

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Part I Summary: A For the 2024 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization: SCRANTON AREA FOUNDATION, INC.; D Employer identification number: ** - ***0364; E Telephone number: 570-347-6203; G Gross receipts \$: 22,939,399.; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; H(c) Group exemption number; I Tax-exempt status: 501(c)(3); J Website: WWW.SAFDN.ORG; K Form of organization: Corporation; L Year of formation: 1954; M State of legal domicile: PA

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (LAURA DUCCESCHI, PRESIDENT & CEO), Preparer (MARY ANN NOVAK, CPA), and Firm (MMQ & ASSOCIATES, P.C.). Includes dates, signatures, and PTIN.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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;

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

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

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

4a (Code:) (Expenses \$ 8,909,730. including grants of \$ 6,328,639.) (Revenue \$) FUND ADMINISTRATION

CELEBRATING ITS 70TH ANNIVERSARY IN 2024, THE SCRANTON AREA COMMUNITY FOUNDATION (SACF) SIGNIFICANTLY EXPANDED ITS IMPACT, DISTRIBUTING OVER \$5 MILLION IN GRANTS TO HUNDREDS OF NONPROFIT AND CHARITABLE ORGANIZATIONS AND \$776,660 IN SCHOLARSHIPS TO 207 AREA STUDENTS ACROSS NORTHEASTERN PENNSYLVANIA. THE FOUNDATION ADDED 54 NEW FUNDS IN 2024, INCLUDING 30 NON-ENDOWED FUNDS AND 24 ENDOWED FUNDS, BRINGING THE TOTAL NUMBER OF FUNDS TO 370. THIS GROWTH REPRESENTS STRONG COMMUNITY CONFIDENCE IN SACF'S STEWARDSHIP AND EXPANDING PHILANTHROPIC ENGAGEMENT ACROSS THE REGION.

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

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

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

4e Total program service expenses 8,909,730.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA DUCCESCHI PRESIDENT & CEO	40.00			X			201,601.	0.	28,868.	
(2) MARGARET MARTINELLI COO	40.00					X	119,269.	0.	19,082.	
(3) BARBARA O'HARA, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(4) ELLEN BURKEY CHAIR	1.00	X		X			0.	0.	0.	
(5) DAVID PRICE VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) KATIE GILMARTIN TREASURER	1.00	X		X			0.	0.	0.	
(7) BRYAN FRANTZ DIRECTOR	1.00	X					0.	0.	0.	
(8) DR. PATRICIA FOX DIRECTOR	1.00	X					0.	0.	0.	
(9) DR. JOSEPH BANNON DIRECTOR	1.00	X					0.	0.	0.	
(10) CHRISTOPHER DIMATTIO DIRECTOR	1.00	X					0.	0.	0.	
(11) THOMAS DONOHUE DIRECTOR	1.00	X					0.	0.	0.	
(12) PATRICIA THOMAS DIRECTOR	1.00	X					0.	0.	0.	
(13) BILL JOYCE DIRECTOR	1.00	X					0.	0.	0.	
(14) JEROME MUSHENO, R.PH., ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(15) WILLIAM CONABOY, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(16) DR. THOMAS MINORA, M.D. SECRETARY	1.00	X		X			0.	0.	0.	
(17) KENNETH OKREPKE 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BOBBY LYNETT DIRECTOR	1.00	X						0.	0.	0.
(19) RYAN MCGOWAN DIRECTOR	1.00	X						0.	0.	0.
(20) MARION MUNLEY, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(21) PAUL C. WOELKERS, R.T.(R), HON. DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								320,870.	0.	47,950.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								320,870.	0.	47,950.

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 **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEAN BYRNE CONSTRUCTION, 349 REAR NORTH MAIN STREET, DICKSON CITY, PA 18519	GENERAL CONSTRUCTION	1,106,092.
PREMIER ENVIRONMENTS 2601 BAGLYOS CIRCLE, BETHLEHEM, PA 18020	INTERIOR FURNISHINGS	118,664.

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 **2**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,939,672.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 34,154.					
	h Total. Add lines 1a-1f			9,939,672.				
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,421,177.			1421177.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses	7b	9,264,808.			
			c Gain or (loss)	7c	2,155,532.			
	d Net gain or (loss)			2,155,532.			2155532.	
	8 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10 a 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								
Miscellaneous Revenue	11 a ADMINISTRATIVE FEE	Business Code		900099	159,826.	159,826.		
	b CHANGE IN CHARITABLE REMAINDER UN			900099	-1,616.		-1,616.	
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d				158,210.			
12 Total revenue. See instructions				13,674,591.	159,826.	0.	3575093.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	5,020,940.	5,020,940.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,307,699.	1,307,699.		
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	327,178.	103,509.	104,201.	119,468.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	814,058.	634,776.	105,334.	73,948.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,272.	42,873.	12,168.	11,231.
9 Other employee benefits	144,009.	93,161.	26,441.	24,407.
10 Payroll taxes	83,303.	53,890.	15,295.	14,118.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,752.		2,752.	
c Accounting	25,250.		25,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	298,756.	192,552.	106,204.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,465.		3,465.	
12 Advertising and promotion				
13 Office expenses	28,923.	2,878.	26,045.	
14 Information technology	12,401.		12,401.	
15 Royalties				
16 Occupancy	80,146.		80,146.	
17 Travel	2,649.	63.	2,586.	
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	8,767.		8,767.	
23 Insurance	19,703.		19,703.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FUND DIRECT EXPENSES	1,271,667.	1,271,667.		
b FOUNDATION AND DONOR DE	190,424.	124.		190,300.
c CAPACITY BUILDING PROGR	112,833.	112,833.		
d BOARD/STAFF DEVELOPMENT	73,172.	32,788.	40,384.	
e All other expenses	80,834.	39,977.	40,857.	
25 Total functional expenses. Add lines 1 through 24e	9,975,201.	8,909,730.	631,999.	433,472.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,862,557.	1	2,379,105.
	2 Savings and temporary cash investments		2	523,907.
	3 Pledges and grants receivable, net		3	75,000.
	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	33,914.	9	19,671.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,929,175.		
	b Less: accumulated depreciation	10b 157,901.	471,632.	10c 1,771,274.
	11 Investments - publicly traded securities	60,962,494.	11	68,606,151.
	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	88,256.	15	97,001.
16 Total assets. Add lines 1 through 15 (must equal line 33)	63,418,853.	16	73,472,109.	
Liabilities	17 Accounts payable and accrued expenses	38,918.	17	235,711.
	18 Grants payable	901,665.	18	768,285.
	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	997,210.
	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	4,683,090.	25	5,556,360.
	26 Total liabilities. Add lines 17 through 25	5,623,673.	26	7,557,566.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,807,676.	27	20,126,466.
	28 Net assets with donor restrictions	38,987,504.	28	45,788,077.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	57,795,180.	32	65,914,543.
33 Total liabilities and net assets/fund balances	63,418,853.	33	73,472,109.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,674,591.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,975,201.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,699,390.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,795,180.
5	Net unrealized gains (losses) on investments	5	5,294,380.
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 on Schedule O)	9	-874,407.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	65,914,543.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5425046.	7935675.	7198204.	10088443.	9939672.	40587040.
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	5425046.	7935675.	7198204.	10088443.	9939672.	40587040.
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.						40587040.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5425046.	7935675.	7198204.	10088443.	9939672.	40587040.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	737,156.	822,252.	943,407.	1225374.	1421177.	5149366.
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						45736406.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	88.74 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	87.95 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

