD THE INFRASTRUCTURE AND OPERATIONAL SUPPORT FOR LOCAL CHARITABLE ORGANIZATIONS.DIVERSITY, EQUITY AND INCLUSION (DEI) - IN 2022 SAF HOSTED FOUR REGIONAL ROUNDTABLE DISCUSSIONS ON ISSUES SPECIFICALLY SURROUNDING DEI IN OUR COMMUNITY. ABOUT 200 COMMUNITY LEADERS IN NORTHEAST PA PARTICIPATED IN THE DISCUSSIONS. SAF STAFF ARE COMPILING INFORMATION FROM THESE DISCUSSIONS FOR A REPORT THAT WE HOPE WILL ACT AS A RESOURCE AND BLUEPRINT FOR ORGANIZATIONS LOOKING TO CREATE OR CONTINUE COMMUNITY-DRIVEN SOLUTIONS, AND FOR FUNDERS LOOKING FOR POINTS OF ENTRY.

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

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

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

4e **Total program service expenses** ▶ 6,947,102

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
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? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space			

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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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*	11c		No
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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	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		No
19	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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
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? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	**25b**		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	58		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No

b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing				

	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ PA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶SCRANTON AREA FOUNDATION INC 615 JEFFERSON AVENUE SUITE 102 SCRANTON, PA 18510 (570) 347-6203

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BARBARA O'HARA ESQ CHAIR	1.00	X		X				0	0	0
(2) ELLEN BURKEY VICE CHAIR	1.00	X		X				0	0	0
(3) DAVID PRICE TREASURER	1.00	X		X				0	0	0
(4) KATIE GILMARTIN SECRETARY	1.00	X		X				0	0	0
(5) DONNA BARBETTI DIRECTOR	1.00	X						0	0	0
(6) DR PATRICIA FOX DIRECTOR	1.00	X						0	0	0
(7) JAMES F CLEMENTE CPA MT DIRECTOR	1.00	X						0	0	0
(8) CHRISTOPHER DIMATTIO DIRECTOR	1.00	X						0	0	0
(9) THOMAS DONOHUE DIRECTOR	1.00	X						0	0	0
(10) ALAN HUGHES DIRECTOR	1.00	X						0	0	0
(11) BILL JOYCE DIRECTOR	1.00	X						0	0	0
(12) JEROME MUSHENO RPH ESQ DIRECTOR	1.00	X						0	0	0
(13) DR LIA RICHARDS-PALMITER DIRECTOR	1.00	X						0	0	0
(14) MARYLA SCRANTON DIRECTOR	1.00	X						0	0	0
(15) DR THOMAS MINORA MD DIRECTOR	1.00	X						0	0	0

(16) KENNETH OKREPKIE DIRECTOR	1.00	X						0	0	0
(17) BOBBY LYNETT DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) LAURA DUCCESCHI PRESIDENT & CEO	40.00			X				167,930	0	26,279
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								167,930	0	26,279

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

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

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Part VIII **Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Similar Amounts — **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 7,198,204	**1f**				
g Noncash contributions included in lines 1a - 1f:$ 407,781	**1g**				
h Total. Add lines 1a-1f . . . . . ▶ 7,198,204					
Program Service Revenue	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue.					
g Total. Add lines 2a–2f. . . . . ▶					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		943,407			943,407
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal
6a Gross rents	**6a**		
b Less: rental expenses	**6b**		
c Rental income or (loss)	**6c**		
d Net rental income or (loss) . . . . . ▶			

		(i) Securities	(ii) Other
7a Gross amount from sales of	**7a**	12,024,850	

Other Revenue

assets other than inventory							
Less: cost or other basis and sales expenses	7b	10,961,907					
Gain or (loss)	7c	1,062,943					
d Net gain or (loss)				1,062,943	1,062,943		
a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
			Business Code				
11a ADMINISTRATIVE FEE			900099	112,002			112,002
b CHANGE IN CHARITABLE REMAINDER UN			900099	-82,611			-82,611
c OtherRevenueMiscAmt							
d All other revenue							
e **Total.** Add lines 11a–11d				29,391			
12 **Total revenue.** See instructions				9,233,945	1,062,943	0	972,798

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Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,638,740	4,638,740		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,054,814	1,054,814		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,417	26,913	44,854	107,650
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	498,238	357,272	103,393	37,573
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,443	25,763	9,941	9,739
9 Other employee benefits	92,010	52,163	20,129	19,718

