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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 6,178,783 including grants of \$ 6,178,783) (Revenue \$)

THE LUZERNE FOUNDATION, YOUR COMMUNITY FOUNDATION, EXISTS TO MAKE OUR REGION A BETTER PLACE TO LIVE THROUGH THE GENEROSITY OF OUR DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS THE LUZERNE FOUNDATION IS PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS, EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS FOR 17 YEARS, THE LUZERNE FOUNDATION HAS ASSISTED INDIVIDUALS AND FAMILIES, BUSINESSES, CIVIC GROUPS, AND OTHER NONPROFIT ORGANIZATIONS WITH REALIZING THEIR GOALS FOR PHILANTHROPY SO, COLLECTIVELY, THEY CAN IMPROVE THE QUALITY OF LIFE FOR THOSE LIVING AND WORKING IN LUZERNE COUNTY

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d
















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 6,178,783

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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.	2a	5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for 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?	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds 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	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b25		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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

Part VII

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O.)	(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			
(1) CHARIE K APONICK DIRECTOR	10	X						0	0	0
(2) STUART M BELL DIRECTOR	10	X						0	0	0
(3) FRANK H BEVEVINO FOUNDERS BOARD/DIRECTOR	10	X						0	0	0
(4) JOHN R BEVEVINO DIRECTOR	10	X						0	0	0
(5) DAYLENE T BURNSIDE DIRECTOR	10	X						0	0	0
(6) JOSEPH F BUTCHER DIRECTOR	10	X						0	0	0
(7) CHARLES D FLACK JR FOUNDERS BOARD/DIRECTOR	10	X						0	0	0
(8) KEVIN FOLEY DIRECTOR	10	X						0	0	0
(9) AUGUST F GENETTI JR DIRECTOR	10	X						0	0	0
(10) LOUIS F GOERINGER DIRECTOR	10	X						0	0	0
(11) SCOTT HENRY DIRECTOR	10	X						0	0	0
(12) RICHARD M HUGHES III DIRECTOR	10	X						0	0	0
(13) WILLIAM JOYCE DIRECTOR	10	X						0	0	0
(14) JOSEPH E KLUGER ESQ DIRECTOR	10	X						0	0	0
(15) DAVID LEE DIRECTOR	10	X						0	0	0
(16) MELANIE M LUMIA DIRECTOR	10	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) GERTRUDE C MCGOWAN ESQ DIRECTOR	10	X						0	0	0
(18) A EDWARD NORK DIRECTOR	10	X						0	0	0
(19) JOSEPH L PERSICO ESQ DIRECTOR	10	X						0	0	0
(20) ALEXANDER SLOOT DIRECTOR	10	X						0	0	0
(21) JOHN T YUDICHAK DIRECTOR	10	X						0	0	0
(22) TERRENCE W CASEY CHAIRMAN	10	X		X				0	0	0
(23) PHILIP G DECKER VICE CHAIRMAN	10	X		X				0	0	0
(24) KENNETH J KROGULSKI SECRETARY	10	X		X				0	0	0
(25) THOMAS L KENNEDY TREASURER	10	X		X				0	0	0
(26) CHARLES M BARBER PRESIDENT & CEO	45 00			X				105,615	0	16,398
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								105,615	0	16,398

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 or individual 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	98,055				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,220,202				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						13,318,257
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)		353,634			353,634
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		(i) Securities		(ii) Other	69,622			
		471,220						
		401,598						
		69,622						
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 \$ 98,055 of contributions reported on line 1c) See Part IV, line 18			-61,148			
	a	14,025						
	b	75,173						
c	Net income or (loss) from fundraising events . . .							
9a	Gross income from gaming activities See Part IV, line 19							
	b							
	c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances							
	a							
	b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			13,680,365	0	0	362,108	