SCHEDULE D
(Form 990)

(Rev. December 2024)
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

**Open to Public
Inspection**

Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number

-*0364

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	92	212
2 Aggregate value of contributions to (during year)	3,935,427.	4,817,166.
3 Aggregate value of grants from (during year)	2,644,032.	3,849,861.
4 Aggregate value at end of year	15,988,333.	29,799,744.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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 make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,740.		80,740.
b Buildings		286,260.		286,260.
c Leasehold improvements		77,593.	59,839.	17,754.
d Equipment				
e Other		1,484,582.	98,062.	1,386,520.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,771,274.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER CHARITABLE REMAINDER UNITRUSTS	66,167.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	5,490,193.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,556,360.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,406,609.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,088,326.
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	5,088,326.
3	Subtract line 2e from line 1	3	12,318,283.
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	275,915.
b	Other (Describe in Part XIII.)	4b	1,080,393.
c	Add lines 4a and 4b	4c	1,356,308.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,674,591.

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	9,287,246.
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	9,287,246.
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	275,915.
b	Other (Describe in Part XIII.)	4b	412,040.
c	Add lines 4a and 4b	4c	687,955.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,975,201.

Part XIII Supplemental Information

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

PART 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 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST IN AGENCY FUNDS \$135,871
 REALIZED GAINS IN AGENCY FUNDS \$293,812
 CONTRIBUTIONS IN AGENCY FUNDS \$661,855
 ADMINISTRATIVE FEES IN AGENCY FUNDS (\$11,175)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES IN AGENCY FUNDS \$22,841
 FUND EXPENSES IN AGENCY FUNDS \$389,199

