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Form 990  Department of the Treasury Internal Revenue Service	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div>The organization may have to use a copy of this return to satisfy state reporting requirements</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE LUZERNE FOUNDATION		D Employer identification number 23-2765498	
		Doing Business As		E Telephone number (570) 714-1570	
		Number and street (or P O box if mail is not delivered to street address) Room/suite 140 MAIN STREET SECOND FLOOR		G Gross receipts \$ 11,656,048	
		City or town, state or country, and ZIP + 4 LUZERNE, PA 18709			
		F Name and address of principal officer CHARLES M BARBER 140 MAIN STREET SECOND FLOOR LUZERNE, PA 18709		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		H(c) Group exemption number ▶	
J Website: ▶ www.luzfdn.org					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1994		M State of legal domicile PA

Part I	Summary
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Activities & Governance	1	Briefly describe the organization's mission or most significant activities RAISES CONTRIBUTIONS FROM THE COMMUNITY TO SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 25		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 24		
5	Total number of employees (Part V, line 2a) 5 5			
6	Total number of volunteers (estimate if necessary) 6 30			
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 0			
b	Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 0			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,637,682	7,514,474
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,631	248,087
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,304	-32,059
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,690,009	7,730,502
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,082,012	6,848,069
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	233,466	203,199
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 256,536		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	546,660	530,609
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,862,138	7,581,877
	19	Revenue less expenses Subtract line 18 from line 12	1,827,871	148,625
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	11,726,341	14,014,554
	21	Total liabilities (Part X, line 26)	1,946,465	2,302,787
	22	Net assets or fund balances Subtract line 21 from line 20	9,779,876	11,711,767

Part II	Signature Block
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Sign Here	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				
	*****		2012-10-08		
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature  Julius Green CPA		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  ParenteBeard LLC 46 Public Square Suite 400 WilkesBarre, PA 18701				EIN ▶
					Phone no ▶ (570) 820-0100

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

1 Briefly describe the organization's mission

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









If "Yes," describe these changes on Schedule O

4a	(Code) (Expenses \$ 6,848,069 including grants of \$ 6,848,069) (Revenue \$)
	THE LUZERNE FOUNDATION IS A COMMUNITY FOUNDATION LOCATED IN LUZERNE, PENNSYLVANIA THE FOUNDATION WAS FORMED TO SERVE THE INTERESTS AND NEEDS OF LUZERNE COUNTY, PENNSYLVANIA AND THE SURROUNDING AREAS BY ENHANCING THE QUALITY OF LIFE FOR RESIDENTS OF THOSE COMMUNITIES THIS IS ACHIEVED BY RECEIVING, MANAGING, AND DISBURSING FUNDS FOR CHARITABLE AND EDUCATIONAL PURPOSES, AS WELL AS ENGAGING IN ACTIVITIES AND FUNCTIONS FOR THE BENEFIT OF THOSE COMMUNITIES

[illegible]

4e	Total program service expenses	\$ 6,848,069
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Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	25	
b	Enter the number of voting members that are independent	1b	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CHARLES BARBER 140 MAIN STREET 2ND FLOOR LUZERNE, PA 18709 (570) 714-1570

1b Total	101,283	0	13,714
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	98,580				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,415,894				
	g	Noncash contributions included in lines 1a-1f \$ 479,002						
	h	Total. Add lines 1a-1f						7,514,474
Program Service Revenue	2a		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)		299,911			299,911
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross Rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 98,580 of contributions reported on line 1c) See Part IV, line 18		11,700				
b		Less direct expenses	43,859					
c		Net income or (loss) from fundraising events . .		-32,159				
9a		Gross income from gaming activities See Part IV, line 19						
b		Less direct expenses						
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold . . .							
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE		900,099	100			100	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			100				
12	Total revenue. See Instructions			7,730,502	0	0	216,028	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.					
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,848,069	6,848,069		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	114,997		114,997	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	65,948		65,948	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	8,018		8,018	
10	Payroll taxes	14,236		14,236	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	14,810		14,810	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	99,601		99,601	
g	Other	2,936		2,936	
12	Advertising and promotion	27,839		27,839	
13	Office expenses	21,645		21,645	
14	Information technology	5,142		5,142	
15	Royalties				
16	Occupancy	30,864		30,864	
17	Travel	171		171	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,659		34,659	
20	Interest	95		95	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,520		8,520	
23	Insurance	2,181		2,181	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SPECIAL ACTIVITIES EXP	256,536			256,536
b	BAD DEBT EXPENSE	12,725		12,725	
c	AUTO EXPENSES	8,674		8,674	
d	DUES & SUBSCRIPTIONS	3,750		3,750	
e	MINOR EQUIPMENT	286		286	
f	All other expenses	175		175	
25	Total functional expenses. Add lines 1 through 24f	7,581,877	6,848,069	477,272	256,536
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			100	1	100
	2	Savings and temporary cash investments			2,527,684	2	2,444,659
	3	Pledges and grants receivable, net			276,984	3	289,834
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	42,612			
	b	Less accumulated depreciation	10b	16,393	34,739	10c	26,219
	11	Investments—publicly traded securities			8,886,834	11	11,253,742
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			11,726,341	16	14,014,554
Liabilities	17	Accounts payable and accrued expenses			16,218	17	17,525
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,930,247	25	2,285,262
	26	Total liabilities. Add lines 17 through 25			1,946,465	26	2,302,787
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			9,653,792	27	11,540,240
	28	Temporarily restricted net assets			126,084	28	171,527
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			9,779,876	33	11,711,767
	34	Total liabilities and net assets/fund balances			11,726,341	34	14,014,554