10 Payroll taxes	50,173	28,445	10,976	10,752
11 Fees for services (non-employees):				
a Management				
b Legal	3,247		3,247	
c Accounting	23,250		23,250	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	240,372	150,647	89,725	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,071		2,071	
12 Advertising and promotion				
13 Office expenses	21,455		21,455	
14 Information technology				
15 Royalties				
16 Occupancy	64,168		64,168	
17 Travel	778		778	
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	6,059		6,059	
23 Insurance	19,021		19,021	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND DIRECT EXPENSES	469,333	469,333		
b FOUNDATION AND DONOR DE	280,314	137,809		142,505
c BOARD/STAFF DEVELOPMENT	26,871		26,871	
d ASSOCIATION DUES	13,355		13,355	
e All other expenses	7,754	5,203	2,551	
25 **Total functional expenses.** Add lines 1 through 24e	7,736,883	6,947,102	461,844	327,937
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	**1** Cash–non-interest-bearing	5,348,844	**1**	2,642,386
	2 Savings and temporary cash investments		**2**	
	3 Pledges and grants receivable, net		**3**	
	4 Accounts receivable, net		**4**	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		**5**	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		**6**	
	7 Notes and loans receivable, net		**7**	
	8 Inventories for sale or use		**8**	
	9 Prepaid expenses and deferred charges	5,417	**9**	6,333
	10a Land, buildings, and equipment: cost or other			

	basis. Complete Part VI of Schedule D	10a	601,675			
b	Less: accumulated depreciation	10b	141,702	37,259	10c	459,973
11	Investments—publicly traded securities			55,488,380	11	49,275,275
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			17,306	15	25,580
16	**Total assets.** Add lines 1 through 15 (must equal line 33)			60,897,206	16	52,409,547
Liabilities						
17	Accounts payable and accrued expenses			18,024	17	36,808
18	Grants payable			84,218	18	564,226
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
23	Secured mortgages and notes payable to unrelated third parties				23	
24	Unsecured notes and loans payable to unrelated third parties				24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			4,783,643	25	4,177,752
26	**Total liabilities.** Add lines 17 through 25			4,885,885	26	4,778,786
Net Assets or Fund Balances						
	Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			21,957,023	27	17,340,797
28	Net assets with donor restrictions			34,054,298	28	30,289,964
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building or equipment fund				30	
31	Retained earnings, endowment, accumulated income, or other funds				31	
32	Total net assets or fund balances			56,011,321	32	47,630,761
33	Total liabilities and net assets/fund balances			60,897,206	33	52,409,547

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Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,233,945
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,736,883
3	Revenue less expenses. Subtract line 2 from line 1	3	1,497,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,011,321
5	Net unrealized gains (losses) on investments	5	-10,499,307
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	621,685
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,630,761

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			

separate basis, consolidated basis, or both:

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

b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	Yes
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	**3a**	No
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.	**3b**	

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Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

efile Public Visual Render | ObjectId: 202332729349300843 - Submission: 2023-09-29 | TIN: 23-2890364

SCHEDULE A (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
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 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990) 2022**

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,693,250	3,369,437	5,425,046	7,935,675	7,198,204	25,621,612
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	1,693,250	3,369,437	5,425,046	7,935,675	7,198,204	25,621,612
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						25,621,612

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	1,693,250	3,369,437	5,425,046	7,935,675	7,198,204	25,621,612
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	786,945	934,478	737,156	822,252	943,407	4,224,238
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11 **Total support.** Add lines 7 through 10						29,845,850

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	**14**	85.850 %
15 Public support percentage for 2021 Schedule A, Part II, line 14	**15**	82.940 %

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

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

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

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

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

Schedule A (Form 990) 2022

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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						

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

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			

	*If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			

each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | 1 | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No", provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors			

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2022

Page 7

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

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

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

b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202332729349300843 - Submission: 2023-09-29 | TIN: 23-2890364

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization
SCRANTON AREA FOUNDATION INC

Employer identification number
23-2890364

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990) (2022)**

Name of organization
SCRANTON AREA FOUNDATION INC

Employer identification number
23-2890364

SCRANTON AREA FOUNDATION INC 23-2890364

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization
SCRANTON AREA FOUNDATION INC

Employer identification number
23-2890364

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

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

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

Name of organization	**Employer identification number**
SCRANTON AREA FOUNDATION INC	23-2890364

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

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

(a) No. from Part I	**(b) Purpose of gift**	**(c) Use of gift**	**(d) Description of how gift is held**
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	**(b) Purpose of gift**	**(c) Use of gift**	**(d) Description of how gift is held**
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from	**(b) Purpose of gift**	**(c) Use of gift**	**(d) Description of how gift is held**

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

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

Schedule B (Form 990) (2022)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	75	162
2	Aggregate value of contributions to (during year)	2,102,302	4,256,616
3	Aggregate value of grants from (during year)	2,045,822	2,844,878
4	Aggregate value at end of year	8,408,259	21,881,705

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements.

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

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

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

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

			Held at the End of the 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 July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance					
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 current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

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

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

		Yes	No
(i) Unrelated organizations	**3a(i)**		
(ii) Related organizations	**3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		80,740		80,740
b Buildings		286,260		286,260
c Leasehold improvements		77,593	41,511	36,082
d Equipment				
e Other		157,082	100,191	56,891
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				459,973

Schedule D (Form 990) 2022

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

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

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(1) Federal income taxes	
LIABILITY UNDER CHARITABLE REMAINDER UNITRUSTS	94,859
FUNDS HELD AS AGENCY ENDOWMENTS	4,082,893
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	4,177,752

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Schedule D (Form 990) 2022

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			**1**	-989,126
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**	-9,831,043		
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	-9,831,043
3	Subtract line **2e** from line **1**			**3**	8,841,917
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**	220,628		
b	Other (Describe in Part XIII.)	**4b**	171,400		
c	Add lines **4a** and **4b**			**4c**	392,028
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			**5**	9,233,945