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **SCRANTON AREA FOUNDATION, INC.** Employer identification number ****-***0364**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABINGTON HEIGHTS SCHOOL DISTRICT 200 EAST GROVE STREET CLARKS SUMMIT, PA 18411	*****1936	501(C)(3)	11,450.	0.			TO ASSIST WITH EDUCATION AND TRAINING OF FACULTY
ADOPT A BOXER RESCUE P.O. BOX 154 OLYPHANT, PA 18447	*****1004	501(C)(3)	55,746.	0.			TO SUPPORT GENERAL PURPOSES
ALL ONE CHARITIES 83 EAST UNION STREET WILKES BARRE, PA 18701	*****5226	501(C)(3)	22,000.	0.			TO SUPPORT LISTEN FOR GOOD AND GIVE DAY PROGRAMS
AMERICA250PA 2 NORTH MAIN STREET PITTSSTON, PA 18640	*****2488	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
ANIMAL CARE ASSOCIATION 312 SOUTH VALLEY AVENUE OLYPHANT, PA 18447	*****8276	501(C)(3)	7,728.	0.			TO SUPPORT GENERAL PURPOSES
ANTHONY J RINALDI JR FOUNDATION FOR CHILDREN WITH CANCER - 538 BIDEN STREET - SCRANTON, PA 18503	*****4405	501(C)(3)	17,480.	0.			TO SUPPORT GENERAL PURPOSES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **154.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCADIA CHORALE 117 S. STATE ST #150 CLARKS SUMMIT, PA 18411	*****5204	501(C)(3)	6,080.	0.			TO SUPPORT GENERAL PURPOSES
ARROWHEAD BIBLE CAMP 122 ARROWHEAD COTTAGE ROAD BRACKNEY, PA 18812	*****4331	501(C)(3)	30,616.	0.			TO SUPPORT GENERAL PURPOSES
AUTISM SOCIETY OF NORTHERN PENNSYLVANIA - 811-813 MULBERRY STREET - SCRANTON, PA 18510	*****7623	501(C)(3)	5,020.	0.			TO SUPPORT GENERAL PURPOSES
BEVERLY'S BIRTHDAYS 11065 PARKER DRIVE NORTH HUNTINGDON, PA 15642	*****8006	501(C)(3)	25,000.	0.			TO SUPPORT GENERAL PURPOSES
BIG BROTHERS BIG SISTERS OF NEPA 190 WELLES STREET SUITE 168 FORTY FORT, PA 18704	*****0458	501(C)(3)	9,102.	0.			TO SUPPORT GENERAL PURPOSES
BLACK SCRANTON PROJECT 801 TOWNHOUSE BLVD SCRANTON, PA 18508	*****2145	501(C)(3)	5,198.	0.			TO SUPPORT GENERAL PURPOSES
BLOOMSBURG AREA YMCA 30 EAST 7TH STREET BLOOMSBURG, PA 17815	*****5257	501(C)(3)	95,000.	0.			TO SUPPORT GENERAL PURPOSES
BOY SCOTS OF AMERICA NORTHEASTERN PENNSYLVANIA COUNCIL - 72 MONTAGE MOUNTAIN RD - MOOSIC, PA 18507	*****2695	501(C)(3)	8,883.	0.			TO SUPPORT GENERAL PURPOSES
BOYS & GIRLS CLUBS OF NORTHEASTERN PENNSYLVANIA - 609 ASH STREET - SCRANTON, PA 18510	*****6420	501(C)(3)	46,595.	0.			TO SUPPORT GENERAL PURPOSES AS WELL AS AFTER SCHOOL, SUMMER, ART AND EDUCATION PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROADWAY THEATER LEAGUE OF SCRANTON - 345 NORTH WASHINGTON AVE - SCRANTON, PA 18503	*****3041	501(C)(3)	10,700.	0.			TO SUPPORT GENERAL PURPOSES, ALONG WITH THE ARTS FOR LIFE PROGRAM
CAMP FREEDOM INC 248 NUMBER 7 ROAD CARBONDALE, PA 18407	*****2848	501(C)(3)	7,500.	0.			TO SUPPORT GENERAL PURPOSES
CARBONDALE PUBLIC LIBRARY 5 N MAIN STREET CARBONDALE, PA 18407	*****6768	501(C)(3)	5,624.	0.			TO SUPPORT GENERAL PURPOSES
CASA OF LACKAWANNA COUNTY 846 JEFFERSON AVE SCRANTON, PA 18510	*****0377	501(C)(3)	19,649.	0.			TO SUPPORT GENERAL PURPOSES
CATHERINE MCAULEY CENTER 430 PITTSTON AVE SCRANTON, PA 18505	*****1889	501(C)(3)	26,907.	0.			TO SUPPORT GENERAL PURPOSES
CENTER FOR THE LIVING CITY 25 CENTRAL PARK WEST, #2J NEW YORK, NY 10023	*****9146	501(C)(3)	10,587.	0.			TO SUPPORT GENERAL PURPOSES
CENTRAL SUSQUEHANNA OPPORTUNITIES, INC. - 2 E ARCH ST, SUITE 313 - SHAMOKIN, PA 17872	*****4524	501(C)(3)	10,000.	0.			TO SUPPORT MOBILE FOOD PANTRY
CHILD HUNGER OUTREACH PARTNERS 2 ELIZABETH STREET TOWANDA, PA 18848	*****9637	501(C)(3)	43,682.	0.			TO SUPPORT THE IN SCHOOL PANTRY AND BACKPACK PROGRAM
CHILDREN'S ADVOCACY CENTER OF NEPA 1710 MULBERRY STREET SCRANTON, PA 18510	*****2024	501(C)(3)	10,169.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMISSION ON ECONOMIC OPPORTUNITY 185 RESEARCH DRIVE PITTSBURGH, PA 15201	*****3093	501(C)(3)	255,875.	0.			TO SUPPORT GENERAL PURPOSES
CONGOLESE COMMUNITY OF SCRANTON 201 LACKAWANNA AVE SUITE 318 SCRANTON, PA 18503	*****0986	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
CONGREGATION OF THE SISTERS SERVANTS OF THE IMMACULATE HEART OF MARY - 2300 ADAMS AVENUE - SCRANTON, PA 18509	*****0793	501(C)(3)	19,738.	0.			TO SUPPORT GENERAL PURPOSES
COUNTRYSIDE CONSERVANCY PO BOX 55 LA PLUME, PA 18440	*****7790	501(C)(3)	39,864.	0.			TO SUPPORT GENERAL PURPOSES
DAY NURSERY ASSOCIATION 332 JEFFERSON AVENUE SCRANTON, PA 18510	*****9342	501(C)(3)	12,000.	0.			TO SUPPORT GENERAL PURPOSES
DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503	*****8640	501(C)(3)	66,593.	0.			TO SUPPORT GENERAL PURPOSES
DISCOVERY MI PRESCHOOL 1301 BEECH STREET SCRANTON, PA 18505	*****4807	501(C)(3)	20,734.	0.			TO SUPPORT GENERAL PURPOSES
DRESS FOR SUCCESS PITTSBURGH 305 34TH ST PITTSBURGH, PA 15201	*****8089	501(C)(3)	19,000.	0.			TO ASSIST WITH HYGIENE PRODUCTS FOR THE MOBILE UNIT COMMUNITY EVENTS
ELAN SKILLED NURSING AND REHAB 1101 VINE STREET SCRANTON, PA 18510	*****8701	501(C)(3)	11,501.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELECTRIC CITY TROLLEY MUSEUM PO BOX 20019 SCRANTON, PA 18502	*****0584	501(C)(3)	14,386.	0.			TO SUPPORT GENERAL PURPOSES
EVERHART MUSEUM OF NATURAL HISTORY, SCIENCE & ART - 1901 MULBERRY STREET - SCRANTON, PA 18510	*****2308	501(C)(3)	21,562.	0.			TO SUPPORT GENERAL PURPOSES
F.M KIRBY CENTER FOR THE PERFORMING ARTS - 71 PUBLIC SQUARE - WILKES BARRE, PA 18701	*****7004	501(C)(3)	8,984.	0.			TO SUPPORT GENERAL PURPOSES
FAMILY AND COMMUNITY CHRISTIAN ASSOCIATION - 378 CHESTNUT STREET - MEADVILLE, PA 16335	*****5638	501(C)(3)	19,400.	0.			TO SUPPORT GENERAL PURPOSES
FAMILY SERVICE ASSOCIATION OF NEPA 31 WEST MARKET STREET WILKES BARRE, PA 18701	*****5415	501(C)(3)	10,438.	0.			TO SUPPORT GENERAL PURPOSES
FAM ARTS COLLECTIVE 38 HICKORY LANE DAMASCUS, PA 18415	*****0354	501(C)(3)	5,724.	0.			TO SUPPORT GENERAL PURPOSES
FARMHOUSE SANCTUARY 70 BORTREE ROAD MOSCOW, PA 18444	*****2824	501(C)(3)	7,000.	0.			TO SUPPORT GENERAL PURPOSES
FRACTURED ATLAS PO BOX 55 HARTSDALE, NY 10530	*****1703	501(C)(3)	11,800.	0.			TO SUPPORT GENERAL PURPOSES
FRIENDS OF THE POOR 2300 ADAMS AVENUE SCRANTON, PA 18509	*****6876	501(C)(3)	226,205.	0.			TO SUPPORT GENERAL PURPOSES, ALONG WITH FOOD DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP HOUSE 1509 MAPLE STREET SCRANTON, PA 18505	*****5422	501(C)(3)	9,832.	0.			TO SUPPORT GENERAL PURPOSES