Part XI **Financial Statements and Reporting**

	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 in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

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

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

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

11g(i)

Yes

No

(ii)

a family member of a person described in (i) above?

11g(ii)

Yes

No

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)

Yes

No

h

☐

Provide the following information about the supported organization(s)

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,957,024	1,903,672	4,690,433	6,637,682	7,514,474	22,703,285
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,957,024	1,903,672	4,690,433	6,637,682	7,514,474	22,703,285
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)						9,037,731
6 Public Support. Subtract line 5 from line 4						13,665,554

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,957,024	1,903,672	4,690,433	6,637,682	7,514,474	22,703,285
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	135,426	156,851	192,475	334,345	300,011	1,119,108
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets				713	100	813
11 Total support (Add lines 7 through 10)						23,823,206
12 Gross receipts from related activities, etc (See instructions)					12	61,308
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	57 360 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	68 310 %
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
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		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income MISCELLANEOUS REVENUE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	52	164
2 Aggregate contributions to (during year)	5,469,135	2,057,039
3 Aggregate grants from (during year)	6,092,614	838,664
4 Aggregate value at end of year	4,298,235	9,391,265

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

☒ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	8,855,804	11,029,376			
b Contributions	583,801	1,382,285			
c Investment earnings or losses	2,346,563	-2,980,480			
d Grants or scholarships	363,887	330,844			
e Other expenditures for facilities and programs	85,000	132,335			
f Administrative expenses	92,349	112,198			
g End of year balance	11,244,932	8,855,804			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 7.000 %

b

Permanent endowment ▶ 82.000 %

c

Term endowment ▶ 11.000 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,349	3,601	5,748
d Equipment		33,263	12,792	20,471
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				26,219

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,730,502
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,581,877
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	148,625
4	Net unrealized gains (losses) on investments	4	1,735,489
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	47,777
9	Total adjustments (net) Add lines 4 - 8	9	1,783,266
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,931,891

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	9,476,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,735,489
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	47,777
e	Add lines 2a through 2d	2e	1,783,266
3	Subtract line 2e from line 1	3	7,692,869
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	
b	Other (Describe in Part XIV)	4b	37,633
c	Add lines 4a and 4b	4c	37,633
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,730,502

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	7,544,244
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-37,633
e	Add lines 2a through 2d	2e	-37,633
3	Subtract line 2e from line 1	3	7,581,877
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,581,877

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Part X In June 2006, the FASB issued FASB Interpretation No 48, "Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No. 109" ("FIN 48"). FIN 48 clarifies the accounting for uncertainty in income taxes recognized in a company's financial statements and prescribes a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. FIN 48 also provides guidance on derecognition, classification, interest and penalties, and disclosure. FIN 48 was generally effective for annual periods beginning after December 15, 2007 for nonpublic entities. However, in accordance with FASB Staff Position FIN 48-3, "Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises," the Foundation elected to defer the application of FIN 48 until its fiscal year beginning after December 15, 2008. The Foundation does not believe the adoption of FIN 48 will have a material effect on its financial statements.
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF REMAINDER TRUST 47777
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF REMAINDER TRUST 47777
Part XII, Line 4b - Other Adjustments		INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) 81492 SPECIAL EVENTS EXPENSES -43859
Part XIII, Line 2d - Other Adjustments		INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) -81492 SPECIAL EVENTS EXPENSES 43859

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Annual Mtg & Reception (event type)	ANNUAL GOLF TOURNAMENT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	81,030	29,250	110,280
	2	Less Charitable contributions	81,030	17,550	98,580
	3	Gross income (line 1 minus line 2)		11,700	11,700
Direct Expenses	4	Cash prizes	0	0	
	5	Non-cash prizes	0	0	
	6	Rent/facility costs	4,642	3,718	8,360
	7	Food and beverages	15,616	4,844	20,460
	8	Entertainment	750	0	750
	9	Other direct expenses	14,232	58	14,290
	10	Direct expense summary Add lines 4 through 9 in column (d)			43,860
	11	Net income summary Combine lines 3, column d, and line 10.			-32,160

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain _____			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	
b An outside facility	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LUZERNE FOUNDATION

