Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning		r year, or tax year beginning , 202	, 2020, and ending			, 20				
В	Check if ap	oplicable:	C Name of organization		, ,		cation number			
X	Address ch	nange	DWELL - LYCOMING COUNTY	,		2470625				
	Name chan	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	E Telephone number				
	Initial return	n			1					
	Final return	nterminated	604 Market Street			4)330-6	804			
	Amended n	return	City or town, state or province, country, and ZIP or foreign postal code		F Group E	Exemption				
	Application pending Williamsport, PA 17701 Numb									
G	Accounti	ing Method:	X Cash		H Check ►	if the or	ganization is not			
ı	Website	: De dwel	lorphancare.org		required to a	attach Sche	dule B			
J	Tax-exe			7(a)(1) or 527	(Form 990,	990-EZ, or	990-PF).			
				ther						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 c	or more, or if total a	ssets					
			500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	159,408			
<u> </u>	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund E	Balances (see t	he instruction	ns for Par	t I)			
ــــــا			the organization used Schedule O to respond to any question							
_	1	Contribution	s, gifts, grants, and similar amounts received			1	77,599			
	2		vice revenue including government fees and contracts			2				
	3	Membershin	dues and assessments			3				
	4	Investment i	ncome			4				
			nt from sale of assets other than inventory			60.70.7				
	5a		other basis and sales expenses			Control of the Contro				
) from sale of assets other than inventory (subtract line 5b from line 5a)		5c					
	1 -									
	6		fundraising events:							
ക	a		e from gaming (attach Schedule G if greater than	10-1		E.w.				
Revenue				. 6a		344				
š	b		e from fundraising events (not including \$	of contributions						
ď			sing events reported on line 1) (attach Schedule G if the	1 1						
			gross income and contributions exceeds \$15,000)		79,424					
			expenses from gaming and fundraising events		10,878					
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and s			F. 50.1				
						6d	68,546			
			of inventory, less returns and allowances		1,585	ALC: NO.				
	b	Less: cost of	goods sold	. 7b	1,656					
	c	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)	• • • • • • • •		7c	(71			
	8		ue (describe in Schedule O)			8	800			
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> ▶ </u>	9	146,874			
	10	Grants and	similar amounts paid (list in Schedule O)			10				
	11	Benefits paid	I to or for members			11	16,723			
	12	Salaries, oth	er compensation, and employee benefits			12	48,902			
Ses	13	Professional	fees and other payments to independent contractors			13	·			
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	1,305			
Ĕ	15	Printing, pub		15	3,241					
_	16	Other expen	ses (describe in Schedule O)			16	4,450			
	17		ses. Add lines 10 through 16			17	74,621			
	18	Excess or (d	eficit) for the year (subtract line 17 from line 9)			18	72,253			
ets			r fund balances at beginning of year (from line 27, column (A)) (must a							
SS	1		figure reported on prior year's return)			19	71,518			
Net Assets	20		es in net assets or fund balances (explain in Schedule O)			20	2,500			
Se	21		r fund balances at end of year. Combine lines 18 through 20			21	146,271			