GEISINGER HEALTH FOUNDATION 100 NORTH ACADEMY AVE, MC 40-36 DANVILLE, PA 17822	*****5911	501(C)(3)	258,480.	0.			TO PROVIDE FUNDING FOR THE JANET WEIS CHILDREN'S HOSPITAL
GOODWILL INDUSTRIES OF NORTHEASTERN PA - 925 PROSPECT AVENUE - SCRANTON, PA 18505	*****0938	501(C)(3)	10,140.	0.			TO SUPPORT GENERAL PURPOSES
GREATER CARBONDALE YMCA 82 NORTH MAIN STREET CARBONDALE, PA 18407	*****5515	501(C)(3)	5,376.	0.			TO SUPPORT GENERAL PURPOSES
GREATER SCRANTON YMCA 706 NORTH BLAKELY STREET SCRANTON, PA 18512	*****5516	501(C)(3)	39,966.	0.			TO SUPPORT GENERAL PURPOSES, ALONG WITH THE CHILD CARE PROGRAM
GREATER WYOMING VALLEY AREA YMCA 40 WEST NORTHAMPTON STREET WILKES BARRE, PA 18705	*****5638	501(C)(3)	14,465.	0.			TO SUPPORT GENERAL PURPOSES
GRIFFIN POND ANIMAL SHELTER 967 GRIFFIN POND ROAD SOUTH ABINGTON TOWNSHIP, PA 18411	*****1491	501(C)(3)	32,478.	0.			TO SUPPORT GENERAL PURPOSES
HAVEN'S MINISTRY INC 1043 S FRONT ST SUNBURY, PA 17801	*****8202	501(C)(3)	50,000.	0.			TO SUPPORT THE EMERGENCY, SHELTER, FOOD, LIFE SKILLS, AND WORK ETHIC
HIMALAYAN INSTITUTE 952 BETHANY TURNPIKE HONESDALE, PA 18431	*****2178	501(C)(3)	5,341.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMAGINE PERFORMING ARTS FUND 113 CHURCH STREET DALTON, PA 18414	*****3020	501(C)(3)	5,049.	0.			TO SUPPORT GENERAL PURPOSES
INDIANA COMMUNITY ACTION PROGRAM INC - PO BOX 187 - INDIANA, PA 15701	*****9770	501(C)(3)	50,000.	0.			TO SUPPORT GENERAL PURPOSES
INDIVIDUAL ABILITIES IN MOTION 107 COMMONS DRIVE OLYPHANT, PA 18447	*****9773	501(C)(3)	14,965.	0.			TO SUPPORT GENERAL PURPOSES
INDRALOKA ANIMAL SANCTUARY 336 OAK DRIVE, SUITE 1 DALTON, PA 18414	*****5094	501(C)(3)	29,693.	0.			TO SUPPORT GENERAL PURPOSES
JEWISH COMMUNITY CENTER OF SCRANTON - 601 JEFFERSON AVE - SCRANTON, PA 18510	*****5964	501(C)(3)	9,005.	0.			TO SUPPORT GENERAL PURPOSES
JEWISH FAMILY SERVICES OF NORTHEASTERN PENNSYLVANIA - 615 JEFFERSON AVE, SUITE 204 - SCRANTON, PA 18510	*****6423	501(C)(3)	12,192.	0.			TO SUPPORT GENERAL PURPOSES
JEWISH FEDERATION OF NEPA 601 JEFFERSON AVE SCRANTON, PA 18510	*****9371	501(C)(3)	25,071.	0.			TO SUPPORT GENERAL PURPOSES
JUNIOR ACHIEVEMENT OF NEPA 600 BALTIMORE DRIVE 2ND FLOOR WILKES BARRE, PA 18702	*****0209	501(C)(3)	15,475.	0.			TO SUPPORT GENERAL PURPOSES
JUNIOR LEAGUE OF SCRANTON INC. 1011 N MAIN AVE SCRANTON, PA 18508	*****7986	501(C)(3)	16,851.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE MISSION 8 WEST OLIVE STREET SCRANTON, PA 18508	*****2921	501(C)(3)	24,007.	0.			TO SUPPORT GENERAL PURPOSES
LACAWAC SANCTUARY ENVIRONMENTAL EDUCATION CENTER - 94 SANCTUARY ROAD - LAKE ARIEL, PA 18436	*****9952	501(C)(3)	13,674.	0.			TO SUPPORT GENERAL PURPOSES, ALONG WITH THE STEM FOR ALL INITIATIVE
LACKAWANNA BLIND ASSOCIATION 228 ADAMS AVE SCRANTON, PA 18503	*****5466	501(C)(3)	7,791.	0.			TO SUPPORT GENERAL PURPOSES, ALONG WITH TECHNOLOGY NEEDS
LACKAWANNA COLLEGE 501 VINE STREET ANGELI HALL SUITE 1 SCRANTON, PA 18509	*****9402	501(C)(3)	19,706.	0.			TO SUPPORT GENERAL PURPOSES
LACKAWANNA COUNTY 123 WYOMING AVENUE SCRANTON, PA 18503	*****0729	501(C)(3)	7,000.	0.			TO SUPPORT GENERAL PURPOSES
LACKAWANNA HERITAGE VELLY AUTHORITY - 213 RAILROAD AVENUE - SCRANTON, PA 18505	*****5483	501(C)(3)	11,200.	0.			TO SUPPORT GENERAL PURPOSES
LACKAWANNA PRO BONO, INC. 233 PENN AVE SCRANTON, PA 18503	*****7494	501(C)(3)	36,352.	0.			TO SUPPORT GENERAL PURPOSES
LACKAWANNA RIVER CONSERVATION ASSOCIATION, INC. - 2403 NORTH MAIN AVENUE - SCRANTON, PA 18508	*****3609	501(C)(3)	10,875.	0.			TO SUPPORT GENERAL PURPOSES
LEHIGH UNIVERSITY 306 S NEW STREET BETHLEHEM, PA 18015	*****5445	501(C)(3)	7,500.	0.			TO PROVIDE FUNDING FOR THE CENTER FOR FINANCIAL SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYCOMING COUNTY HLEATH IMPROVEMENT COALITION INC - 1100 GRAMPIAN BLVD - WILLIAMSPORT, PA 17701	*****9939	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
MAKE-A-WISH GREATER PA AND WV 327 N WASHINGTON AVE, SUITE 501 SCRANTON, PA 18503	*****4177	501(C)(3)	40,549.	0.			TO SUPPORT GENERAL PURPOSES
MAMABIRD NEPA INC. 4 PARSONAGE ST DALLAS, PA 18612	*****5498	501(C)(3)	10,407.	0.			TO SUPPORT GENERAL PURPOSES
MARLEY'S MISSION 2150 PORT ROYAL ROAD CLARKS SUMMIT, PA 18411	*****8718	501(C)(3)	15,484.	0.			TO SUPPORT GENERAL PURPOSES
MATERNAL AND FAMILY HEALTH SERVICES - 15 PUBLIC SQUARE SUITE 600 - WILKES BARRE, PA 18701	*****6766	501(C)(3)	8,647.	0.			TO SUPPORT GENERAL PURPOSES
MEALS ON WHEELS OF NEPA, INC. 541 WYOMING AVENUE SCRANTON, PA 18509	*****6098	501(C)(3)	47,103.	0.			TO SUPPORT GENERAL PURPOSES
MEADVILLE YMCA 356 CHESTNUT ST MEADVILLE, PA 16335	*****9495	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
MERCY CENTER FOR WOMEN INC 1039 E 27TH STREET ERIE, PA 16504	*****5659	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
MISS GREATER HAZLETON SCHOLARSHIP ORGANIZATION - 349 WEST 30TH STREET - HAZLE TOWNSHIP, PA 18202	*****2039	501(C)(3)	6,986.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION SCRANTON PO BOX 2 CHINCHILLA, PA 18410	*****9810	501(C)(3)	7,600.	0.			TO SUPPORT GENERAL PURPOSES
MONROE COUNTY MEALS ON WHEELS, INC. - 901 POLK VALLEY RD. - STROUDSBURG, PA 18360	*****1104	501(C)(3)	5,635.	0.			TO SUPPORT GENERAL PURPOSES
NATIVITY MIGUEL SCHOOL OF SCRANTON 2300 ADAMS AVENUE SCRANTON, PA 18509	*****0340	501(C)(3)	26,948.	0.			TO SUPPORT GENERAL PURPOSES, ALONG WITH BUS TRANSPORTATION
NEIU C.O.R.E FOUNDATION 1200 LINE ST. ARCHBALD, PA 18403	*****1343	501(C)(3)	8,000.	0.			TO SUPPORT GENERAL PURPOSES
NEPA INCLUSIVE DBA PA INCLUSIVE 22 EAST ST SUITE 3 PITTSSTON, PA 18640	*****7579	501(C)(3)	7,000.	0.			TO SUPPORT GENERAL PURPOSES
NEPA PET FUND AND RESCUE P.O. BOX 3953 SCRANTON, PA 18505	*****0505	501(C)(3)	10,899.	0.			TO SUPPORT GENERAL PURPOSES
NEPA YOUTH SHELTER P.O. BOX 20176 SCRANTON, PA 18502	*****8747	501(C)(3)	45,269.	0.			TO SUPPORT GENERAL PURPOSES
NEW ISRAEL FUND P.O. BOX 70358 PHILADELPHIA, PA 19176	*****7722	501(C)(3)	15,000.	0.			TO SUPPORT GENERAL PURPOSES
NORTH 10 PHILADELPHIA 676 E SWEDES FORD RD STE 350B WAYNE, PA 19087	*****5110	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST PA YOUTH FOR CHRIST, INC. - 1613 JACKSON STREET - SCRANTON, PA 18504	*****3118	501(C)(3)	8,409.	0.			TO SUPPORT GENERAL PURPOSES