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
23-2765498

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

▶ 111

3

Enter total number of other organizations

▶ 0

Software ID:
Software Version:
EIN: 23-2765498
Name: THE LUZERNE FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACK MOUNTAIN RECREATIONPO BOX 244 LEHMAN,PA 18627	23-2986991	501(c)(3)	10,000	0	N/A	N/A	PROGRAM SUPPORT
CAMP ASTHMACADABRA 2300 ADAMS AVENUE SCRANTON,PA 18509	13-4331339	501(c)(3)	5,000	0	N/A	N/A	CAMP SCHOLARSHIPS FOR ASTHMATIC CHILDREN
CATHOLIC YOUTH CENTER OF WILKES-BARRE36 SOUTH WASHINGTON STREET WILKESBARRE,PA 18701	23-7227221	501(c)(3)	19,300	0	N/A	N/A	PROGRAM SUPPORT
CHESTERTON HOUSE604 EAST BUFFALO STREET ITHACA,NY 14850	16-1600224	501(c)(3)	15,000	0	N/A	N/A	PROGRAM SUPPORT/OUTREACH EVENTS
CHOICE MINISTRIESPO BOX 5 ROSWELL,GA 30077	74-2439414	501(c)(3)	150,000	0	N/A	N/A	PROGRAM SUPPORT/ADOPTION ASSISTANCE
JOY FMPO BOX 25775 WINSTON SALEM,NC 27114	54-1440112	501(c)(3)	20,000	0	N/A	N/A	PROGRAM SUPPORT
KEYSTONE COLLEGEPO BOX 50 LA PLUME,PA 18440	24-0795441	501(c)(3)	11,750	0	N/A	N/A	PROGRAM SUPPORT AND STUDENT SCHOLARSHIPS
LEBANESE AMERICAN UNIVERSITY475 RIVERSIDE DRIVE NEWYORK,NY 10115	98-6001269	501(c)(3)	5,000	0	N/A	N/A	PROGRAM SUPPORT AND STUDENT SCHOLARSHIPS
LIFE IN ABUNDANCE1605 EAST ELIZABETH STREET PASENDA,CA 91104	02-0587875	501(c)(3)	40,000	0	N/A	N/A	SUPPORT OF SOMALIA PROJECT
LOVE LINK INC7654 CYPRESS COURT FORT WORTH,TX 76180	75-2556797	501(c)(3)	80,000	0	N/A	N/A	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUZERNE FOUNDATION SUPPORT PROJECT140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(c)(3)	8,500	0	N/A	N/A	PROGRAM SUPPORT
DAVIS & ELKINS COLLEGE 100 CAMPUS DRIVE ELKINS,WV 26241	55-0357021	501(c)(3)	41,000	0	N/A	N/A	PROGRAM SUPPORT
PENN DEL CHARITIES234 NORTH MAIN STREET SHREWSBURY,PA 17360	43-2033183	501(c)(3)	25,000	0	N/A	N/A	PROGRAM SUPPORT
DIAMOND CITY PARTNERSHIPPO BOX 5340 TWO PUBLIC SQUARE WILKESBARRE,PA 18710	23-3094874	501(c)(3)	110,642	0	N/A	N/A	COMMUNITY BEAUTIFICATION AND ENHANCEMENT
MERCY INSTITUTE OF EDUCATIONAL DEVPO BOX 370 DALLAS,PA 18612	24-0863396	501(c)(3)	5,000	0	N/A	N/A	PROGRAM SUPPORT
FM KIRBY CENTER71 PUBLIC SQUARE WILKESBARRE,PA 18701	22-2697004	501(c)(3)	37,350	0	N/A	N/A	PROGRAM SUPPORT
CELEBRATION CENTER FOR CONSCIENCE LIVING 5820 OBERLIN DRIVE 108 SAN DIEGO,CA 92121	52-2337798	501(c)(3)	450,000	0	N/A	N/A	PROGRAM SUPPORT
FIRST NIGHT HAZLETON 140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(c)(3)	7,450	0	N/A	N/A	PROGRAM SUPPORT
FOOD FOR THE HUNGRY 1224 EAST WASHINGTON STREET PHOENIX,AZ 85034	95-2680390	501(c)(3)	50,000	0	N/A	N/A	GENERAL SUPPORT AND HATIAN RELIEF
GLOBAL ACTION7660 GODDARD STREET SUITE 200 COLORADO SPRINGS,CO 80920	84-1471157	501(c)(3)	159,000	0	N/A	N/A	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PITTSTON YMCA 10 NORTH MAIN STREET PITTSTON,PA 18640	24-0796039	501(c)(3)	10,075	0	N/A	N/A	PROGRAM SUPPORT
GREATER WILKES-BARRE ASSOCIATION FOR THE BLIND1825 WYOMING AVENUE EXETER,PA 18643	23-2660272	501(c)(3)	10,740	0	N/A	N/A	PROGRAM SUPPORT
MERCY WORKS CO YMAM TAYLOR20131 FM 16 WEST LINDALE,TX 75771	23-7136015	501(c)(3)	43,000	0	N/A	N/A	SUPPORT OF ZIMBABWE RELIEF
NEW HOPE ACADEMYPO BOX 295 FACTORYVILLE,PA 18419	91-2101396	501(c)(3)	50,000	0	N/A	N/A	GENERAL FUND AND RENOVATIONS
NORTH BRANCH LAND TRUST11 CARVERTON ROAD TRUCKSVILLE,PA 18708	23-7755642	501(c)(3)	23,100	0	N/A	N/A	PROGRAM SUPPORT
IC MOVEMENT2059 EAST HAGERT STREET PHILADELPHIA,PA 19125	14-1966666	501(c)(3)	36,000	0	N/A	N/A	PROGRAM SUPPORT
OPPORTUNITY INTERNATIONAL2122 YORK ROAD OAK BROOK,IL 60523	54-0907624	501(c)(3)	25,000	0	N/A	N/A	PROGRAM SUPPORT