CE A

For	n 990-EZ (2020) DWELL - LYCOMING COU	NTY		83-2	<u>4706</u>	25 Page 2
Pa	Balance Sheets (see the instructions for Part	11)				_
	Check if the organization used Schedule O to	respond to any que				<u> X</u>
			<u> </u>	A) Beginning of year	<u></u>	(B) End of year
22	Cash, savings, and investments			72,597	22	148,713
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			72,597	25	148,713
	Total liabilities (describe in Schedule O)			1,079		2,442
	Net assets or fund balances (line 27 of column (B) must agre			71,518	27	146,271
P	Statement of Program Service Accomplis					Expenses
	Check if the organization used Schedule O t	to respond to any qu	estion in this Part II		(Reg	uired for section
Wh	at is the organization's primary exempt purpose? SUPPORT	FOSTER AND AD	OPTIVE FAMILIES	<u> </u>	l`'	c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for	each of its three largest	program services,			nizations; optional for
	measured by expenses. In a clear and concise manner, describ				other	•
per	sons benefited, and other relevant information for each progran	n title.				,
28	DWELL HAS HELPED TO SUPPORT FOSTER AND	ADOPTIVE FAMIL	IES IN		İ	
	THE GREATER LYCOMING COUNTY AREA IN 203	19. WE SUPPORT	THEM			
	WITH GUIDANCE, RESOURCES AND MONETARY S			. 🖪		
	(Grants \$) If this amou	unt includes foreign grau	nts, check here	▶ 📋	28a	25,719
29						
	(Grants \$) If this amou	ınt includes foreign grai	nts, check here	<u></u>	29a	
30						
	·	unt includes foreign grai		<u> ▶ ∐</u>	30a	
31	Calc. program services (accorde in concease c)					
		unt includes foreign gra		<u></u> <u></u>	31a	
32	Total program service expenses (add lines 28a through 31a)				32	25,719
					íaa Da	4.00
	art IV List of Officers, Directors, Trustees, and Key Em	ployees (list each one e	ven if not compensated	- see the instructions		1 1
		ployees (list each one e	ven if not compensated is Part IV	- see the instructions		1 1
	List of Officers, Directors, Trustees, and Key Em Check if the organization used Schedule O to response	ployees (list each one e and to any question in th (b) Average	even if not compensated is Part IV (c) Reportable	- see the instructions		1 1
	art IV List of Officers, Directors, Trustees, and Key Em	ployees (list each one e and to any question in th (b) Average hours per week	even if not compensated is Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	- see the instructions (d) Health benefits, contributions to employe benefit plans, and		
P	List of Officers, Directors, Trustees, and Key Em Check if the organization used Schedule O to respo (a) Name and title	ployees (list each one e and to any question in th (b) Average	even if not compensated is Part IV (c) Reportable compensation	- see the instructions		e) Estimated amount of
JE	List of Officers, Directors, Trustees, and Key Em Check if the organization used Schedule O to respo (a) Name and title NNIFER LAKE	ployees (list each one e and to any question in th (b) Average hours per week devoted to position	even if not compensated is Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	- see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) Estimated amount of other compensation
JE:	List of Officers, Directors, Trustees, and Key Em Check if the organization used Schedule O to responsible (a) Name and title NNIFER LAKE ECUTIVE DIRECTOR	ployees (list each one e and to any question in th (b) Average hours per week	even if not compensated is Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	- see the instructions (d) Health benefits, contributions to employe benefit plans, and	e (e) Estimated amount of
JE:	List of Officers, Directors, Trustees, and Key Em Check if the organization used Schedule O to responsible (a) Name and title NNIFER LAKE ECUTIVE DIRECTOR EPHANIE M BUDMAN	ployees (list each one e and to any question in th (b) Average hours per week devoted to position	even if not compensated is Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	- see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (e) Estimated amount of other compensation
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JE EX ST TR SU	Check if the organization used Schedule O to responsible to the organization used Schedule O to responsible	ployees (list each one e and to any question in th (b) Average hours per week devoted to position 40.00	even if not compensated is Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 37,095	- see the instructions (d) Health benefits, contributions to employe benefit plans, and deferred compensation	е (e) Estimated amount of other compensation O
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Pa	Other Information (Note the Schedule A and personal benefit contract statement rec				П
	instructions for Part V.) Check if the organization used Schedule O to respond to any que	estion in this Part	<u>v</u>	Yes	· [_] No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			162	140
33	detailed description of each activity in Schedule O		33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		-		
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O. See instructions		34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				
•••	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sch				
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the organization file Form 1120-POL for this year?		37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		[15.13b]		
	any such loans made in a prior year and still outstanding at the end of the tax year severed by and retained		38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter:	spilit () Total and			
а	Initiation fees and capital contributions included on line 9	39a			hiai.
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		95351 (4) 01 (4)		A.s. b.
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		_		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			i in int	1,1,1,1,1,1
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		40b		.,
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		400		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			1 4 4 5 1 4 4 5	
	on organization managers or disqualified persons during the year under sections 4912, 4955. and 4958				
			— [i.e.)		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			4.5.1	
6	transaction? If "Yes," complete Form 8886-T		40e		x
44	List the states with which a copy of this return is filed				
41		ephone no. > 81	4-330-6	804	
42 d	Located at 604 Market Street, Williamsport, PA		7701		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority of	ver		Yes	No
J	a financial account in a foreign country (such as a bank account, securities account, or other financial account)	?	42b		х
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR).		i seri. S Livi sur		
С	At any time during the calendar year, did the organization maintain an office outside the United States?		42c		X
	If "Yes," enter the name of the foreign country				_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			•	· L
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ [_4	43		
				Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		i de la composition della comp		,4-17
	completed instead of Form 990-EZ		44a	<u></u>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				Liens.
	completed instead of Form 990-EZ	• • • • • • • •	· · 44b	 	X
	Did the organization receive any payments for indoor tanning services during the year?				X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		444	land.	
	explanation in Schedule O		44d	 	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		in the se Section		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		45b		x
	Form 990-F7 See instructions			1	