NORTHEAST REGIONAL CANCER INSTITUTE - 312 ADAMS AVE - SCRANTON, PA 18503	*****2214	501(C)(3)	59,414.	0.			TO SUPPORT THE CANCER SCREENING NAVIGATION PROGRAM
NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION - 612 JEFFERSON AVENUE - SCRANTON, PA 18510	*****1471	501(C)(3)	50,000.	0.			TO SUPPORT GENERAL PURPOSES
NORTHEASTERN PENNSYLVANIA INDUSTRIAL RESOURCE CENTER, INC. (NEPIRC) - 75 YOUNG STREET - HANOVER TOWNSHIP, PA 18706	*****2293	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM (NTIEC) - PO BOX 505 - TUNKHANNOCK, PA 18657	*****7676	501(C)(3)	12,020.	0.			TO SUPPORT GENERAL PURPOSES
OUTREACH - CENTER FOR COMMUNITY RESOURCES - 431 N 7TH AVENUE - SCRANTON, PA 18503	*****2285	501(C)(3)	23,426.	0.			TO SUPPORT GENERAL PURPOSES, ALONG WITH THE WAYS TO WORK PROGRAM AND THE EHS HOME VISITING
PA AREA HEALTH EDUCATION CENTER (AHEC) - 164 SCRANTON CARBONDALE HIGHWAY - ARCHBALD, PA 18403	*****1224	501(C)(3)	6,090.	0.			TO SUPPORT GENERAL PURPOSES
PENNSYLVANIA HUMANITIES COUNCIL 230 BROAD ST, SUITE 403 PHILADELPHIA, PA 19102	*****7911	501(C)(3)	18,000.	0.			TO SUPPORT GENERAL PURPOSES
PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT AND COMMUNITY - 501 SOUTH WASHINGTON AVENUE - SCRANTON, PA 18505	*****3323	501(C)(3)	8,000.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWSITIVELY FOR THE ANIMALS 3265 GREENWOOD AVE SCRANTON, PA 18505	*****8552	501(C)(3)	10,023.	0.			TO SUPPORT GENERAL PURPOSES
PCOM 4180 CITY AVENUE PHILADELPHIA, PA 19131	*****5135	501(C)(3)	50,000.	0.			TO SUPPORT GENERAL PURPOSES
PENNSYLVANIA STATE UNIVERSITY 120 RIDGE VIEW DRIVE DUNMORE, PA 18512	*****0376	501(C)(3)	9,040.	0.			TO SUPPORT GENERAL PURPOSES
PHYSICIANS FOR SOCIAL RESPONSIBILITY PENNSYLVANIA - 1735 MARKET STREET SUITE A #510 - PHILADELPHIA, PA 19103	*****3775	501(C)(3)	8,000.	0.			TO SUPPORT GENERAL PURPOSES
POCONO WILDLIFE REHABILITATION AND EDUCATION CENTER - 1161 CHERRY DRIVE - STROUDSBURG, PA 18360	*****4389	501(C)(3)	8,040.	0.			TO SUPPORT GENERAL PURPOSES
PROVIDENCE PREGNANCY CENTER 116 THEODORE STREET SCRANTON, PA 18508	*****4923	501(C)(3)	9,000.	0.			TO SUPPORT MATERNITY HOME RENOVATIONS
RAIL-TRAIL COUNCIL OF NORTHEASTERN PENNSYLVANIA INC. - 948 NORTH MAIN STREET - UNION DALE, PA 18470	*****1268	501(C)(3)	7,570.	0.			TO SUPPORT GENERAL PURPOSES
ROCK MOUNTAIN BIBLE CAMP 1156 ROCK MOUNTAIN DR. SUSQUEHANNA, PA 18847	*****4870	501(C)(3)	15,803.	0.			TO SUPPORT GENERAL PURPOSES
RONALD MCDONALD HOUSE OF SCRANTON, INC. - 332 WHEELER AVENUE - SCRANTON, PA 18510	*****0153	501(C)(3)	18,537.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH'S CENTER 2010 ADAMS AVENUE SCRANTON, PA 18509	*****5689	501(C)(3)	7,632.	0.			TO SUPPORT GENERAL PURPOSES
SAINT JOSEPH'S CENTER FOUNDATION 2010 ADAMS AVE SCRANTON, PA 18509	*****6365	501(C)(3)	6,775.	0.			TO SUPPORT GENERAL PURPOSES
SCRANTON ANIMAL SHELTER ASSOCIATION INCORPORATION - 815 UNION STREET - TAYLOR, PA 18715	*****7228	501(C)(3)	12,000.	0.			TO SUPPORT FERAL CAT CARE
SCRANTON COUNSELING CENTER 329 CHERRY ST SCRANTON, PA 18505	*****5620	501(C)(3)	17,210.	0.			TO SUPPORT GENERAL PURPOSES
SCRANTON CULTURAL CENTER AT THE MASONIC TEMPLE - 420 N WASHINGTON AVE - SCRANTON, PA 18503	*****7840	501(C)(3)	14,250.	0.			TO SUPPORT GENERAL PURPOSES, AS WELL AS ART AND MUSIC PROGRAMS
SCRANTON FRINGE FESTIVAL 816 WHEELER AVENUE SCRANTON, PA 18510	*****1703	501(C)(3)	7,447.	0.			TO SUPPORT GENERAL PURPOSES
SCRANTON JAZZ FESTIVAL 621 COLFAX AVE SCRANTON, PA 18510	*****5887	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
SCRANTON PREPARATORY SCHOOL 1000 WYOMING AVENUE SCRANTON, PA 18509	*****9472	501(C)(3)	11,250.	0.			TO SUPPORT GENERAL PURPOSES
SCRANTON PUBLIC LIBRARY 500 VINE STREET SCRANTON, PA 18509	*****0426	501(C)(3)	9,443.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVING SENIORS, INC. 116 NORTH WASHINGTON AVENUE SUITE 2 SCRANTON, PA 18508	*****0730	501(C)(3)	8,803.	0.			TO SUPPORT GENERAL PURPOSES
SPCA OF LUZERNE COUNTY 524 EAST MAIN STREET WILKES BARRE, PA 18702	*****5811	501(C)(3)	15,057.	0.			TO SUPPORT GENERAL PURPOSES
SPRING HILLS FOUNDATION 500 KENNEDY CREEK ROAD NORTH ABINGTON TOWNSHIP, PA 18414	*****0623	501(C)(3)	7,257.	0.			TO SUPPORT GENERAL PURPOSES
SPRINGSIDE CHESTNUT HILL ACADEMY 500 WEST WILLOW GROVE AVENUE PHILADELPHIA, PA 19118	*****2681	501(C)(3)	23,500.	0.			TO SUPPORT GENERAL PURPOSES
ST. CATHERINE OF SIENA PARISH 220 CHURCH STREET MOSCOW, PA 18444		501(C)(3)	15,245.	0.			TO SUPPORT FAITH BASED EXCURSIONS, THE YOUTH MINISTRY PROGRAM, AND THE NORTH POCONO FOOD PANTRY
ST. CATS AND DOGS OF SCRANTON 1900 EAST GIBSON STREET SCRANTON, PA 18510	*****9785	501(C)(3)	17,671.	0.			TO SUPPORT GENERAL PURPOSES
STANDARD CHAIR OF GARDNER 1 SOUTH MAIN STREET GARDNER, MA 01440		501(C)(3)	6,800.	0.			TO SUPPORT GENERAL PURPOSES
SUPPORTERS OF CAMP ARCHBALD P.O. BOX 22 MEHOOPANY, PA 18629	*****1529	501(C)(3)	6,398.	0.			TO SUPPORT GENERAL PURPOSES
TAYLOR COMMUNITY LIBRARY 710 SOUTH MAIN STREET TAYLOR, PA 18517	*****1898	501(C)(3)	5,562.	0.			TO SUPPORT GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TELESPOND SENIOR SERVICES, INC. 1200 SAGINAW AVE SCRANTON, PA 18509	*****3444	501(C)(3)	18,537.	0.			TO PROVIDE FUNDING FOR EMERGENCY KITCHEN REPAIRS
THE ARC OF NORTHEASTERN PENNSYLVANIA - 115 MEADOW AVENUE - SCRANTON, PA 18505	*****6933	501(C)(3)	16,603.	0.			TO SUPPORT GENERAL PURPOSES
THE CHILDREN'S HOUSE CHILD ADVOCACY CENTER - 64 HOSPITAL DRIVE - TOWANDA, PA 18848	*****3670	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
THE COOPERAGE PROJECT 1030 MAIN STREET HONESDALE, PA 18431	*****7439	501(C)(3)	10,718.	0.			TO SUPPORT GENERAL PURPOSES
THE DEUTSCH INSTITUTE 835 JEFFERSON AVE SCRANTON, PA 18510	*****6611	501(C)(3)	8,425.	0.			TO SUPPORT GENERAL PURPOSES
THE GREENHOUSE PROJECT 200 ARTHUR AVENUE SCRANTON, PA 18510	*****0590	501(C)(3)	8,449.	0.			TO SUPPORT GENERAL PURPOSES
THE HUMANE SOCIETY OF WYOMING COUNTY, INC. - P.O. BOX 478 - TUNKHANNOCK, PA 18657	*****9646	501(C)(3)	8,970.	0.			TO SUPPORT HUMANE SOCIETY POLICE OFFICER
THE INDIGO SPOON FOUNDATION P.O. BOX 302 CHINCHILLA, PA 18411	*****5075	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL PURPOSES
THE INSTITUTE 169 N PENNSYLVANIA AVE WILKES BARRE, PA 18701	*****7656	501(C)(3)	13,600.	0.			TO SUPPORT PROJECT STIR