PARTNERS INTERNATIONAL1313 NORTH ATLANTIC STREET SPOKANE,WA 99201	94-1393427	501(c)(3)	130,000	0	N/A	N/A	PROJECTS, TIMBUKTU, YOUTH CENTER, GARDENING PROJECT, YOUTH CENTER
PENNSYLVANIA ENVIRONMENTAL COUNCIL175 MAIN STREET LUZERNE,PA 18709	23-7286159	501(c)(3)	63,000	0	N/A	N/A	FOREST AND WATER LANDSCAPE PROGRAM
POCONO COMMUNITY CHURCHPO BOX 817 MOUNT POCONO,PA 18344	45-0497822	501(c)(3)	30,000	0	N/A	N/A	SUPPORT OF CHRISTMAS OFFERING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL JUSTICE MISSIONPO BOX 58147 WASHINGTON,DC 20037	54-1722887	501(c)(3)	50,000	0	N/A	N/A	PROGRAM SUPPORT
JEWISH COMMUNITY CENTER60 SOUTH RIVER STREET WILKESBARRE,PA 18702	24-0795437	501(c)(3)	17,450	0	N/A	N/A	PROGRAM SUPPORT
REAL HOPE FOR HAITIPO BOX 23 ELWOOD,IN 46036	20-5603302	501(c)(3)	115,000	0	N/A	N/A	LAND ACQUISITION AND BUILDING PROJECTS
JEWISH FEDERATION OF GREATER WILKES-BARRE60 SOUTH RIVER STREET WILKESBARRE,PA 18702	24-0796936	501(c)(3)	7,200	0	N/A	N/A	PROGRAM SUPPORT
KIDS FOR THE KINGDONPO BOX 85 GRATON,CA 95444	68-0421846	501(c)(3)	191,000	0	N/A	N/A	PROGRAM SUPPORT
KINGS COLLEGE133 NORTH RIVER STREET WILKESBARRE,PA 18711	24-0804602	501(c)(3)	40,431	0	N/A	N/A	PROGRAM SUPPORT AND SCHOLARSHIPS
LEADERSHIP WILKES-BARRE4 PUBLIC SQUARE WILKESBARRE,PA 18702	23-2205981	501(c)(3)	5,265	0	N/A	N/A	PROGRAM SUPPORT
LOVE BASKET INC10306 HIGHWAY 21 HILLSBORO ,MO 63050	43-1259309	501(c)(3)	20,000	0	N/A	N/A	PROGRAM SUPPORT
LOXAFAMOSITY MINISTRIES INCPO BOX 9291 MOSCOW,ID 83843	52-2400448	501(c)(3)	20,000	0	N/A	N/A	PROGRAM SUPPORT
LUZERNE COUNTY HISTORICAL SOCIETY49 SOUTH FRANKLIN STREET WILKESBARRE,PA 18701	24-0811758	501(c)(3)	41,030	0	N/A	N/A	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCADOO CATHOLIC ELEMENTARY SCHOOL35 NORTH CLEVELAND STREET MCADOO,PA 18237	23-2091672	501(c)(3)	5,000	0	N/A	N/A	PROGRAM SUPPORT
MISERICORDIA UNIVERSITY301 LAKE STREET DALLAS,PA 18612	24-0795406	501(c)(3)	62,077	0	N/A	N/A	PROGRAM SUPPORT
NATIONAL DOWN SYNDROME NETWORK SOCIETY666 BROADWAY NEW YORK,NY 10012	13-2992567	501(c)(3)	6,500	0	N/A	N/A	PROGRAM SUPPORT
NEPA PHILHARMONIC4101 BIRNEY AVENUE MOOSIC,PA 18507	23-1855655	501(c)(3)	57,480	0	N/A	N/A	PROGRAM SUPPORT
OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKESBARRE,PA 18701	24-0795971	501(c)(3)	18,070	0	N/A	N/A	PROGRAM SUPPORT
PENN STATE UNIVERSITY UNIVERSITY PARK UNIVERSITY PARK,PA 16804	25-1554003	501(c)(3)	5,362	0	N/A	N/A	STUDENT SCHOLARSHIPS
PROVIDING HOPE MINISTRIES - JUBILEE MINISTRIESPO BOX 2103 KINGSTON,PA 18704	23-2070710	501(c)(3)	21,000	0	N/A	N/A	PROGRAM SUPPORT
RIVERFRONT PARKS COMMITTEEPO BOX 2554 WILKESBARRE,PA 18703	23-2824928	501(c)(3)	18,270	0	N/A	N/A	PROGRAM SUPPORT
RAILS TO TRAILS CONSERVANCY1100 17TH STREET NW 10TH FLOOR WASHINGTON,DC 20036	52-1437006	501(c)(3)	18,500	0	N/A	N/A	PROGRAM SUPPORT
SANIBEL CAPTIVA CONSERVATION FOUNDATIONPO BOX 839 SANIBEL,FL 33957	59-1205087	501(c)(3)	150,000	0	N/A	N/A	LAND ACQUISITON AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK POINT COMMUNITY CHURCH6116 SHALLOWFORD ROAD CHATTANOOGA,TN 37421	20-5777446	501(c)(3)	5,000	0	N/A	N/A	PROGRAM SUPPORT
SHAOHANNAH'S HOPEPO BOX 647 FRANKLIN,TN 37064	32-0011220	501(c)(3)	61,000	0	N/A	N/A	PROGRAM SUPPORT
SHEPHERD'S GLORY CHURCHPO BOX 272 TOWNSEND,TN 37882	62-1852425	501(c)(3)	200,000	0	N/A	N/A	BUILDING SUPPORT PROGRAM
SISTERS OF MERCY162 LAKE STREET DALLAS,PA 18612	24-0863396	501(c)(3)	10,100	0	N/A	N/A	PROGRAM SUPPORT
SPRUCE HILL CHRISTIAN SCHOOL4115 BALTIMORE AVENUE PHILADELPHIA,PA 19104	23-2073123	501(c)(3)	112,000	0	N/A	N/A	MAINTENANCE AND SCHOLARSHIPS