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			**1**	7,391,434
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	0
3	Subtract line **2e** from line **1**			**3**	7,391,434
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**	220,628		
b	Other (Describe in Part XIII.)	**4b**	124,821		
c	Add lines **4a** and **4b**			**4c**	345,449
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			**5**	7,736,883

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	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. IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, 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 EXAMINATIONS BY

	THE FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2019.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INTEREST IN AGENCY FUNDS $92,009 REALIZED GAINS IN AGENCY FUNDS $82,696 CONTRIBUTIONS IN AGENCY FUNDS $7,379 ADMINISTRATIVE FEES IN AGENCY FUNDS $(10,684)
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES IN AGENCY FUNDS $19,744 GRANT EXPENSES IN AGENCY FUNDS $105,077

Schedule D (Form 990) 2022

Additional Data

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

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

(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 noncash assistance	**(h)** Purpose of grant or assistance
(1) ABINGTON HEIGHTS SCHOOL DISTRICT 200 EAST GROVE STREET CLARKS SUMMIT, PA 18411	24-6001936	501(C)(3)	9,487	0			TO ASSIST WITH EDUCATION AND TRAINING OF FACULTY
(2) ACE OF NEPA 123 WYOMING AVE SUITE 311 SCRANTON, PA 18510	23-1649434	501(C)(3)	32,000	0			TO ASSIST WITH THE "INDEPTH STUDY AND GRACE STREET APARTMENT COMPLEX FOR LOW INCOME FAMILES
(3) ADOPT A BOXER RESCUE PO BOX 154 OLYPHANT, PA 18447	20-1921004	501(C)(3)	7,963	0			TO SUPPORT GENERAL PURPOSES
(4) ADOPT A SINGLE MOM PROJECT PO BOX 338 MOUNTAIN TOP, PA 18707	23-2765498	501(C)(3)	5,200	0			TO SUPPORT GENERAL PURPOSES
(5) ALLIED SERVICES FOUNDATION 303 SMALLACOMBE DRIVE CLARKS SUMMIT, PA 18411	23-2523682	501(C)(3)	5,159	0			TO SUPPORT GENERAL PURPOSES
(6) ALONG THE WAY PO BOX 711 SOUDERTON, PA 18964	61-1720030	501(C)(3)	29,250	0			TO SUPPORT CHILD CARE PROGRAMS
(7) AMERICAN CANCER SOCIETY 1300 OLD PLANK ROAD MAYFIELD, PA 18433	13-1788491	501(C)(3)	11,000	0			TO SUPPORT AREA CANCER PATIENTS AND CAREGIVERS
(8) AMERICAN RED CROSS 256 N SHERMAN STREET WILKES BARRE, PA 18505	53-0196605	501(C)(3)	14,159	0			TO SUPPORT GENERAL PURPOSES OF THE CITIZENS OF LACKAWANNA COUNTY
(9) BALLET THEATRE OF SCRANTON 310 PENN AVENUE SCRANTON, PA 18503	23-2797682	501(C)(3)	9,700	0			TO PROVIDE OPERATIONAL/PERFORMANCE FUNDING
(10) BCFSA 705 PITTSTON AVENUE SCRANTON, PA 18505	81-1889393	501(C)(3)	6,000	0			TO SUPPORT GENERAL PURPOSES
(11) BIG BROTHERS BIG SISTERS OF NORTHEASTERN PA 190 WELLES STREET SUITE 168 FORTY FORT, PA 18704	84-4420458	501(C)(3)	14,100	0			TO SUPPORT GENERAL PURPOSES
(12) BLACK SCRANTON PROJECT 801 TOWNHOUSE BLVD SCRANTON, PA 18508	23-2787790	501(C)(3)	10,500	0			TO SUPPORT THE BLACK EXCELLENCE GALA, STRATEGIC PLANNING AND EMERGENCY ROOF REPAIRS
(13) BOYS & GIRLS CLUBS OF NORTHEASTERN PENNSYLVANIA 609 ASH STREET SCRANTON, PA 18510	24-0796420	501(C)(3)	58,550	0			TO SUPPORT GENERAL PURPOSES AS WELL AS AFTER SCHOOL, SUMMER, ART AND EDUCATION PROGRAMS
(14) CAMP FREEDOM 284 NUMBER 7 ROAD CARBONDALE, PA 18407	81-4662848	501(C)(3)	5,500	0			TO SUPPORT GENERAL PURPOSES
(15) CATHERINE MCAULEY CENTER 430 PITTSTON AVENUE SCRANTON, PA 18505	23-2311889	501(C)(3)	10,500	0			TO SUPPORT GENERAL PURPOSES
(16) CHILDREN'S ADVOCACY CENTER OF NEPA 1710 MULBERRY STREET SCRANTON, PA 18509	23-2972024	501(C)(3)	26,500	0			TO SUPPORT GENERAL PURPOSES
(17) COMMISSION ON ECONOMIC OPPORUNITY 185 RESEARCH DRIVE PITTSTON, PA 18640	23-1653093	501(C)(3)	24,470	0			TO SUPPORT THE WEINBERG NORTHEAST REGIONAL FOOD BANK
(18) COMMUNITY JUSTICE PROJECT 111 SOUTH MAIN AVENUE SCRANTON, PA 18504	23-2890384	501(C)(3)	16,000	0			TO SUPPORT THE NORTHEASTERN PA IMMIGRATION AND PUBLIC BENEFITS PROJECT
(19) COUNTRYSIDE CONSERVANCY PO BOX 5 LA PLUME, PA 18440	23-2787790	501(C)(3)	14,595	0			TO SUPPORT GENERAL PURPOSES