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	6,178,783	6,178,783		
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	122,013		97,610	24,403
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	57,810		52,029	5,781
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	6,838		6,838	
10	Payroll taxes	14,196		14,196	
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	15,051		15,051	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	129,167		129,167	
g	Other	25,399		25,399	
12	Advertising and promotion	14,595		14,595	
13	Office expenses	22,284		22,284	
14	Information technology	7,137		7,137	
15	Royalties				
16	Occupancy	5,200		5,200	
17	Travel	2,205		2,205	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,543		49,543	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,522		8,522	
23	Insurance	2,578		2,578	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SPECIAL ACTIVITIES EXP	259,910			259,910
b	BAD DEBT EXPENSE	14,700		14,700	
c	AUTO EXPENSES	9,001		9,001	
d	MINOR EQUIPMENT	4,031		4,031	
e	DUES & SUBSCRIPTIONS	3,166		3,166	
f	All other expenses	551		551	
25	Total functional expenses. Add lines 1 through 24f	6,952,680	6,178,783	483,803	290,094
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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			2,444,659	2	2,796,158
	3	Pledges and grants receivable, net			289,834	3	280,334
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	24,916	26,219	10c	17,696
	11	Investments—publicly traded securities			11,253,742	11	18,998,449
	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)			14,014,554	16	22,092,737	
Liabilities	17	Accounts payable and accrued expenses			17,525	17	21,492
	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			2,285,262	25	2,478,954
	26	Total liabilities. Add lines 17 through 25			2,302,787	26	2,500,446
	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			11,540,240	27	19,389,794
28		Temporarily restricted net assets			171,527	28	202,497
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			11,711,767	33	19,592,291
34	Total liabilities and net assets/fund balances			14,014,554	34	22,092,737	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,680,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,952,680
3	Revenue less expenses Subtract line 2 from line 1	3	6,727,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,711,767
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,152,839
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,592,291

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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 separate basis, consolidated 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

2010

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 described in **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 See**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?

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,903,672	4,690,433	6,637,682	7,514,474	13,318,257	34,064,518
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	1,903,672	4,690,433	6,637,682	7,514,474	13,318,257	34,064,518
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)						15,897,632
6 Public Support. Subtract line 5 from line 4						18,166,886

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,903,672	4,690,433	6,637,682	7,514,474	13,318,257	34,064,518
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	156,851	192,475	333,632	299,911	353,634	1,336,503
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			713	100		813
11 Total support (Add lines 7 through 10)						35,401,834
12 Gross receipts from related activities, etc (See instructions)					12	75,333
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 2010 (line 6 column (f) divided by line 11 column (f))	14	51 320 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	57 360 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add 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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010

Open to Public Inspection

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.

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	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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) 2010

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	11,244,932	8,855,804	11,029,376		
b Contributions	6,665,380	583,801	1,382,285		
c Investment earnings or losses	1,775,504	2,346,563	-2,980,480		
d Grants or scholarships	394,216	363,887	330,844		
e Other expenditures for facilities and programs	67,418	85,000	132,335		
f Administrative expenses	117,994	92,349	112,198		
g End of year balance	19,106,188	11,244,932	8,855,804		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 8 000 %

b

Permanent endowment ▶ 80 000 %

c

Term endowment ▶ 12 000 %

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes

☐ No

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		5,471	3,878
d Equipment	33,263		19,445	13,818
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				17,696

Schedule D (Form 990) 2010

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	13,680,365
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,952,680
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,727,685
4	Net unrealized gains (losses) on investments	4	1,146,869
5	Donated services and use of facilities	5	-25,000
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	30,970
9	Total adjustments (net) Add lines 4 - 8	9	1,152,839
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,880,524

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	14,813,950
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,146,869
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	30,970
e	Add lines 2a through 2d	2e	1,177,839
3	Subtract line 2e from line 1	3	13,636,111
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	44,254
c	Add lines 4a and 4b	4c	44,254
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,680,365

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	6,933,426
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	25,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-44,254
e	Add lines 2a through 2d	2e	-19,254
3	Subtract line 2e from line 1	3	6,952,680
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	6,952,680

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	PART X, LINE 2 THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING 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. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2010.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF REMAINDER TRUST 30,970
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF REMAINDER TRUST 30,970
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) 105,402 SPECIAL EVENTS EXPENSES -61,148
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) - 105,402 SPECIAL EVENTS EXPENSES 61,148

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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

2010

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.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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 services? ☐ **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 and address 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

[illegible]

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	83,880	28,200	112,080
	2	Less Charitable contributions	83,880	14,175	98,055
	3	Gross income (line 1 minus line 2)		14,025	14,025
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	5,058	2,959	8,017
	7	Food and beverages	7,044	4,579	11,623
	8	Entertainment	3,460		3,460
	9	Other direct expenses	45,287	6,786	52,073
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			75,173
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-61,148

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

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? ☐ Yes ☐ No

b

If "No," Explain _____

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b

If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

☐ Yes ☐ No

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  _____

☐ Director/officer

☐ Employee

☐ 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?