								_	Y	es	No
46		organization engage, directly or indirectly, in						2			
		dates for public office? If "Yes," complete So		· · · · · ·	<u></u>			• •	46		Х
Par	_ /	Section 501(c)(3) Organizations All section 501(c)(3) organizations	Only must answer questi	ions 47 - 4	9b and 5	2, and co	mplete the	tables	s for li	nes	
		50 and 51. Check if the organization used Sci	hedule O to respond	to any qu	estion in t	this Part \	/I				П
		ones, i are organization accurate		30 0) 4						es	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) elec	tion in effect	during the ta	x		ſ			
	year? If	"Yes," complete Schedule C, Part II						· ·	47		х
48	15 the digarilization a school as described in section 110(b)(1)(i)(i): ii 100; somblete schools 2								48 49a	_	X
49 a	Did the	olid the organization make any transfers to an exempt non-charitable related organization?									Х
b		was the related organization a section 527 of	3					٠٠ ـ ـ	49b		
50		te this table for the organization's five highes									
	employe	ees) who each received more than \$100,000	or compensation from the			(d) Health				-	
		(a) Name and title of each employee	(b) Average hours per week devoted to position	comp	eportable ensation /1099-MISC)	contributions benefit plans	s to employee , and deferred ensation		stimated a her compe		
NON	E										
-											
											
f	Total nu	mber of other employees paid over \$100,00	0 ▶			_					
51		te this table for the organization's five highes			s wno each r	eceivea moi	re than				
	\$100,00	0 of compensation from the organization. If	there is none, enter inone	<u>. </u>			1				
	(a)	Name and business address of each independent contra	actor	(b) Type of service	9	(4	c) Compe	nsation		
NON	E								_		
-12-1											
						_					
			-								
	T-1-!-		rossiving over \$100 000	<u>L</u>	<u> </u>		1				
52	Did the	mber of other independent contractors each organization complete Schedule A? Note: All	section 501(c)(3) organizat	ions must atta	ach a			→ 🔯	Yes	—- П м	No.
Lindo		ed Schedule A									
		d complete. Declaration of preparer (other than o									
<u>, .</u>		CAROL FAUSNAUGHT									
Sig Her		Signature of officer CAROL FAUSNAUGHT, CHAIR	OF THE BOARD			Date					
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Check if	PTIN			
Pai			Stephanie M Budma	ın	10-08-20		self-employed	2002	23579	8	
	parer	Firm's name Stephanie M Bud				Firm's	EIN >				
USE	Only	Firm's address 427 Broad Stree		_		Phone	.no 570-	368-2	2066		
May	the IRS 4	Montoursville P iscuss this return with the preparer shown a				Priore		> X	Yes		Vo.
FFA	II.G u	and return that the preparer entern a							rm 990 -	EZ (2	020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization

		- LYCOMING COUNTY					83-247062	
Pa	rt I	Reason for Public Charity	Status. (All or	ganizations must co	omplete	this part.) See instructions	•
The o	orgar	nization is not a private foundation beca	use it is: (For lines 1	through 12, check only o	one box.)			
1		A church, convention of churches, or as	sociation of churche	s described in section 17	0(b)(1)(A)(i).		
2	$\bar{\Box}$	A school described in section 170(b)(1)(A)(ii). (Attach Sch	edule E (Form 990 or 990	-EZ).)			
3	$\bar{\Box}$	A hospital or a cooperative hospital sen						
4	П	A medical research organization operat				(b)(1)(A)(iii	i). Enter the	
		hospital's name, city, and state:	•					
5	П	An organization operated for the benef	it of a college or uni	versity owned or operate	d by a gove	emmental u	nit described in	
	_	section 170(b)(1)(A)(iv). (Complete Pa		•				
6	П	A federal, state, or local government or		escribed in section 170(b)(1)(A)(v).			
7	\mathbf{x}	An organization that normally receives				nit or from th	ne general public	
•	لتت	described in section 170(b)(1)(A)(vi).					•	
8	П	A community trust described in section		Complete Part II.)				
9	П	An agricultural research organization de			in conjuncti	ion with a la	nd-grant college	
•		or university or a non-land-grant colleg						
		university:	,o o, ag.,oaa.					
10	П	An organization that normally receives	· (1) more than 33.1	/3% of its support from co	ontributions	. members	hip fees, and gross	
	ш	receipts from activities related to its ex						
		support from gross investment income						
		acquired by the organization after June				TT taxy iron		
	П	An organization organized and operated				A \		
1 2	H	An organization organized and operate					rry out the nurnoses	
12	Ш	of one or more publicly supported organ						
		Check the box in lines 12a through 12a						
	_	Type I. A supporting organization of						
	а							
		the supported organization(s) the			or the direc	JOIS OF HUS	ices of the	
		supporting organization. You must			nunnariad c	raanization	(e) by baying	
	b	Type II. A supporting organization						
		control or management of the sup			ons mat co	IIIIOI OI IIIai	lage life supported	
		organization(s). You must comple				d functional	wintograted with	
	С	Type III functionally integrated.					y integrated with,	
		its supported organization(s) (see i					ted esseniantion(s)	
	d	Type III non-functionally integra	ted. A supporting or	ganization operated in cor	inection wit	n ils suppor	teu organization(s)	
		that is not functionally integrated.					no an attentiveness	
		requirement (see instructions). You					a II Tama III	
	6	Check this box if the organization				i iype i, iyp	e II, Type III	
		functionally integrated, or Type III		grated supporting organi	zation.			
	f	Enter the number of supported organize						
	g	Provide the following information about						(vi) Amount of
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(Iv) is the or	- 1	(v) Amount of monetary support (see	other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
					105	100		
(A)								
					-			
(B)								
(C)					Ì			
			-					
(D)								
(E)								
Tota			P P P P P P P P P P P P P P P P P P P	A CONTRACTOR OF THE CONTRACTOR	2.200 to 1.000 to 1.0			

Page 2 83-2470625 DWELL - LYCOMING COUNTY Schedule A (Form 990 or 990-EZ) 2020 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (f) Total (c) 2018 (d) 2019 (e) 2020 Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 1 Gifts, grants, contributions, and membership fees received. (Do not 136,972 59,373 77,599 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 136,972 Total. Add lines 1 through 3 59,373 77,599 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) 15,022 6 Public support. Subtract line 5 from line 4 121,950 Section B. Total Support (e) 2020 (f) Total (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 59,373 77,599 136,972 Gross income from interest, dividends, payments received on securities loans, rents. royalties, and income from 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 136,972 11 Total support. Add lines 7 through 10 . . 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage

4	Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14		89.	. 03	%
15	Public support percentage from 2019 Schedule A, Part II, line 14	15				%
	33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% obox and stop here. The organization qualifies as a publicly supported organization				>	x
	33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 this box and stop here. The organization qualifies as a publicly supported organization		 .		>	
	10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16t 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop he Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a progranization	re. Exublicly	oplain in supported		•	
b	10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, conditions 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and storant VI how the organization meets the facts-and-circumstances test. The organization qualifies as a organization	p he publi	re. Explain cly supported		>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this binstructions				>	

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.)