TEEN CHALLENGE OF THE FOUR STATESPO BOX 1084 NEOSHO,MO 64850	43-1353323	501(c)(3)	75,000	0	N/A	N/A	WORK IN CAMBODIA
SUSQUEHANNA UNIVERSITY514 UNIVERSITY AVENUE SELINGROVE,PA 17870	23-1353385	501(c)(3)	10,000	0	N/A	N/A	PROGRAM SUPPORT
THE LANDS AT HILLSIDE FARMS65 HILLSIDE ROAD SHAVERTOWN,PA 18708	20-2975553	501(c)(3)	1,281,250	0	N/A	N/A	LAND ACQUISITON AND PROGRAM SUPPORT
THE VERITAS FORUMONE BROADWAY 14TH FLOOR CAMBRIDGE,MA 02142	31-1680953	501(c)(3)	245,000	0	N/A	N/A	PROGRAM SUPPORT
UNITED WAY OF WYOMING VALLEYWEST MARKET STREET WILKESBARRE,PA 18711	24-0831490	501(c)(3)	81,175	0	N/A	N/A	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMONWEALTH MEDICAL COLLEGE150 NORTH WASHINGTON AVE SCRANTON,PA 18503	26-0812968	501(c)(3)	20,100	0	N/A	N/A	SCHOLARSHIP FOR MEDICAL STUDENTS
THE CORNERSTONE FOUNDATION18384 WEST LAKE DRIVE SAUCIER,MS 39574	64-0819423	501(c)(3)	12,000	0	N/A	N/A	PROGRAM SUPPORT
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA WILKESBARRE,PA 18701	20-3531527	501(c)(3)	132,000	0	N/A	N/A	PROGRAM SUPPORT AND DENTAL CLINIC
THE EXPLORATIONS IN ANTIQUITY CENTER INC PO BOX 3900 LAGRANGE,GA 30241	20-3514441	501(c)(3)	20,000	0	N/A	N/A	PROGRAM SUPPORT
THE PILOT SCHOOL100 GARDEN OF EDEN ROAD WILMINGTON,DE 19803	51-0080692	501(c)(3)	30,000	0	N/A	N/A	PROGRAM SUPPORT
WILKES-BARRE FAMILY YMCA40 WEST NORTHAMPTON STREET WILKESBARRE,PA 18701	24-0795638	501(c)(3)	11,950	0	N/A	N/A	PROGRAM SUPPORT
THE POLYCARP RESEARCH INSTITUTEBOX 105A ENOLA,PA 16602	25-1876858	501(c)(3)	16,000	0	N/A	N/A	PROGRAM SUPPORT AND RESEARCH
THE UNIVERSITY OF SCRANTON800 LINDEN STREET SCRANTON,PA 18510	24-0795495	501(c)(3)	16,206	0	N/A	N/A	PROGRAM SUPPORT AND SCHOLARSHIPS
WYOMING SEMINARY201 NORTH SPRAGUE AVENUE KINGSTON,PA 18704	24-0795509	501(c)(3)	42,200	0	N/A	N/A	PROGRAM SUPPORT
WYOMING VALLEY CHILDREN'S ASSOCIATION71 NORTH FRANKLIN STREET WILKESBARRE,PA 18701	24-0795510	501(c)(3)	34,450	0	N/A	N/A	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING VALLEY RESCUE MISSIONPO BOX 470 SCRANTON,PA 18501	34-2042921	501(c)(3)	184,000	0	N/A	N/A	PROGRAM SUPPORT AND BUILDING RENOVATIONS
COAL STREET PARK PLAYGROUND PROJECT 140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(c)(3)	42,069	0	N/A	N/A	PLAYGROUND EQUIPMENT
FAMILY PROJECT GRANT 140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(c)(3)	37,943	0	N/A	N/A	FAMILY ASSISTANCE PROJECTS
GOALS FOUNDATION30 RELIANCE DRIVE WILKESBARRE,PA 18702	25-1885238	501(c)(3)	182,091	0	N/A	N/A	PLAYGROUND EQUIPMENT AND CONSTRUCTIONS
LUZERNE COUNTY CENTENNIAL PROJECT140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(c)(3)	43,279	0	N/A	N/A	PROGRAM SUPPORT
SAFETY GIVEAWAY PROJECT140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(c)(3)	7,650	0	N/A	N/A	COMMUNITY SAFETY PROGRAM SUPPORT
VALLEY WITH A HEART-SPECIAL PROJECTS140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(c)(3)	5,797	0	N/A	N/A	COMMUNITY ASSISTANCE PROJECTS
YOUTH WITH A MISSION 1275 BIRCH ROAD LEBANON,PA 17042	31-1742167	501(c)(3)	11,000	0	N/A	N/A	RENOVATIONS AND REPAIRS
ALLIED SERVICES FOUNDATION100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT,PA 18411	23-2523682	501(c)(3)	35,826	0	N/A	N/A	PROGRAM SUPPORT
AMERICAN RED CROSS-WYOMING VALLEY CHAPTER256 N SHERMAN STREET WILKESBARRE,PA 18702	53-0196605	501(c)(3)	6,125	0	N/A	N/A	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMISTAD INTERNATIONAL PO BOX 455 PALO ALTO,CA 94302	94-2737593	501(c)(3)	70,000	0	N/A	N/A	MURWIRA CHILDRENS HOME PROJECT
BEAR CREEK CAMPPPO BOX 278 BEAR CREEK,PA 18602	23-1726320	501(c)(3)	21,000	0	N/A	N/A	CAMP SCHOLARSHIPS AND PROGRAM SUPPORT