☐ Yes ☐ No

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  \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
THE LUZERNE FOUNDATION

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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 ▶
- 3

Enter total number of other organizations ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WITH EACH GRANT REQUEST, THE LUZERNE FOUNDATION EXERCISES ITS DUE DILIGENCE TO ASSURE COMPLIANCE WITH IRS STANDARDS EACH NONPROFIT ORGANIZATION'S 501(C)(3) STATUS AND EIN IS VERIFIED THROUGH THE USE OF GUIDESTAR, AN ONLINE RESOURCE SUITED FOR THAT PURPOSE ADDITIONAL RESEARCH IS DONE VIA THE RECIPIENT ORGANIZATION'S WEBSITE OR VIA DIRECT CONTACT WITH THE EXECUTIVE DIRECTOR OR CEO OF THE ORGANIZATION THE GOAL IS TO OBTAIN INFORMATION RELATING TO MISSION AND PURPOSE SO THAT WE ASCERTAIN THAT THE DONORS' CHARITABLE INTENTS ARE BEING UPHELD

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
ABINGTON CHRISTIAN ACADEMY204 SOUTH ABINGTON ROAD CLARKS SUMMIT, PA 18411	44-0577787	501(C)(3)	55,000		N/A	N/A	GENERAL SUPPORT
ALLIED SERVICES FOUNDATION100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	23-2523682	501(C)(3)	7,500		N/A	N/A	SUPPORT, SPONSORSHIP, GOLF

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
ALPHA RELIEFPO BOX 63343 COLORADO SPRINGS,CO 809623343	84-1532991	501(C)(3)	60,000		N/A	N/A	GENERAL SUPPORT
AMER-HAITIAN BON ZAMI 11146 MORROW DRIVE ST ANN,MO 63074	43-1202008	501(C)(3)	7,000		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
AMERICAN FRIENDS OF PARENT'S CIRCLE301 EAST 57TH STREET 4TH FLOOR NEW YORK,NY 10022	95-4869142	501(C)(3)	5,000		N/A	N/A	PROGRAM SUPPORT
WYOMING VALLEY CHAPTER AMERICAN RED CROSS256 NORTH SHERMAN STREET WILKESBARRE,PA 18702	53-0196605	501(C)(3)	9,750		N/A	N/A	SUPPORT, COUNSELOR TRAINING, HAITI RELIEF, INFANT CPR, FIRST AID TRAINING, BABYSITTING CLASSES

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
ASSOCIATION FOR THE BLIND1825 WYOMING AVENUE EXETER,PA 18643	23-2660272	501(C)(3)	9,700		N/A	N/A	SUPPORT, CAMPAIGN, IN MEMORY OF
BACK MOUNTAIN RECREATION INCPO BOX 244 LEHMAN,PA 18627	23-2986991	501(C)(3)	120,000		N/A	N/A	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
BEAR CREEK CAMPPPO BOX 278 BEAR CREEK,PA 18602	23-1726320	501(C)(3)	15,000		N/A	N/A	SUPPORT
BETHANY CHRISTIAN SERVICES7827 OLD YORKE ROAD ELKINS PARK,PA 19027	38-1405282	501(C)(3)	20,000		N/A	N/A	ADOPTION RELIEF

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
BIBLE LEAGUE3801 EAGLE NEST DRIVE CRETE,IL 60417	36-2037761	501(C)(3)	11,000		N/A	N/A	HAITI RELIEF
CALVARY CHAPEL OF MELBOURNE2955 MINTON ROAD WEST MELBOURNE,FL 32904	20-2293653	501(C)(3)	360,000		N/A	N/A	SUPPORT, LAND PURCHASE