50/	tion A. Public Support		N	Δ			<u> </u>	
_	endar year (or fiscal year beginning in)	(a) 2016	(b) 20		(c) 2018	(d) 2019	(e) 2020	(f) Total
1	• • •	(a) 2010	(5) 2	717	(0) 2010	(4) 2015	(6) 2020	11/ 10101
•	Gifts, grants, contributions, and membership fees							
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise							
2	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							
7	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
J	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							· · · · · · · · · · · · · · · · · · ·
	Amounts included on lines 1, 2, and 3							
. a	received from disqualified persons							
h	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							
	Public support. (Subtract line 7c from		uale. Aju	1.00				
•	line 6.)	1.000 (1.						_
Sec	ction B. Total Support	Indiana and a second						
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 20	17	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6							
-	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources			1				
b	Unrelated business taxable income (less							
-	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on					<u> </u>		
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 organ	ization's first, s	econd, t	ird, fo	urth, or fifth tax	year as a sect	ion 501(c)(3)	_
	organization, check this box and stop here	<u> </u>		· · ·		<u></u>	<u> </u>	<u> ▶ ∐</u>
Se	ction C. Computation of Public Support	rt Percentag	e					
15	Public support percentage for 2020 (line 8, c			e 13,	column (f)) .		15	<u>%</u>
<u>16</u>	Public support percentage from 2019 Sched			<u> </u>	<u></u>		16	%
Se	ction D. Computation of Investment In	come Percei	ntage	<u> </u>	10 1 20		47	
17	Investment income percentage for 2020 (line	10c, column (f)	, divided	lby line			17	<u>%</u>
18	Investment income percentage from 2019 Sc	hedule A, Part	III, line 1	r .			18	<u>%</u>
19a	33 1/3% support tests - 2020. If the organiza	ation did not che	eck the b	ox on	line 14, and line	e 15 is more th	an 33 1/3%, an	
	17 is not more than 33 1/3%, check this box a	and stop here.	The orga	nizatio	on qualifies as	a publicly supp	orted organizati	on▶ 🗌
b	33 1/3% support tests - 2019. If the organiza	ation did not ch	eck a bo	k on lir	ne 14 or line 19	a, and line 16 is	s more than 33	1/3%, and
	line 18 is not more than 33 1/3%, check this b	ox and stop he	ere. The	organi	zation qualifies	as a publicly s	supported organ	ization 🕨 📋
20	Private foundation. If the organization did no	ot check a box	on line 1	ቶ , 19a	or 19b, check	this box and se	e instructions	▶ 📙

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Sect	ion A. All Supporting Organizations NA		Yes	No
4	Are all of the organization's supported organizations listed by name in the organization's governing		103	
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	e Jei	J - 44.	
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		-	
	organization was described in section 509(a)(1) or (2).	2	1000	las to
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			1.5
Ja	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3-		1,1
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	*	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			Singer
С	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		1-14-3
40	in the state of th			1
4a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		1
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	100	100	10000
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
50	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		
5a			H - 11	
	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 temoved; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5a	- VB	
L	was accomplished (such as by amendment to the organizing document).	Ja		-
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	56	1 1	
_	designated in the organization's organizing document?	5b 5c		├
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	36		
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		La v	
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			1
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			. 5 %
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	9a	. T.	1000
_	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	Ja		┼
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	30		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	00	1. 3.	(Autori
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Last Fact
iua	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	100		
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	406		1
	determine whether the organization had excess business holdings.)	10b	<u> </u>	

Pa	rt IV Supporting Organizations (continued)			
	NA.	F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		1	
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	10.00 PM	E11110	
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		TV	l N.
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or members hip of one or			The Control of the Co
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	100 000 000 00 000 000 000 00 000 000 00		Company of the state of the sta
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization (s)	5725		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		1	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated almong the		Britis.	100
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			537 C
2	Did the organization operate for the benefit of any supported organization other than the supported			PVZ.
	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,	2	i	
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	 _	L	<u> </u>
-	tion of type is dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	- 25.	
•	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		
Sec	tion 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	E		The state of the s
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			2
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	5.45.5		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	13.50 13.50		
	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		İ
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			147
	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		SLT4	ir (Milita)
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	iucuon	3 /.	
a				
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.	oo inetri	uction	e)
C		JC #1501	Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	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			i de la companie de l
		2a		- Carrier
L.	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			1000
D	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			A 37 43
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			12.
	and the state of the actions of the afficers directors or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		1
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	18.4-4		3.72
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

83-2470625 Schedule A (Form 990 or 990-EZ) 2020 DWELL - LYCOMING COUNTY Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance df 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see Transfer of the second instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b **b** Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors Transfer in the contract of th (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