BETHANY CHRISTIAN SERVICES7827 OLD YORKE ROAD ELKINS PARK,PA 19027	38-1405282	501(c)(3)	35,000	0	N/A	N/A	ADOPTION ASSISTANCE AND PROGRAM SUPPORT
BIBLE LEAGUE INTERNATIONALPO BOX 28000 CHICAGO,IL 60628	36-2037761	501(c)(3)	69,000	0	N/A	N/A	CAMBODIA AND HATIAN ASSISTANCE
CALVARY COMMISSION INCPO BOX 100 LINDALE,TX 75771	75-1566201	501(c)(3)	30,000	0	N/A	N/A	PROGRAM SUPPORT
CARE AND CONCERN MINISTRIES35 WILLIAM STREET PITTSTON,PA 18640	24-0837323	501(c)(3)	30,000	0	N/A	N/A	HEATING SYSTEM RENOVATIONS
CARE NET109 CARPENTER DRIVE STERLING,VA 20164	54-1382723	501(c)(3)	48,000	0	n/A	n/A	PROGRAM SUPPORT
CHILDREN'S HUNGER RELIEF FUND182 FARMERS LANE SANTA ROSA,CA 65405	51-0168428	501(c)(3)	12,000	0	N/A	N/A	PROGRAM SUPPORT
CHOP POINT SCHOOL420 CHOP POINT ROAD WOOLWICH,ME 04579	23-7027179	501(c)(3)	45,000	0	N/A	N/A	PROGRAM SUPPORT
CHRISITIAN FAITH MINISTRIESPO BOX 50538 DENTON,TX 76206	23-7424817	501(c)(3)	33,000	0	N/A	N/A	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT COLLEGE INC 14049 SCENIC HIGHWAY LOOKOUT MOUNTAIN,GA 30750	43-0719506	501(c)(3)	100,000	0	N/A	N/A	PROGRAM SUPPORT
DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON,PA 18505	24-0798640	501(c)(3)	28,150	0	N/A	N/A	SCHOLARSHIPS AND PROGRAM SUPPORT
EASTER SEALS NEW HAMPSHIRE INC555 ABURN STREET MANCHESTER,NH 03103	02-0272825	501(c)(3)	5,000	0	N/A	N/A	PROGRAM SUPPORT
ETHEL WALKER SCHOOL INC230 BUSY HILL ROAD SIMSBURY,CT 06070	06-0689699	501(c)(3)	95,595	0	N/A	N/A	REPAIRS
FAR REACHING MINISTRIES PMB 137 40355 WINCHESTER ROAD SUITE E TEMECULA,CA 92591	33-0776828	501(c)(3)	90,000	0	N/A	N/A	VEHICLE, BUILDING, AND GENERAL FUND-SUDAN OUTREACH
FISHHOOK INTERNATIONAL INCPO BOX 910691 LEXINGTON,KY 40591	61-0620425	501(c)(3)	52,000	0	N/A	N/A	PROGRAM SUPPORT
FRIENDS OF ORISSA545 EAST PIKES PEAK AVENUE COLORADO SPRINGS,CO 80903	33-0313305	501(c)(3)	20,000	0	N/A	N/A	COMMUNITY ASSISTANCE PROJECTS
GEISINGER HEALTH SYSTEM FOUNDATION100 NORTH ACADEMY AVENUE DANVILLE,PA 17822	23-1995911	501(c)(3)	11,250	0	N/A	N/A	GENERAL SUPPORT AND CHILDREN'S MIRACLE NETWORKPROGRAM SUPPORT AND CHILDRENS MIRACLE NETWORK
HAZLETON AREA CAREER CENTER1451 W 23RD STREET HAZLETON,PA 18202	23-2765498	501(c)(3)	10,000	0	N/A	N/A	PROGRAM SUPPORT
HOUSE OF HIS CREATION 91 NEWPORT PIKE GAP,PA 17527	23-1911987	501(c)(3)	6,000	0	N/A	N/A	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN PROMISEPO Box 1479 CAMDEN,NJ 08105	02-0650756	501(c)(3)	58,000	0	N/A	N/A	PROGRAM SUPPORT
VOICE OF THE MARTYRS PO Box 443 Bartlesville,OK 74005	73-1395057	501(c)(3)	18,000	0	N/A	N/A	PROGRAM SUPPORT
WEST PITTSTON BOROUGH POOL ACCOUNT555 Exeter Avenue West Pittston,PA 18643	23-2765498	501(c)(3)	15,000	0	N/A	N/A	RENOVATIONS AND REPAIRS
WHITE HAVEN AREA COMMUNITY LIBRARYPO Box 57 White Haven,PA 18661	23-2887362	501(c)(3)	45,000	0	N/A	N/A	RENOVATIONS AND REPAIRS
WILKES UNIVERSITY84 West South Street WilkesBarre,PA 18706	24-0795506	501(c)(3)	16,325	0	N/A	N/A	PROGRAM SUPPORT AND SCHOLARSHIPS
WORLD CHALLENGE INCPO Box 260 Lindale,TX 75771	23-7249005	501(c)(3)	11,000	0	N/A	N/A	PROGRAM SUPPORT
WORLD JOURNALISM INSTITUTE350 Fifth Avenue New York,NY 18018	56-0538016	501(c)(3)	35,000	0	N/A	N/A	PROGRAM SUPPORT
WORLD MAGAZINEPO Box 2330 Asheville,NC 28802	56-0538016	501(c)(3)	60,000	0	N/A	N/A	CURRICULUM DEVELOPMENT
CROSSWALK MINISTRIES PO BOX 1281 WILKESBARRE,PA 18703	75-4191388	501(c)(3)	117,000	0	N/A	N/A	PROGRAM SUPPORT
DAYSPRING INTERNATIONAL INC1062 LANSKIN ROAD VIRGINIA BEACH,VA 23451	51-0237239	501(c)(3)	15,000	0	N/A	N/A	SUPPORT FOR INDIA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONTIERS MIDPO BOX 60670 PHOENIX,AZ 85082	95-3731505	501(c)(3)	12,000	0	N/A	N/A	COMMUNITY ASSISTANCE PROJECTS