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
CALVARY COMMISSIONPO BOX 100 LINDALE,TX 75771	75-1566201	501(C)(3)	17,000		N/A	N/A	SUPPORT
CAMP ASTHMACADABRA 2300 ADAMS AVENUE SCRANTON,PA 18509	13-4331339	501(C)(3)	5,000		N/A	N/A	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
CAMP ORCHARD HILLRR 3 BOX 275 DALLAS, PA 18612	23-2265574	501(C)(3)	56,300		N/A	N/A	CAMPERSHIPS FOR DOWN SYNDROME CHILDREN, AUTISM SUMMER CAMP, SUPPORT
CARE NET109 CARPENTER DRIVE STERLING, VA 20164	54-1372036	501(C)(3)	50,000		N/A	N/A	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
CATHOLIC YOUTH CENTER OF WILKES-BARRE36 SOUTH WASHINGTON STREET WILKESBARRE,PA 18701	23-7227221	501(C)(3)	20,050		N/A	N/A	SUPPORT, CAMPAIGN
CELEBRATION CENTER FOR CONSCIENCE LIVING 5820 OBERLIN DRIVE 108 SAN DIEGO,CA 92121	52-2337798	501(C)(3)	315,000		N/A	N/A	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
CHESTERTON HOUSE604 EAST BUFFALO STREET ITHACA,NY 14850	16-1600224	501(C)(3)	15,000		N/A	N/A	SUPPORT
CHICAGO HOPE ACADEMY 2109 WEST BOWLER STREET CHICAGO,IL 60612	36-4244054	501(C)(3)	40,000		N/A	N/A	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
CHOICE MINISTRIESPO BOX 5 ROSWELL,NM 88202	74-2439414	501(C)(3)	180,000		N/A	N/A	SUPPORT
CHOP POINT SCHOOL420 CHOP POINT ROAD WOOLRICH,ME 04579	23-7027179	501(C)(3)	18,000		N/A	N/A	CAMP ALGERIA DIRECTOR PROGRAM

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
CHRISTIAN ALLIANCE FOR ORPHANS6723 WHITTIER AVENUE MCLEAN,VA 22101	26-1492375	501(C)(3)	8,000		N/A	N/A	SUPPORT
CHRISTIAN FAITH MINISTRIESPO BOX 50538 DENTON,TX 76206	23-7424817	501(C)(3)	20,000		N/A	N/A	THAILAND/MCCARTY MINISTRY

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
CITY OF HAZLETON40 NORTH CHURCH STREET HAZLETON,PA 18201	23-2308197	501(C)(3)	12,172		N/A	N/A	COMMUNITY IMPROVEMENTS
COMMONWEALTH MEDICAL COLLEGE150 NORTH WASHINGTON AVENUE SCRANTON,PA 18503	26-0812968	501(C)(3)	47,500		N/A	N/A	SCHOLARSHIPS, 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
CONO CHRISTIAN SCHOOL3269 QUASQUETON AVENUE WALKER,IA 52352	42-0956882	501(C)(3)	10,000		N/A	N/A	SUPPORT
CONVOY OF HOPE330 SOUTH PATTERSON SPRINGFIELD,MO 65802	68-0051386	501(C)(3)	200,000		N/A	N/A	HAITI FOOD WAREHOUSE

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
CROSS CREEK COMMUNITY CHURCH370 CARVERTON ROAD TRUCKSVILLE,PA 18708	23-3011345	501(C)(3)	8,000		N/A	N/A	MISSIONS, SUPPORT
DAVIS & ELKINS COLLEGE100 CAMPUS DRIVE ELKINS,WV 26241	55-0357021	501(C)(3)	22,000		N/A	N/A	ATHLETICS, CHAPEL, SCHOLARSHIPS

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
DAYSPRING INTERNATIONALPO BOX 3309 VIRGINIA BEACH,VA 23454	51-0237239	501(C)(3)	85,000		N/A	N/A	SUPPORT
DIAMOND CITY PARTNERSHIPPO BOX 5340 PUBLIC SQUARE WILKESBARRE,PA 18701	23-3094874	501(C)(3)	37,583		N/A	N/A	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
DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON,PA 18503	24-0798640	501(C)(3)	11,750		N/A	N/A	CATHOLIC EDUCATION, SCHOLARSHIPS
EPARCHY OF SAINT MARON 109 REMSEN STREET BROOKLYN,NY 11201	11-3233189	501(C)(3)	13,000		N/A	N/A	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
FM KIRBY CENTER71 PUBLIC SQUARE WILKESBARRE,PA 18701	22-2697004	501(C)(3)	13,500		N/A	N/A	SUPPORT
FAMILY ASSISTANCE PROJECT140 MAIN ST 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(C)(3)	60,035		N/A	N/A	ASSISTANCE FOR FAMILIES, TRAVEL & LODGING, FOOD