EEA

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiz		70625 Fage 7
Sec	tion D - Distributions	N	A		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of su	pported		
	organizations, in excess of income from activity		[2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported	prganizat	ions 3	
4	Amounts paid to acquire exempt-use assets	• • • • • • • • • • • • • • • • • • • •	1	4	
5	Qualified set-aside amounts (prior IRS approval required) - pri	rovide details in F	art 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	ne organization is	respons	ive	
•	(provide details in Part VI). See instructions.	g	}	8	
9	Distributable amount for 2020 from Section C, line 6		 	9	
10	Line 8 amount divided by line 9 amount			10	
	Line o amount divided by line o amount		 	(ii)	(iii)
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distr	butions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See	The second secon			And the second s
	instructions.	A Company of the Comp			A Continue of the Continue of
3	Excess distributions carryover, if any, to 2020	The first consequence of the con	- 1 (the state of the s
	From 2015	* # 1	1 1 1 1 1 1 1 1		
	From 2016		1/2000		
	5 0040				A CONTROL OF THE PROPERTY OF T
		Control of the Contro	1.872.00	The second of th	A CONTRACTOR OF THE PROPERTY O
	From 2019		and the second s		A supplied to the property of
	Total of lines 3a through 3e	A CONTRACTOR OF STATE	ri Portsi e	The second contact and a conta	The state of the s
	Applied to underdistributions of prior years	The state of the s			
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)	_			
<u>_j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	10 Total Salaria	1,100,000	10.000	
4	Distributions for 2020 from	Control of the contro	200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A CONTRACTOR OF THE CONTRACTOR	
	Section D, line 7:	Section (Action Control of Contro			A PARTICIPATION OF THE PARTICI
а	Applied to underdistributions of prior years		. 47.7.2.0		AND CONTROL OF THE PARTY OF THE
ь	Applied to 2020 distributable amount	The second secon			
С	Remainder. Subtract lines 4a and 4b from line 4.			and the state of t	
5	Remaining underdistributions for years prior to 2020, if	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	any. Subtract lines 3g and 4a from line 2. For result	When the second			
	greater than zero, explain in Part VI. See instructions.	Applied by Control of the Control of	1.00 (
6	Remaining underdistributions for 2020. Subtract lines 3h	Control of the Contro	15000		*
	and 4b from line 1. For result greater than zero, explain in	Property of the control of the contr	TO VALUE OF THE PARTY OF THE PA	And the second s	1
	Part VI. See instructions.				<u></u>
7	Excess distributions carryover to 2021. Add lines 3j				er especiale de la companya del companya del companya de la compan
•	and 4c.		-		
8	Breakdown of line 7:				
a	F	And the control of th		The state of the s	Application and
	F				A Company of the Comp
	Excess from 2017	The State of the Control of the Cont			

d Excess from 2019 e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
	Not applicable							

Page 8

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number Name of the organization 83-2470625 DWELL - LYCOMING COUNTY Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

Name of the organization						Employer ide	ntification number	
DWELL - LYCOMING COUNTY						83-2470625		
Part I Fundraising Activities				wered "Yes" on I	Form 990	0, Part IV,	line 17.	
Form 990-EZ filers are no								
1 Indicate whether the organization raise	ed funds through a							
a 🗶 Mail solicitations				non-government gra	ints			
b 🗶 Internet and email solicitations				government grants				
c X Phone solicitations		9 KJ	Special fundr	aising events				
d 🗶 tn-person solicitations								
2a Did the organization have a written or							п	
or key employees listed in Form 990,						_	es 🗶 No	
b If "Yes," list the 10 highest paid individ	uals or entities (fui	ndraisers) pur	suant to agre	ements under which	the fundra	iser is to be		
compensated at least \$5,000 by the or	rganization.							
(i) Name and address of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to	
or entity (fundraiser)	(II) Activity		r control of outions?	from activity		ser listed in	(or retained by) organization	
						ol. (i)		
•		Yes	No	-				
1								
2								
3								
4								
5								
6								
7		_						
8		-	 					
		ļ <u>-</u>	<u> </u>					
9								
10								
Total		· · · · · ·			ditio aven	ant from		
3 List all states in which the organization	is registered or lic	ensed to solic	at contribution	ns or has been notine	u it is exem	ipt irom		
registration or licensing.								
Pennsylvania								
			_					