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEW LOVE CENTER 1407 ALLEGHENY STREET P.O. BOX 504 JERSEY SHORE, PA 17740	*****9031	501(C)(3)	25,000.	0.			TO SUPPORT GENERAL PURPOSES
THE PHILHARMONIC SOCIETY OF NORTHEASTERN PENNSYLVANIA - 195 HANOVER STREET - WILKES BARRE, PA 18702	*****5655	501(C)(3)	31,062.	0.			TO SUPPORT GENERAL PURPOSES
THE SALVATION ARMY 500 SOUTH WASHINGTON AVENUE SCRANTON, PA 18505	*****2351	501(C)(3)	15,132.	0.			TO SUPPORT GENERAL PURPOSES
THE UNIVERSITY OF SCRANTON 800 LINDEN STREET SCRANTON, PA 18510	*****5495	501(C)(3)	18,360.	0.			TO SUPPORT VARIOUS PROGRAMS
THE WRIGHT CENTER FOR COMMUNITY HEALTH - 501 S WASHINGTON AVE - SCRANTON, PA 18505	*****2504	501(C)(3)	18,399.	0.			TO SUPPORT GENERAL PROGRAMS
THINKBIG PEDIATRIC CANCER FUND 530 MONTOUR BLVD, SUITE B BLOOMSBURG, PA 17815	*****5469	501(C)(3)	9,998.	0.			TO SUPPORT GENERAL PROGRAMS
TREATMENT COURT ADVOCACY CENTER OF LACKAWANNA COUNTY - 212 FRONT STREET - CLARKS SUMMIT, PA 18411	*****0210	501(C)(3)	5,756.	0.			TO SUPPORT GENERAL PROGRAMS
TRUE FRIENDS ANIMAL WELFARE CENTER 16332 ST. ROUTE 706 MONTROSE, PA 18801	*****4146	501(C)(3)	10,000.	0.			TO SUPPORT OPERATION HEALTHY PAWS
UCP OF NEPA 425 WYOMING AVENUE SCRANTON, PA 18503	*****8346	501(C)(3)	6,001.	0.			TO SUPPORT GENERAL PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEIGHBORHOOD CENTERS OF NEPA - 410 OLIVE ST - SCRANTON, PA 18509	*****5389	501(C)(3)	338,272.	0.			TO SUPPORT GENERAL PURPOSES, ALONG WITH FOOD ASSISTANCE AND NEPA RISE
UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES - 615 JEFFERSON AVE - SCRANTON, PA 18510	*****4164	501(C)(3)	75,866.	0.			TO SUPPORT VARIOUS PROGRAMS
VALHALLA VETRANS SERVICES 2754 JACKSON STREET SCRANTON, PA 18509	*****2081	501(C)(3)	18,000.	0.			TO SUPPORT GENERAL PURPOSES
VALLEY IN MOTION 1300 OLD PLANK ROAD MAYFIELD, PA 18433	*****3224	501(C)(3)	6,434.	0.			TO SUPPORT GENERAL PURPOSES
VALLEY YOUTH HOUSE 3400 HIGH POINT BOULEVARD BETHLEHEM, PA 18017	*****8820	501(C)(3)	8,000.	0.			TO SUPPORT GENERAL PURPOSES
VOLUNTEERS OF AMERICA - WILKES BARRE - 25 NORTH RIVER STREET - WILKES BARRE, PA 18702	*****2916	501(C)(3)	7,500.	0.			TO SUPPORT GENERAL PURPOSES
WAYNE COUNTY ARTS ALLIANCE P.O. BOX 645 HONESDALE, PA 18431	*****2185	501(C)(3)	7,504.	0.			TO SUPPORT GENERAL PURPOSES
WAYNE COUNTY COMMUNITY FOUNDATION 918 CHURCH STREET SUITE F HONESDALE, PA 18431	*****6896	501(C)(3)	23,732.	0.			TO SUPPORT GENERAL PURPOSES
WAYNE COUNTY PUBLIC LIBRARY 1406 NORTH MAIN STREET HONESDALE, PA 18431	*****5230	501(C)(3)	14,516.	0.			TO SUPPORT GENERAL PURPOSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RESOURCE CENTER PO BOX 975 SCRANTON, PA 18501	*****3915	501(C)(3)	46,417.	0.			TO SUPPORT GENERAL PURPOSES
WVIA PUBLIC MEDIA 100 WVIA WAY PITTSSTON, PA 18640	*****3603	501(C)(3)	62,223.	0.			TO SUPPORT VARIOUS PROGRAMS
WYOMING COUNTY CULTURAL CENTER, INC. - 60 E TIOGA STREET - TUNKHANNOCK, PA 18657	*****7803	501(C)(3)	21,999.	0.			TO REFRESH AND UPDATE THE ART STUDIO AND IT'S EQUIPMENT
YMCA OF FRANKLIN & GROVE CITY 111 WEST PARK ST FRANKLIN, PA 16323	*****5782	501(C)(3)	9,700.	0.			TO SUPPORT GENERAL PURPOSES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR STUDENTS GRADUATING FROM OR ATTENDING A PARTICULAR SCHOOL	328	1,148,223.	0.		
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	3	7,270.	0.		
TUITION ASSISTANCE TO AN INDIVIDUAL TO PARTICIPATE IN LEADERSHIP LACKAWANNA	11	26,478.	0.		
ASSISTANCE TO INDIVIDUALS AND FAMILIES IN PENNSYLVANIA WHO ARE RECEIVING TRANSPLANTS OR DONATING ORGANS TO COVER THE EXPENSES ASSOCIATED WITH MEDICAL TREATMENT	19	47,500.	0.		
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	71	78,228.	0.		