(20) DAY NUSERY ASSOCIATION 332 JEFFERSON AVENUE SCRANTON, PA 18510	24-0799342	501(C)(3)	11,500	0			TO SUPPORT FROG STREET CURRICULUM SUPPLEMENTS
(21) DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503	24-0798640	501(C)(3)	14,500	0			TO SUPPORT GENERAL PURPOSES
(22) DISCOVERY MI PRESCHOOL 1301 BEACH STREET SCRANTON, PA 18505	24-0795454	501(C)(3)	24,120	0			TO SUPPORT GENERAL PURPOSES AND TO SUPPORT THE OPENING OF DISCOVERY PROVIDENCE
(23) ECCR GROUP INC 1506 KILLINGTON COURT EAST STROUDSBERG, PA 18301	47-3231771	501(C)(3)	10,000	0			TO SUPPORT SMALL BUSINESS FOUNDATIONS PROGRAM
(24) EVERHEART MUSEUM OF NATURAL HISTORY SCIENCE & ART 1901 MULBERRY STREET SCRANTON, PA 18510	24-6002308	501(C)(3)	5,720	0			TO SUPPORT GENERAL PURPOSES
(25) EQUINES FOR FREEDOM INC 2150 PORT ROYAL RD CLARKS SUMMIT, PA 18411	47-3593998	501(C)(3)	32,991	0			TO SUPPORT GENERAL PURPOSES
(26) FAMILY SERVICE ASSOCIATION OF NORTHEASTERN PENNSYLVANIA 31 WEST MARKET STREET WILKES BARRE, PA 18701	24-0795415	501(C)(3)	8,000	0			TO SUPPORT PA 211 HELP LINE
(27) FLEETVILLE VOLUNTEER FIRE COMPANY OF BENTON TOWNSHIP PO BOX 6 58 FIREHOISE LANE FLEETVILLE, PA 18420	23-2057669	501(C)(3)	8,500	0			TO PROVIDE FUNDING FOR CRITICAL EQUIPMENT REPLENISH
(28) FRIENDS OF THE POOR 2300 ADAMS AVE SCRANTON, PA 18509	24-0795454	501(C)(3)	26,472	0			TO SUPPORT GENERAL PURPOSES INCLUDING THE FAMILY TO FAMILY FOOD BASKET PROGRAM
(29) FRIENDSHIP HOUSE 1509 MAPLE STREET SCRANTON, PA 18505	24-0795422	501(C)(3)	30,364	0			TO SUPPORT GENERAL PURPOSES AND THE DEPAUL SCHOOL
(30) GEISINGER HEALTH FOUNDATION 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-1995911	501(C)(3)	103,750	0			TO SUPPORT THE JANET WEIS CHILDREN'S HOSPITAL AND MARWORTH TREATMENT CENTER
(31) GOODWILL INDUSTRIES OF NORTHEASTERN PA 925 PROSPECT AVENUE SCRANTON, PA 18505	24-0800938	501(C)(3)	16,480	0			TO SUPPORT GENERAL PURPOSES
(32) GREATER SCRANTON YMCA 706 NORTH BLAKELY STREET SCRANTON, PA 18512	24-0795516	501(C)(3)	42,150	0			TO SUPPORT VARIOUS PROGRAMS, ACTIVITIES AND INITIATIVES
(33) GREATER WYOMING VALLEY AREA YMCA 40 WEST NORTHAMPTON STREET WILKESBARRE, PA 18705	24-0795638	501(C)(3)	7,050	0			TO SUPPORT GENERAL PURPOSES
(34) GRIFFIN POND ANIMAL SHELTER 967 GRIFFIN POND ROAD CLARKS SUMMIT, PA 18411	24-0831491	501(C)(3)	24,240	0			TO SUPPORT VARIOUS PROGRAMS INCLUDING THE SPAY/NEUTER PROGRAM EXPANSION
(35) HERE FOR A REASON 1735 NORTH MAIN AVENUE SCRANTON, PA 18508	81-2827505	501(C)(3)	13,750	0			TO SUPPORT FOOD PACKAGING, DISTRIBUTION, AND PROGRAM DEVELOPMENT
(36) HOSPICE OF THE SACRED HEART 53 GLENMAURA NATIONAL BOULEVARD MOOSIC, PA 18507	86-1069555	501(C)(3)	13,000	0			TO SUPPORT CARING FOR PATIENTS AND FAMILIES DURING THE ONGOING COVID-19 PANDEMIC
(37) HOWARD GARDNER MULTIPLE INTELLIGENCE CHARTER SCHOOL 1615 EAST ELM STREET SCRANTON, PA 18505	45-4944807	501(C)(3)	10,000	0			TO SUPPORT FOOD SERVICES
(38) INDIVIDUAL ABILITIES IN MOTION 107 COMMONS DRIVE OLYPHANT, PA 18447	46-1459773	501(C)(3)	13,800	0			TO SUPPORT BIKE SHARE/BIKE BUDDY PROGRAM
(39) INDRALOKA ANIMAL SANCTUARY PO BOX 155 MEHOOPANY, PA 18629	20-2855094	501(C)(3)	12,775	0			TO SUPPORT GENERAL PURPOSES
(40) JEWISH COMMUNITY CENTER OF SCRANTON 601 JEFFERSON AVENUE SCRANTON, PA 18510	24-0795964	501(C)(3)	6,600	0			TO SUPPORT GENERAL PURPOSES
(41) JEWISH FAMILY SERVICE OF NORTHEASTERN PENNSYLVANIA 615 JEFFERSON AVENUE SUITE 204 SCRANTON, PA 18510	24-0796423	501(C)(3)	14,754	0			TO SUPPORT GENERAL PURPOSES
(42) JEWISH FEDERATION OF NEPA 601 JEFFERSON AVENUE SCRANTON, PA 18510	24-0809371	501(C)(3)	23,788	0			TO SUPPORT GENERAL PURPOSES
(43) JEWISH HOME OF EASTERN PA 1101 VINE STREET SCRANTON, PA 18510	24-0798701	501(C)(3)	5,759	0			TO SUPPORT GENERAL PURPOSES WHICH BENEFIT CITIZENS OF LACKAWANNA COUNTY