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
FAMILY HARVEST CHURCH FBO TOUCH MINISTRIES 18500 92ND AVENUE TINELY PARK,IL 604779511	36-3240676	501(C)(3)	50,000		N/A	N/A	EARTHQUAKE DISASTER RELIEF
FAMILY SERVICE ASSOCIATION31 WEST MARKET STREET WILKESBARRE,PA 18702	24-0795415	501(C)(3)	10,950		N/A	N/A	SUPPORT, CAMPAIGN, MILITARY CONFERENCE

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
FAR REACHING MINISTRIES PMB 137 40335 WINCHESTER ROAD SUITE E TEMECULA,CA 92591	33-0776828	501(C)(3)	70,000		N/A	N/A	SUPPORT
FIRST ASSEMBLY 424 STANTON STREET WILKESBARRE,PA 18702	23-2151009	501(C)(3)	8,000		N/A	N/A	MISSIONS, SUPPORT

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

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FISHHOOK INTERNATIONALPO BOX 910691 LEXINGTON,KY 40591	61-0620425	501(C)(3)	15,000		N/A	N/A	SUPPORT
FORGOTTEN VOICES INTERNATIONAL FOR ZIMBABWEPO BOX 1368 MECHANICSBURG,PA 17055	20-4002786	501(C)(3)	31,000		N/A	N/A	SUPPORT

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

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FOUNDATION FOR FREE ENTERPRISE EDUCATION 3076 WEST 12TH STREET ERIE,PA 16505	25-1394365	501(C)(3)	5,990		N/A	N/A	SUPPORT
FRACTURED ATLAS248 WEST 35TH ST RM 1202 NEW YORK,NY 100012510	11-3451703	501(C)(3)	7,500		N/A	N/A	FILM FOR THE FALLEN

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

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GEISINGER HEALTH SYSTEM FOUNDATION100 NORTH ACADEMY AVENUE DANVILLE,PA 17822	23-1995911	501(C)(3)	107,250		N/A	N/A	SUPPORT
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD 1445 NORTH BOONVILLE AVENUE SPRINGFIELD,MO 658021894	44-0577787	501(C)(3)	42,000		N/A	N/A	LIGHTHOUSE SCHOOL

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

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GOD'S WORLD PUBLICATIONS85 TUNNEL ROAD SUITE 12 ASHEVILLE,NC 28805	36-0538016	501(C)(3)	20,000		N/A	N/A	WORLD MOVERS
GREATER WILKES-BARRE CHAMBER OF COMMERCE2 PUBLIC SQUARE 2 WILKESBARRE, PA 187011998	24-0751080	501(C)(3)	6,300		N/A	N/A	SUPPORT

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

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GREATER WILKES-BARRE YMCA10 NORTH MAIN STREET PITTSTON,PA 18640	24-0796039	501(C)(3)	5,000		N/A	N/A	SUPPORT
HAZLETON AREA SCHOOL DISTRICT1515 WEST 23RD STREET HAZLETON,PA 182021647	23-2765498	501(C)(3)	80,000		N/A	N/A	CONSTRUCTION PROJECT

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

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HEAVEN'S FAMILYPO BOX 12854 PITTSBURGH,PA 15241	16-1739329	501(C)(3)	60,000		N/A	N/A	HAITI RELIEF
HIGH POINT BAPTIST CHURCH1919 MOUNTAIN ROAD LARKSVILLE,PA 18651	23-0806062	501(C)(3)	12,000		N/A	N/A	MISSIONS, SUPPORT

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

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HKQ SAFETY PROJECT600 THIRD AVENUE KINGSTON,PA 18704	23-2765498	501(C)(3)	10,638		N/A	N/A	KIDS SAFETY PROGRAM
HOYT LIBRARY284 WYOMING AVENUE KINGSTON,PA 18704	23-6392122	501(C)(3)	5,000		N/A	N/A	SUPPORT, TABLES, COMPUTERS