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

PART I, LINE 2:

GRANTS REQUIRE THE ORGANIZATION TO SEND PROGRESS REPORTS TO THE FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

OUTREACH - CENTER FOR COMMUNITY RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GENERAL PURPOSES, ALONG WITH THE WAYS TO WORK PROGRAM AND THE EHS HOME VISITING PROGRAM

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization

SCRANTON AREA FOUNDATION, INC.

Employer identification number

-*0364

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<input checked="" type="checkbox"/>								
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	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<input checked="" type="checkbox"/>								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>								
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.

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA DUCCESCHI PRESIDENT & CEO	(i)	188,601.	13,000.	0.	15,200.	13,668.	230,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Name of the organization: **SCRANTON AREA FOUNDATION, INC.**
Employer identification number: ****-***0364**

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	1	32,098.	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				
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 (<u>OUTREACH SERVIC</u>)	X	7	2,056.	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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization SCRANTON AREA FOUNDATION, INC.	Employer identification number ** - ***0364
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 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.

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 THE SCRANTON AREA COMMUNITY FOUNDATION ALSO SERVED AS ADMINISTRATOR FOR
 TWO PRIVATE FOUNDATIONS, THE NORTHEASTERN PENNSYLVANIA HEALTH CARE
 FOUNDATION AND THE ROBERT H. SPITZ FOUNDATION, OVERSEEING OPERATIONS,
 GRANTMAKING, AND COMPLIANCE.

COMMUNITY INITIATIVES

THE SCRANTON AREA COMMUNITY FOUNDATION LEADS SEVERAL COLLABORATIVE
 INITIATIVES THAT ADDRESS SYSTEMIC CHALLENGES ACROSS NORTHEASTERN
 PENNSYLVANIA. THESE PROGRAMS BRING TOGETHER DIVERSE
 STAKEHOLDERS-NONPROFITS, EDUCATIONAL INSTITUTIONS, GOVERNMENT AGENCIES,
 EMPLOYERS, AND COMMUNITY MEMBERS-TO CREATE LASTING SOLUTIONS IN
 WORKFORCE DEVELOPMENT, TRANSPORTATION ACCESS, WOMEN'S EMPOWERMENT,
 ANIMAL WELFARE, AND NONPROFIT CAPACITY BUILDING. WORKING TOGETHER,
 THESE INITIATIVES BUILD STRONGER COMMUNITIES AND CREATE MORE
 OPPORTUNITIES THROUGHOUT THE REGION.

NEPA THRIVES

NEPA THRIVES, AN EQUITY-DRIVEN WORKFORCE INITIATIVE, ADVANCED
 COLLABORATIVE STRATEGIES TO ADDRESS REGIONAL WORKFORCE CHALLENGES
 ACROSS NORTHEASTERN PENNSYLVANIA. THE INITIATIVE DEEPENED PARTNERSHIPS
 TO SUPPORT DATA-DRIVEN ASSET MAPPING, IDENTIFYING CRITICAL
 TRANSPORTATION, CHILDCARE, HOUSING, AND BROADBAND ACCESS GAPS THAT
 IMPACT WORKFORCE PARTICIPATION. AS A HOST SITE FOR THE NEPA WORKFORCE
 LEADERSHIP ACADEMY, IN PARTNERSHIP WITH THE ASPEN INSTITUTE, NEPA
 THRIVES BEGAN IMPLEMENTING KEY RECOMMENDATIONS DEVELOPED BY THE 2023
 FELLOWS, TRANSLATING CROSS-SECTOR INSIGHTS INTO ACTIONABLE STRATEGIES.
 THROUGH THESE EFFORTS, NEPA THRIVES IS WORKING TO CREATE SYSTEMS-LEVEL
 CHANGE AND PROMOTE INCLUSIVE ECONOMIC MOBILITY ACROSS THE REGION.