SCRANTON, PA 18510							LACKAWANNA COUNTY
(44) JOHNSON COLLEGE 3427 N MAIN AVE SCRANTON, PA 18508	24-0795439	501(C)(3)	226,300	0			TO SUPPORT GENERAL PURPOSES AND THE NEPA RISE COHORTS 1 AND 2
(45) JUNIOR LEAGUE OF SCRANTON INC 1011 NORTH MAIN AVENUE SCRANTON, PA 18508	24-6017986	501(C)(3)	9,855	0			TO SUPPORT GENERAL PURPOSES
(46) SCRANTON COUNSELING CENTER 326 ADAMS AVENUE SCRANTON, PA 18503	24-0795620	501(C)(3)	16,000	0			TO SUPPORT THE KATIE'S PLACE CLUBHOUSE
(47) KEYSTONE COLLEGE 1 COLLEGE GREEN LA PLUME, PA 18440	24-0795441	501(C)(3)	24,590	0			TO SUPPORT GENERAL PURPOSES
(48) KEYSTONE MISSION 8 WEST OLIVE STREET SCRANTON, PA 18508	34-2042921	501(C)(3)	28,525	0			TO SUPPORT THE INNOVATION CENTER FOR HOMELESS AND POVERTY
(49) LACAWAC SANCTUARY ENVIRONMENTAL EDUCATION CENTER 94 SANCTUARY ROAD LAKE ARIEL, PA 18436	23-6419952	501(C)(3)	11,720	0			TO SUPPORT GENERAL PURPOSES
(50) LACKAWANNA & WYOMING VALLEY RAILWAY HISTORICAL SOCIETY INC 609 JOHNSON ST DICKSON CITY, PA 18519	23-7359576	501(C)(3)	7,590	0			TO SUPPORT MOSCOW PASSENGER STATION EXTERIOR PAINTING
(51) LACKAWANNA BLIND ASSOCIATION 228 ADAMS AVENUE SCRANTON, PA 18503	24-0795466	501(C)(3)	11,849	0			TO SUPPORT GENERAL PURPOSES
(52) LACKAWANNA PRO BONO INC 233 PENN AVENUE SCRANTON, PA 18503	23-2887494	501(C)(3)	37,857	0			TO SUPPORT GENERAL PURPOSES
(53) LACKAWANNA RIVER CONSERVATION ASSOCIATIONINC 2043 NORTH MAIN AVENUE SCRANTON, PA 18508	23-2493609	501(C)(3)	12,474	0			TO SUPPORT GENERAL PURPOSES
(54) LEHIGH UNIVERSITY 27 MEMORIAL DR W BETHLEHEM, PA 18015	24-0795445	501(C)(3)	7,500	0			TO SUPPORT CENTER FOR FINANCIAL SERVICES
(55) MAKE-A-WISH GREATER PA AND WV 327 NORTH WASHINGTON AVENUE SCRANTON, PA 18503	25-1464177	501(C)(3)	48,500	0			TO SUPPORT GENERAL PURPOSES
(56) MARLEY'S MISSION 2150 PORT ROYAL ROAD CLARKS SUMMIT, PA 18411	27-1458718	501(C)(3)	18,085	0			TO SUPPORT PROGRAMS THAT PROVIDE CHILDREN WITH THERAPY
(57) MATERNAL AND FAMILY HEALTH SERVICES 15 PUBLIC SQUARE WILKES BARRE, PA 18701	23-1856766	501(C)(3)	32,600	0			TO SUPPORT CIRCLE OF CARE EXPANSION AND INFANT FORMULA EMERGENCY DISTRIBUTION
(58) MEALS ON WHEELS OF NEPA INC 541 WYOMING AVENUE SCRANTON, PA 18509	23-1856098	501(C)(3)	38,259	0			TO SUPPORT GENERAL PURPOSES
(59) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065		501(C)(3)	10,000	0			TO SUPPORT DR. ORTIZ, WILMS TUMOR RESEARCH IN MEMORY OF NATHAN GRAY
(60) NATIVITYMIGUEL SCHOOL OF SCRANTON 2300 ADAMS AVENUE SCRANTON, PA 18509	46-3590340	501(C)(3)	11,150	0			TO SUPPORT GENERAL PURPOSES
(61) NEIGHBORWORKS NORTHEASTERN PENNSYLVANIA 815 SMITH STREET SCRANTON, PA 18504	23-2187741	501(C)(3)	67,687	0			TO SUPPORT GENERAL PURPOSES AND THE ACTION FOR NEIGHBORS PROGRAM
(62) NEPA PET FUND AND RESCUE PO BOX 3953 SCRANTON, PA 18505	46-3590505	501(C)(3)	19,200	0			TO SUPPORT VARIOUS PROGRAMS
(63) NORTHEASTERN EDUCATIONAL INTERMEDIATE UNIT 1200 LINE STREET ARCHBALD, PA 18403	24-6001023	501(C)(3)	12,500	0			TO SUPPORT THE NORTHEASTERN PENNSYLVANIA ARTS SCHOOL OF EXCELLENCE
(64) NORTHEASTERN PENNSYLVANIA EDUCATIONAL TELEVISION ASSOCIATION 100 WVIA WAY PITTSTON, PA 18640	23-1663603	501(C)(3)	22,927	0			TO SUPPORT GENERAL PURPOSES AND EDUCATIONAL PROGRAMS
(65) NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM (NTIEC) PO BOX 200 DIMOCK, PA 18816	23-2797676	501(C)(3)	14,500	0			TO SUPPORT INNOVATION IMPACT GRANT -- INCREASING WORK BASED LEARNING IN REGIONAL SCHOOLS
(66) ONTARIO & WESTERN RAILWAY HISTORICAL SOCIETY INC 609 JOHNSON ST DICKSON CITY, PA 18519	14-1579630	501(C)(3)	15,000	0			TO SUPPORT O&W PROJECT 105
(67) OUTREACH - CENTER FOR COMMUNITY RESOURCES 431 NORTH 7TH AVENUE SCRANTON, PA 18503	25-1562285	501(C)(3)	28,540	0			TO SUPPORT VARIOUS PROGRAMS
(68) PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT	81-3053323	501(C)(3)	18,500	0			TO SUPPORT COMMUNITY HEALTH