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through DWELL GOLF FACEBOOK FUN col. (c)) (total number) (event type) (event type) Revenue 79,424 43,926 13,092 Gross receipts 22,406 Less: Contributions Gross income (line 1 minus 13,092 43,926 79,424 22,406 Cash prizes Noncash prizes Rent/facility costs . . Expenses Food and beverages Direct Entertainment Other direct expenses 5,298 10,878 5,131 449 Direct expense summary. Add lines 4 through 9 in column (d) 10,878 Net income summary. Subtract line 10 from line 3, column (d) 68,546 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming ticenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection -

Employer identification number Name of the organization 83-2470625 DWELL - LYCOMING COUNTY 01. General explanation attachment FORM 990EZ LINE ON 20 PG 1 INCLUDES \$2500 IN PAYROLL PROTECTION LOAN FUNDS PAID FROM SBA TO DWELL ORPHAN CARE DURING THE PANDEMIC IN 2020. THE FUNDS WERE USED FOR PAYROLL EXPENSES AND THEN WE APPLIED FOR FORGIVENESS OF THE LOAN THROUGH WOODLANDS BANK AND WERE GRANTED 100% FORGIVENESS FOR THE \$2500 LOAN. IT SHOWS UP ON LINE 20 PG 1 ON FORM 990EZ AS AN ADJUSTMENT TO OUR NET FUND BALANCE AT 12/31/2020. 02. Description of other revenue (Part I, line 8) Amount Description 800 MISCELLANEOUS REVENUE 03. Description of other expenses (Part I, line 16) Amount Description 2,034 OFFICE SUPPLIES 150 APPLICATION FEES 993 INSURANCE EXP 40 LEGAL FEES 1,233 MEETING EXPENSES 04. Other changes in net assets or fund balances (Part I, line 20) Amount Description 2,500 PPP LOAN CONVERSION 05. Description of total liabilities (Part II, line 26) Beginning of Year End of Year

Category

Schedule O (Form 990 or 990-EZ) (2020)		Page 2
Name of the organization		Employer identification number
DWELL - LYCOMING COUNTY		83-2470625
PAYROLL LIABILITIES	1,079 2	, 442
	-	