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

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JEWISH COMMUNITY CENTER60 SOUTH RIVER STREET WILKESBARRE,PA 18702	24-0795437	501(C)(3)	25,050		N/A	N/A	AUTISM CAMP, DAY CAMP, AUTISM MUSIC & DANCE
JOHN HEINZ INSTITUTE 150 MUNDY STREET SUITE 4 WILKESBARRE,PA 18411	23-2262852	501(C)(3)	10,000		N/A	N/A	SUPPORT

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

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KEYSTONE COLLEGEPO BOX 50 LAPLUME,PA 18440	24-0795441	501(C)(3)	11,000		N/A	N/A	LECTURE SERIES, SUPPORT
KIDS FOR THE KINGDOM PO BOX 85 GRATON,CA 95444	68-0421846	501(C)(3)	170,000		N/A	N/A	NICARAGUA, ELSALVADOR, ZIMBABWE, HIS RESTING PLACE

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

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KINGS COLLEGE133 NORTH RIVER STREET WILKESBARRE,PA 18711	24-0804602	501(C)(3)	32,446		N/A	N/A	SCHOLARSHIPS, CAMPAIGN, SUPPORT, YOUTH PROJECT
LEADERSHIP WILKES-BARRE4 PUBLIC SQUARE WILKESBARRE,PA 18701	23-2205981	501(C)(3)	8,205		N/A	N/A	SHARE FAIR, SPONSORSHIP, ETHICS LEADERSHIP, TEAMBUILDING, MOO-SEUM MAKEOVER

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

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LOVE BASKET INC10306 HIGHWAY 21 HILLSBORO,PA 63050	43-1259309	501(C)(3)	45,000		N/A	N/A	SUPPORT, ADOPTION ASSISTANCE
LOVE LINKINC7654 CYPRESS COURT FORT WORTH,TX 76116	75-2556797	501(C)(3)	80,000		N/A	N/A	SUPPORT

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

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LOXAFAMOSITY MINISTRIES INCPO BOX 9291 MOSCOW,ID 83843	52-2400448	501(C)(3)	30,000		N/A	N/A	SUPPORT
LUZERNE COUNTY COMMUNITY COLLEGE 1333 SOUTH PROSPECT STREET NANTICOKE,PA 186343899	22-2482796	501(C)(3)	21,745		N/A	N/A	SCHOLARSHIP, ANNUAL DINNER, EMERGENCY ASSISTANCE TRAINING FACILITY

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

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LUZERNE COUNTY HISTORICAL SOCIETY49 SOUTH FRANKLIN STREET WILKESBARRE,PA 18701	24-0811758	501(C)(3)	27,335		N/A	N/A	SUPPORT
MCADOO CATHOLIC ELEMENTARY SCHOOL35 NORTH CLEVELAND STREET MCADOO,PA 18237	23-2091672	501(C)(3)	5,000		N/A	N/A	SUPPORT

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

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MILES FOR MICHAEL ASSISTANCE PROJECT9 NORTH MAIN STREET PITTSTON, PA 18640	23-2765498	501(C)(3)	6,000		N/A	N/A	ASSISTANCE FOR FAMILIES
MISERICORDIA UNIVERSITY301 LAKE STREET DALLAS,PA 18612	24-0795406	501(C)(3)	49,825		N/A	N/A	SUPPORT, SCHOLARSHIP, ANNUAL FUND, EARLY INTERVENTION, ELDER ABUSE,

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

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MT GILEAD CAMPRD 8 BOX 8162 STROUDSBURG, PA 186309210	23-1673125	501(C)(3)	120,000		N/A	N/A	COMPLETION OF LLOYD'S
MT ST MARY'S UNIVERSITY 16300 OLD EMMITSBURG ROAD EMMITSBURG,MD 21727	52-0591672	501(C)(3)	1,000		N/A	N/A	SCHOLARSHIP

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

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MT ZION BAPTIST CHURCH 106 HILL STREET WILKESBARRE, PA 18702	23-2589907	501(C)(3)	9,000		N/A	N/A	MISSIONS, SUPPORT, SPONSORSHIP
NORHEASTERN PA PHILHARMONIC4101 BIRNEY AVENUE MOOSIC, PA 18507	23-1855655	501(C)(3)	15,630		N/A	N/A	SUPPORT , SCHOLARSHIP, CAMPAIGN