COUNCIL DBA THE WRIGHT CENTER FOR PATIENT AND COMMUNITY 501 SOUTH WASHINGTON AVENUE SCRANTON, PA 18505							COMMUNITY HEALTH WORKERS PATIENT ASSISTANCE PROGRAM
(69) PAWSITIVELY FOR THE ANIMALS 3265 GREENWOOD AVE SCRANTON, PA 18505	47-2788552	501(C)(3)	19,000	0			TO SUPPORT THE MADDIE FUND AND PAWS FOR A CAUSE
(70) PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE WARMINSTER, PA 18974	23-2450112	501(C)(3)	8,184	0			TO SUPPORT GENERAL PURPOSES WHICH BENEFIT CITIZENS OF LACKAWANNA COUNTY
(71) RONALD MCDONALD HOUSE OF SCRANTON INC 332 WHEELER AVENUE SCRANTON, PA 18510	23-2400153	501(C)(3)	14,195	0			TO SUPPORT PANDEMIC FAMILY STAYS AND PURCHASE ROCKING CHAIRS
(72) SAINT JOSEPH'S CENTER 2010 ADAMS AVENUE SCRANTON, PA 18509	24-0795689	501(C)(3)	12,019	0			TO SUPPORT GENERAL PURPOSES WHICH BENEFIT CITIZENS OF LACKAWANNA COUNTY
(73) SCRANTON CULTURAL CENTER AT THE MASONIC TEMPLE 420 N WASHINGTON AVE SCRANTON, PA 18503	22-2777840	501(C)(3)	30,960	0			TO SUPPORT NEEDED UPGRADES TO THE SCRANTON CULTURAL CENTERS HVAC SYSTEM.
(74) SCRANTON PREPARATORY SCHOOL 1000 WYOMING AVENUE SCRANTON, PA 18509	23-2029472	501(C)(3)	6,500	0			TO SUPPORT GENERAL PURPOSES
(75) SCRANTON PUBLIC LIBRARY 500 VINE STREET SCRANTON, PA 18509	24-6000426	501(C)(3)	24,210	0			TO SUPPORT ROOF REPAIRS AND THE TEEN LEARNING LOUNGE
(76) SCRANTON TOMORROW 307 LINDEN STREET SCRANTON, PA 18503	23-2701934	501(C)(3)	8,500	0			TO SUPPORT CITY PRIDE BEAUTIFICATION PROJECT
(77) SERVING SENIORS INC 538 SPRUCE STREET ARCHBALD, PA 18503	23-2170730	501(C)(3)	26,000	0			TO SUPPORT GUARDIANSHIP OF PERSON PROGRAM
(78) SCRANTON JAZZ FESTIVAL 621 COLFAX AVENUE SCRANTON, PA 18510	46-4765887	501(C)(3)	6,000	0			TO SUPPORT GENERAL PURPOSES
(79) ST CATHERINE OF SIENA PARISH 220 CHURCH STREET MOSCOW, PA 18444		501(C)(3)	13,110	0			TO SUPPORT PARISH-SPONSORED FAITH-BASED EXCURSIONS OR PILGRIMAGES, PARTICULARLY TO HELP THOSE WHO COULD NOT OTHERWISE AFFORD TO PARTICIPATE
(80) ST CATS AND DOGS OF SCRANTON 1900 EAST GIBSON STREET SCRANTON, PA 18510	46-4899785	501(C)(3)	17,700	0			TO SUPPORT GENERAL PURPOSES
(81) ST FRANCIS OF ASSISI KITCHEN 500 PENN AVENUE SCRANTON, PA 18509	23-2070989	501(C)(3)	12,409	0			TO SUPPORT GENERAL PURPOSES
(82) TELESPOND SENIOR DAY SERVICES INC 1200 SAGINAW STREET SCRANTON, PA 18505	23-7353444	501(C)(3)	5,600	0			TO SUPPORT GENERAL PURPOSES
(83) TEMPLE ISRAEL OF SCRANTON 918 EAST GIBSON STREET SCRANTON, PA 18510	24-0796879	501(C)(3)	9,159	0			TO SUPPORT GENERAL PURPOSES WHICH BENEFIT CITIZENS OF LACKAWANNA COUNTY
(84) THE CLINICS AT SCRANTON PRIMARY HEALTHCARE 959 WYOMING AVENUE SCRANTON, PA 18509		501(C)(3)	12,500	0			TO SUPPORT CONSTRUCTION PROJECT
(85) THE COMMUNITY INTERVENTION CENTER OF LACKAWANNA COUNTY 445 NORTH 6TH AVENUE SCRANTON, PA 18503	23-1941321	501(C)(3)	6,000	0			TO SUPPORT FEEDING OUR COMMUNITY
(86) THE GARDEN OF CEDAR 220 PENN AVENUE SCRANTON, PA 18503	84-3212076	501(C)(3)	7,500	0			TO SUPPORT THE GARDEN OF CEDAR - CONGOLESE REFUGEE & OTHERS INITIATIVE
(87) THE HUMANE SOCIETY OF WYOMING COUNTY INC 231 ORCHARD DRIVE FALLS, PA 18615	23-2359646	501(C)(3)	7,000	0			TO SUPPORT FUNDING TO SUPPORT HUMANE SOCIETY POLICE OFFICER FOR WYOMING COUNTY, PA
(88) THE PHILHARMONIC SOCIETY OF NORTHEASTERN PENNSYLVANIA PO BOX 4525 SCRANTON, PA 18505	23-1855655	501(C)(3)	22,839	0			TO SUPPORT GENERAL PURPOSES
(89) THE SALVATION ARMY 500 SOUTH WASHINGTON AVENUE SCRANTON, PA 18505	13-5562351	501(C)(3)	14,159	0			TO SUPPORT GENERAL PURPOSES AND THE EMERGENCY SERVICES PROGRAM
(90) THE UNIVERSITY OF SCRANTON 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)	27,545	0			TO SUPPORT VARIOUS PROGRAMS AND FUNCTIONS
(91) THE WAVERLY COMMUNITY HOUSE INC 1115 NORTH ABINGTON ROAD WAVERLY, PA 18471	24-0798358	501(C)(3)	10,500	0			TO SUPPORT THE WAVERLY COMMUNITY HOUSE HVAC SYSTEM REPLACEMENT (PRESCHOOL AND POST OFFICE)