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	3	479,002	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 ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Frank Bevevino, Founders' Board-Emeritus, is the father of John Bevevino, Board Member

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		CHANGES WERE MADE TO THE BYLAWS IN 2009 AS FOLLOWS ANY NOTICE TO A DIRECTOR OF THE CORPORATION IS DEEMED PROPERLY GIVEN WHEN DELIVERED PERSONALLY, A COPY SENT FIRST CLASS OR EXPRESS MAIL, POSTAGE PREPAID, BY COURIER, BY E-MAIL, OR BY FAX A DIRECTOR WHO HAS SERVED 2 CONSECUTIVE 3 YEAR TERMS SHALL NOT BE PERMITTED TO SERVE AS A DIRECTOR FOR A PERIOD OF 1 YEAR THEREAFTER SALARIES OF OFFICERS ARE FIXED BY THE EXECUTIVE COMMITTEE OF THE BOD, AND RATIFIED BY BOD ANY AGENT OR EMPLOYEE OF THE CORPORATION MAY BE REMOVED BY THE PRESIDENT THE BOD RETAINS THE RIGHT TO REMOVE THE PRESIDENT PURSUANT TO THE TERMS OF AN EMPLOYMENT AGREEMENT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Charles Barber, President & CEO, Bob Korjeski, CFO, Full Board of Directors, and Audit Committee review the full Form 990 in its entirety prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annually, The Luzerne Foundation distributes conflicts of interest forms to the Board of Directors so that the information held on file is current. Each director, principal officer and member of a committee with board-delegated powers is required to sign a statement which affirms that they have received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, understands the duty of each officer or director to maintain the preserve confidentiality of board and committee discussions and protect privacy at all times, and understands that the corporation is a charitable organization and that to maintain its tax-exempt status it must engage primarily in activities that accomplish one or more of its tax-exempt purposes. These forms are reviewed by the Audit and Governance Committees. Any conflict of interest that is identified is reviewed at the board of directors meeting on a case by case basis.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Annual reviews are conducted on the President & CEO, Executive Assistant and Administrative Support Staff. The President & CEO, and Executive Assistant were reviewed in 2009. The executive committee sets the president's salary, the president then sets the support staff's salary. The executive committee reviews all aspects of fundraising for the organization including donor relationship building, and budgetary items.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy, and audited financial statements are not available to the public, however a statement of financial position is made available in the annual "Community Guide" of the Foundation. The 990 is available to the public on the website or upon request.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE PROCESSES USED BY THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
Form 990, Page 1 Part B	Reason for Amended return	This amended return is being filed to report the following changes 1 SCHEDULE A, PAGE 2, LINE 5 - THE PORTION OF CONTRIBUTIONS INCLUDED ON LINE 1 OF PAGE 2, THAT EXCEED 2% OF THE AMOUNT OF LINE 11 WERE INADVERTENTLY OMITTED ON THE RETURN AS ORIGINALLY FILED AS A RESULT OF THIS CORRECTION, THE PUBLIC SUPPORT PERCENTAGES REFLECTED ON SCHEDULE A, PAGE 2, SECTION C, LINES 14 AND 15 WERE RECALCULATED THE REVISED PUBLIC SUPPORT PERCENTAGES REMAIN WELL ABOVE THE SAFE HARBOR REQUIRED FOR PUBLIC CHARITY STATUS 2 SCHEDULE B HAS BEEN REVISED TO IDENTIFY DONORS WHO WERE KNOWN TO THE FOUNDATION BUT REQUESTED ANONYMITY