Name of the organization SCRANTON AREA FOUNDATION, INC.	Employer identification number **-***0364
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NEPA MOVES

NEPA MOVES, A TRANSPORTATION EQUITY INITIATIVE, ADVANCED EFFORTS TO IMPROVE MOBILITY ACROSS NORTHEASTERN PENNSYLVANIA. THE INITIATIVE HOSTED REGIONAL FORUMS UNITING EMPLOYERS, TRANSIT AGENCIES, AND COMMUNITY PARTNERS TO ADDRESS TRANSIT CHALLENGES. IT LAUNCHED THE NEPA TRANSPORTATION BARRIERS SURVEY TO GATHER CRITICAL INPUT FROM RESIDENTS AND EMPLOYERS ABOUT MOBILITY CHALLENGES AND POSSIBLE SOLUTIONS. NEPA MOVES ALSO WORKED WITH WORKFORCE AND EDUCATION PARTNERS TO BETTER ALIGN TRANSIT ACCESS WITH TRAINING PROGRAMS AND JOB HUBS, WHILE EXPLORING MICROTRANSIT, VANPOOLING, AND LAST-MILE SOLUTIONS WITH REGIONAL STAKEHOLDERS. THESE COLLABORATIVE EFFORTS ARE HELPING TO BUILD A MORE INCLUSIVE, RELIABLE TRANSPORTATION SYSTEM THAT CONNECTS PEOPLE TO OPPORTUNITY ACROSS THE REGION.

WOMEN IN PHILANTHROPY (WIP)

IN 2024, SACF'S WOMEN IN PHILANTHROPY INITIATIVE AWARDED \$35,000 IN STRATEGIC GRANTS TO ADVANCE EDUCATION, ECONOMIC MOBILITY, AND HEALTH OUTCOMES FOR WOMEN AND GIRLS ACROSS NORTHEASTERN PENNSYLVANIA. THE INITIATIVE EXPANDED ITS FINANCIAL EMPOWERMENT EFFORTS-OFFERING MATCHED SAVINGS OPPORTUNITIES AND EDUCATIONAL WORKSHOPS-WHILE ALSO ADVANCING A PILOT PROGRAM TO IMPROVE ACCESS TO RESTORATIVE DENTAL CARE. WIP CONTINUED TO INVEST IN LOCAL WOMEN-OWNED BUSINESSES THROUGH ITS MICRO-LOAN PROGRAM AND SUSTAINED ITS COMMITMENT TO STEAM EDUCATION FOR STUDENTS. WITH MORE THAN 125 ACTIVE SUPPORTERS AND OVER \$1.6 MILLION RAISED SINCE ITS INCEPTION, WOMEN IN PHILANTHROPY REMAINS COMMITTED TO CATALYZING TRANSFORMATIVE CHANGE FOR WOMEN, GIRLS, AND THEIR FAMILIES IN NORTHEASTERN PENNSYLVANIA.

NEPA ANIMAL WELFARE COLLABORATIVE

THE NEPA ANIMAL WELFARE COLLABORATIVE, A REGIONAL INITIATIVE CONVENED BY THE SCRANTON AREA COMMUNITY FOUNDATION, CONTINUED STRENGTHENING PARTNERSHIPS AND PROMOTING HUMANE TREATMENT OF ANIMALS ACROSS NORTHEASTERN PENNSYLVANIA. THE COLLABORATIVE SUPPORTED INCREASED ACCESS TO LOW-COST SPAY/NEUTER AND VETERINARY SERVICES, HOSTED REGIONAL ROUNDTABLES TO ADDRESS CRITICAL ANIMAL WELFARE ISSUES, AND PROVIDED CAPACITY-BUILDING OPPORTUNITIES FOR LOCAL SHELTERS AND RESCUE ORGANIZATIONS. THROUGH SHARED RESOURCES, ADVOCACY, AND COLLABORATION, THE INITIATIVE WORKED TO ADVANCE SUSTAINABLE SOLUTIONS THAT IMPROVE OUTCOMES FOR ANIMALS AND THE COMMUNITIES CARING FOR THEM.

NEPA GIVES

IN JUST 24 HOURS, THE FIFTH ANNUAL NEPA GIVES RAISED OVER \$1.23 MILLION FOR 241 NONPROFIT ORGANIZATIONS ACROSS NORTHEASTERN PENNSYLVANIA, THANKS TO THE GENEROSITY OF NEARLY 7,000 DONORS. HOSTED BY THE SCRANTON AREA COMMUNITY FOUNDATION WITH REGIONAL PARTNERS AND SPONSORS, THE JUNE 6-7 GIVING EVENT AWARDED HUNDREDS OF THOUSANDS IN PRIZES AND MATCHING FUNDS TO AMPLIFY DONOR IMPACT. SINCE 2020, NEPA GIVES HAS RAISED OVER \$5 MILLION, STRENGTHENING LOCAL NONPROFITS THROUGH THE POWER OF COLLECTIVE GIVING.

CENTER FOR COMMUNITY LEADERSHIP AND NONPROFIT EXCELLENCE

THE CENTER FOR COMMUNITY LEADERSHIP AND NONPROFIT EXCELLENCE OF THE SCRANTON AREA COMMUNITY FOUNDATION CONTINUED TO BUILD CAPACITY AND STRENGTHEN LEADERSHIP ACROSS NORTHEASTERN PENNSYLVANIA'S NONPROFIT SECTOR. THE CENTER OFFERS A WIDE RANGE OF ACCESSIBLE WORKSHOPS, WEBINARS, AND TRAININGS ON BOARD GOVERNANCE, FUNDRAISING,

Name of the organization SCRANTON AREA FOUNDATION, INC.	Employer identification number **-***0364
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COMMUNICATIONS, DIVERSITY, EQUITY, AND INCLUSION. PLANNING IS ALSO UNDERWAY FOR THE 2025 NEPA LEARNING CONFERENCE, WHICH WILL BRING TOGETHER NONPROFIT PROFESSIONALS FOR CONNECTION, COLLABORATION, AND SKILL-BUILDING. THROUGH ITS ONGOING COMMITMENT TO PROFESSIONAL DEVELOPMENT AND ORGANIZATIONAL EFFECTIVENESS, THE CENTER REMAINS A VITAL RESOURCE FOR REGIONAL NONPROFITS SEEKING TO ENHANCE THEIR IMPACT AND SUSTAINABILITY.

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 612 JEFFERSON AVENUE, SCRANTON, PA 18510.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
NET ACTIVITY IN FUNDS HELD AS AGENCY ENDOWMENTS -874,407.

FORM 990, PART XII, LINE 2C
THE ORGANIZATION HAS NOT CHANGED ITS AUDITOR OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.