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Do not send to the Result Do not send to the IRS, Keep for tyru records. Z020	Fam 00.0 = 0	For calendar year 2020, or fiscal year beginning, and ending		2020
Internal Element Service Table T	Department of the Treasury			
PREIL _ LYCEVING COUNTY Ness active differe or peren Neglecia to the PREIL _ LYCEVING COUNTY Ness active differe or peren Neglecia to the PREIL _ LYCEVING COUNTY Ness active differe or peren Neglecia to the PREIL _ LYCEVING COUNTY Ness active differe or peren Neglecia to the PREIL _ LYCEVING COUNTY Ness active differe or peren Neglecia to the PREIL _ LYCEVING COUNTY Ness active differe or peren Neglecia to the PREIL _ LYCEVING COUNTY Ness active differe or peren Neglecia to the PREIL _ LYCEVING COUNTY Ness active differe or peren Neglecia to the PREIL _ LYCEVING COUNTY Ness active different present _ LYCEVING COUNTY Ness active different present _ LYCEVING COUNTY Ness active different present _ LYCEVING COUNTY Ness active different _ LYCEVING COUNTY Ness active _ LYCEVING COUNTY Ness active different _ LYCEVING COUNTY Ness active _ LYCEVING COU	Internal Revenue Service		Taxnaver identification	number
DRELL Licenter Li	Name of exempt organization or po-	son subject to lax		
STANITER LAKE EXECUTIVE DIRECTOR Part			63-2470023	
Part Type of Return and Return Information (Whole Updas Carly)				
Check the box for the return for which you are using this Form 8978-EO and enter the applicable amount, if any, from the return. If you check the box on ries 1s, 2a, 3d, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -O-). But, if you entered -O- on the applicable the below. Do not complete more than one fine in Per Jenurus, if any (Form 990 Per VIII, column (A), line 12)	JENNIFER LAKE, EX	ECUTIVE DIRECTOR		
check the box on line 1s, 2s, 3s, 4s, 5s, 5s, 67 ab below, and the amount on line file for the return being lines with rise buildings. Ben large file 1s, 2s, 3s, 4s, 5s, 6s, 6r 7s, below, and the amount on line file of the return of the line file. 2s, 2s, 4s, 5s, 6s, 7s, 7s, whichever is applicable. blank (do not netter 4-). Bit. If you entered -0- on the applicable fine below. Do not complete more than one line in Part I. In Form 990-Ceck here	Part Type of Ro	for this year are using this Form 8879-FO and enter the applicable amount, if any, f	rom the return. If you	
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 6b, 7b, whichever is applicable, blank (do not enter 4c). But, 1 you entered 3-c of the return, then enter 4c on the applicable line below, Do not complete more than one fine in Part 1. 1a Form 990-Ez check here ► □ b Total revenue, if any (Form 990, Part VIII, column (A), fine 12) b 146,874 2a Form 190-Pc Check here ► □ b Total travenue, if any (Form 990, Part VIII, column (A), fine 12) b 146,874 3a Form 190-Pc Check here ► □ b Total tax (Form 1120-PCL, line 2) 3b 4b 5b .	check the box for the return	32. 43. 53. 63. or 73. below and the amount on that line for the return being filed with this	s form was	
return, then enter-0- on the applicable line below. Do not complete more than ones line in Part I. 1	hlank then leave line 1b. 2b	. 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter-	ed -0- on the	
The Form 990 check here	return, then enter -0- on the	applicable line below. Do not complete more than one line in Part I.		
2a Form 990-EZ check here			1b	
38 Form #300-PC check here			2b	146,874
Tax based on investment income (Form 990-PF, Part VI, line 5) 4b			3b	
Se Form 990-T check here ▶		re D Tax based on investment income (Form 990-PF, Part VI, tine 5)	4b	
89 Form 990-7 Check here ►		b Balance due (Form 8868, line 3c)	5b	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax		b Total tax (Form 990-T, Part III, line 4)		
Under penallies of perjury, I declare that	7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b	
(Rename of organization) (International programization) (In	Part II Declaration	n and Signature Authorization of Officer or Person Subject to	Tax	
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or returnd, and (c) the date of any returnd. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: chock one box onthy I authorize Stephanie M Budman CPA PC to enter my PIN I authorize Stephanie M Budman CPA PC to enter my PIN I authorize Stephanie M Budman CPA PC to enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will e	Under penalties of perjury, I	declare that I am an officer of the above organization or I am a person	subject to tax with res	pect to
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: chock one box only I authorize Stephanie M Budman CPA PC	(name of organization)	, (EIN) and that i	have examined a copy	•
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Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: chock one box only I authorize Stephanie M Budman CPA PC	to receive from the IRS (a) a	n acknowledgement of receipt or reason for rejection of the transmission, (b) the reason	for any delay in	
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ERO firm name Enter two numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(tes) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. Signature of others or person subject to tax Carl Adamsaft Date O9-30-2021 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 237431 82911 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	PIN: check one box only			
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I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.				
Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		•	37431 82911	
that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	number (Er IIV) lollowed by	your live-digit self-selected Fire.		all zeros
ERO's signatura ► Smifful Date ► 10-04-2021	that I am submitting this retu	m in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informat	ated above. I confirm ion for Authorized	
	ERO's signature >	mfmlDate	► <u>10-04-2021</u>	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Stephanie M Budman CPA PC

427 Broad Street
Montoursville, PA 17754
stephanie@budmancpa.comcastbiz.net
Phone: (570)368-2066 | Fax: (570)368-5032

October 04, 2021

DWELL - LYCOMING COUNTY 604 Market Street Williamsport, PA 17701

Subject: Preparation of 2020 Tax Returns

DWELL - LYCOMING COUNTY:

Thank you for choosing Stephanie M Budman CPA PC to assist with the 2020 taxes for DWELL - LYCOMING COUNTY. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2020 federal and state income tax returns for DWELL - LYCOMING COUNTY. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of DWELL - LYCOMING COUNTY, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2020 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(570)368-2066. Sincerely,
Sincerely.
Stephanie M Budman Stephanie M Budman CPA PC .
Accepted By:
Officer Faumenht
10/4/2021 Date