(92) TREATMENT COURT ADVOCACY CENTER OF LACKAWANNA COUNTY 212 FRONT STREET CLARKS SUMMIT, PA 18411	26-1340210	501(C)(3)	25,670	0			TO SUPPORT TREATMENT COURT ADVOCACY CENTER CIRCLES OF TRUST RE ENTRY PROGRAM
(93) UNITED NEIGHBORHOOD CENTERS OF NEPA 425 ALDER STREET SCRANTON, PA 18505	24-0795389	501(C)(3)	365,819	0			TO SUPPORT GENERAL PURPOSES AND THE NEPA RISE COMPREHENSIVE WORKFORCE DEVELOPMENT AND WRAP-AROUND SERVICES PROGRAM
(94) UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES 615 JEFFERSON AVENUE SCRANTON, PA 18510	24-0824164	501(C)(3)	86,599	0			TO SUPPORT GENERAL PURPOSES AND THE DOLLY PARTON IMAGINATION LIBRARY
(95) VALLEY COMMUNITY LIBRARY 739 RIVER STREET PECKVILLE, PA 18452	23-2368018	501(C)(3)	9,000	0			TO SUPPORT 2022 VCL ROOF REPLACEMENT
(96) WOMEN'S RESOURCE CENTER PO BOX 975 SCRANTON, PA 18501	23-2003915	501(C)(3)	32,709	0			TO SUPPORT GENERAL PURPOSES AND EMPOWERING SURIVORS OF DOMESTIC VIOLENCE
(97) WYOMING COUNTY CULTURAL CENTER INC 60 EAST TIOGA STREET TUNKHANNOCK, PA 18657	23-2957803	501(C)(3)	5,995	0			TO SUPPORT DIETRICH THEATER STAGE LIGHTING UPGRADE & IMPROVEMENT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **Schedule I (Form 990) 2022**