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return THE LUZERNE FOUNDATION	Business or activity to which this form relates Form 990 Page 10	Identifying number 23-2765498
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,520

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

Section A

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

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	8,520
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 23-2765498

Name: THE LUZERNE FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARIE K APONICK DIRECTOR	10	X						0	0	0
STUART M BELL DIRECTOR	10	X						0	0	0
FRANK H BEVEVINO FOUNDERS BOARD/DIRECTOR	10	X						0	0	0
JOHN R BEVEVINO DIRECTOR	10	X						0	0	0
DAYLENE T BURNSIDE DIRECTOR	10	X						0	0	0
JOSEPH F BUTCHER DIRECTOR	10	X						0	0	0
CHARLES D FLACK JR FOUNDERS BOARD/DIRECTOR	10	X						0	0	0
KEVIN FOLEY DIRECTOR	10	X						0	0	0
AUGUST F GENETTI JR DIRECTOR	10	X						0	0	0
LOUIS F GOERINGER DIRECTOR	10	X						0	0	0
SCOTT HENRY DIRECTOR	10	X						0	0	0
RICHARD M HUGHES III DIRECTOR	10	X						0	0	0
WILLIAM JOYCE DIRECTOR	10	X						0	0	0
JOSEPH E KLUGER ESQ DIRECTOR	10	X						0	0	0
DAVID LEE DIRECTOR	10	X						0	0	0
MELANIE M LUMIA DIRECTOR	10	X						0	0	0
GERTRUDE C MCGOWAN ESQ DIRECTOR	10	X						0	0	0
A EDWARD NORK DIRECTOR	10	X						0	0	0
JOSEPH L PERSICO ESQ DIRECTOR	10	X						0	0	0
ALEXANDER SLOOT DIRECTOR	10	X						0	0	0
JOHN T YUDICHAK DIRECTOR	10	X						0	0	0
TERRENCE W CASEY CHAIRMAN	10	X		X				0	0	0
PHILIP G DECKER VICE CHAIRMAN	10	X		X				0	0	0
KENNETH J KROGULSKI SECRETARY	10	X		X				0	0	0
THOMAS L KENNEDY TREASURER	10	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former
CHARLES M BARBER President & CEO	45 00			X			
						101,283	0
						13,714	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SPECIAL ACTIVITIES EXP	256,536			256,536
BAD DEBT EXPENSE	12,725		12,725	
AUTO EXPENSES	8,674		8,674	
DUES & SUBSCRIPTIONS	3,750		3,750	
MINOR EQUIPMENT	286		286	