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) SCHOLARSHIPS FOR STUDENTS GRADUATING FROM OR ATTENDING A PARTICULAR SCHOOL	180	940,455			
(2) HUMANITARIAN AWARD PRESENTED TO A WOMAN WHOSE VISION, DEDICATION AND COURAGE HAS ENHANCED THE QUALITY OF LIFE AND EXPANDED THE OPPORTUNIES FOR THE PEOPLE OF HER COMMUNITY	1	4,090			
(3) TUITION ASSISTANCE TO AN INDIVIDUAL TO PARTICIPATE IN LEADERSHIP LACKAWANNA	7	7,550			
(4) ASSISTANCE TO INDIVIDUALS AND FAMILIES IN PENNSYLVANIA WHO ARE RECEIVING TRANSPLANTS OR DONATING ORGANS TO COVER THE EXPENSES ASSOCIATED WITH MEDICAL TREATMENT	33	31,918			
(5) ASSISTANCE TO INDIVIDUALS TO MAKE HOME REPAIRS, REDUCE THEIR DEBT, GET AN EDUCATION, ESTABLISH A BUSINESS, BUILD THEIR SAVINGS, PAY FOR DENTAL RESTORATION, AND COVER CITIZENSHIP FEES	28	70,801			
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	GRANTS REQUIRE THE ORGANIZATION TO SEND PROGRESS REPORTS TO THE FOUNDATION.

Schedule I (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render | ObjectId: 202332729349300843 - Submission: 2023-09-29 | TIN: 23-2890364

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SCRANTON AREA FOUNDATION INC

Employer identification number
23-2890364

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2022**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 LAURA DUCCESCHI PRESIDENT & CEO	**(i)**	157,130	10,800	0	13,501	12,778	194,209	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	THE COMPENSATION FOR THE PRESIDENT IS REVIEWED AND PROPOSED BY THE EXECUTIVE COMPENSATION COMMITTEE AND RATIFIED BY THE FULL BOARD OF GOVERNORS. THE SALARY FOR THE PRESIDENT IS SUBSTANTIATED BY INFORMATION PROVIDED BY THE COUNCIL ON FOUNDATIONS - A NATIONAL ACCREDITING BODY.

Schedule J (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render | ObjectId: 202332729349300843 - Submission: 2023-09-29 | TIN: 23-2890364

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SCRANTON AREA FOUNDATION INC

Employer identification number
23-2890364

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	18,872	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	367,000	APPRAISED VALUE
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OUTREACH SERVICES)	X	6	21,909	VALUE OF SERVICES PR
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J **Schedule M (Form 990) (2022)**

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

Return Reference	Explanation

Schedule M (Form 990) (2022)

Additional Data

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Software Version:

efile Public Visual Render	ObjectId: 202332729349300843 - Submission: 2023-09-29	TIN: 23-2890364

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization
SCRANTON AREA FOUNDATION INC

Employer identification number
23-2890364

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE MEETS WITH THE EXECUTIVE DIRECTOR AND THE INDEPENDENT ACCOUNTING FIRM TO REVIEW AND APPROVE THE FORM 990. THE AUDIT COMMITTEE WILL THEN EMAIL THE 990 TO THE ENTIRE BOARD FOR REVIEW PRIOR TO SUBMISSION.
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	BEGINNING IN 2008, AS DIRECTED BY THE EXECUTIVE AND FINANCE COMMITTEES, THE PROPOSED OPERATING BUDGET REFLECTS SUGGESTED SALARIES IN TOTAL FOR THE FULL TIME EMPLOYEES AND SPECIFICALLY THE PRESIDENT FOR REVIEW AND ACTION BY THE EXECUTIVE COMPENSATION COMMITTEE AND FINAL RATIFICATION BY THE BOARD OF GOVERNORS OF THE SALARIES IN TOTAL. THE SALARY FOR THE PRESIDENT IS SUBSTANTIATED BY INFORMATION PROVIDED BY THE COUNCIL ON FOUNDATIONS - A NATIONAL ACCREDITING BODY.
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. INQUIRIES CAN BE MADE TO THE FOUNDATION AT 615 JEFFERSON AVENUE, SUITE 102, SCRANTON, PA 18510.
FORM 990, PART XI, LINE 9:	NET ACTIVITY IN FUNDS HELD AS AGENCY ENDOWMENTS $621,685 621,685.
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS AUDITOR OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K **Schedule O (Form 990) 2022**

Additional Data

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