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

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NEPA VETERANS ALLIANCE216 N RIVER ST COURTHOUSE SQ TOWERS STE 210 WILKESBARRE,PA 18702	61-1578673	501(C)(3)	6,429		N/A	N/A	SUPPORT
NEW FOUND FAVOR MINISTRIES44 BARRISTER LANE PALM COAST,FL 32137	87-0786562	501(C)(3)	8,000		N/A	N/A	SUPPORT, BOOK PROJECT

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

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NEW MISSIONSPO BOX 2727 ORLANDO,FL 32802	23-7365066	501(C)(3)	50,000		N/A	N/A	HAITI EARTHQUAKE RELIEF
NORTH BRANCH LAND TRUST11 CARVERTON ROAD TRUCKSVILLE,PA 18612	23-7755642	501(C)(3)	13,700		N/A	N/A	SUPPORT

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

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NORTHEAST REGIONAL CANCER INSTITUTE63 NORTH FRANKLIN STREET WILKESBARRE, PA 187011319	94-1393427	501(C)(3)	8,200		N/A	N/A	SUPPORT
OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKESBARRE, PA 18702	24-0795971	501(C)(3)	10,465		N/A	N/A	SUPPORT

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PARTNERS INTERNATIONAL1117 EAST WESTVIEW CT SPOKANE, WA 992181319	94-1393427	501(C)(3)	100,000		N/A	N/A	GRANT
PENN STATE UNIVERSITY UNIVERSITY PARKING UNIVERSITY PARK, PA 16802	25-1554003	501(C)(3)	7,000		N/A	N/A	SCHOLARSHIP,SUPPORT

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

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POCONO COMMUNITY CHURCHPO BOX 817 MOUNT POCONO,PA 18344	45-0497822	501(C)(3)	5,000		N/A	N/A	DEBT REDUCTION
PROVIDING HOPE MINISTRIESPO BOX 2103 KINGSTON,PA 18704	23-2070710	501(C)(3)	15,000		N/A	N/A	SUPPORT

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REAL HOPE FOR HAITIPO BOX 23 ELWOOD,IN 46036	20-5603302	501(C)(3)	290,000		N/A	N/A	EARTHQUAKE DISASTER RELIEF
RESTAVEK FREEDOM FOUNDATION11160 KENWOOD ROAD CINCINNATI,OH 45227	20-8334578	501(C)(3)	90,000		N/A	N/A	SUPPORT

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RUTH'S PLACE425 NORTH PENNSYLVANIA AVENUE WILKESBARRE,PA 18411	26-3976334	501(C)(3)	22,000		N/A	N/A	SUPPORT
SALVATION ARMY17 SOUTH PENNSYLVANIA AVENUE WILKESBARRE,PA 18701	13-5562351	501(C)(3)	9,660		N/A	N/A	SUPPORT, MISSIONS

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

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SANIBEL SEA SCHOOL414 LAGOON DRIVE SANIBEL, FL 33957	20-3684133	501(C)(3)	100,000		N/A	N/A	BUILDING CAMPAIGN
SISTERS OF MERCY162 LAKE STREET DALLAS, PA 18612	24-0863396	501(C)(3)	7,000		N/A	N/A	SUPPORT

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SOUTH WILKES-BARRE LITTLE LEAGUEPO BOX 2189 WILKESBARRE,PA 18703	22-2501040	501(C)(3)	6,000		N/A	N/A	SUPPORT
SPRUCE HILL CHRISTIAN SCHOOL4115 BALTIMORE AVENUE PHILADELPHIA,PA 19104	23-2073123	501(C)(3)	130,000		N/A	N/A	SUPPORT

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STORM WARRIORS INTERNATIONAL15141 HUGH MCAULEY ROAD HUNTERSVILLE,NC 28078	27-0201059	501(C)(3)	20,000		N/A	N/A	SUPPORT
SUSQUEHANNA UNIVERSITY514 UNIVERSITY AVENUE SELINGROVE,PA 17870	23-1353385	501(C)(3)	10,000		N/A	N/A	SUPPORT

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THE JEAN CADET RESTAVEK FOUNDATION 11160 KENWOOD ROAD CINCINNATI,OH 45227	20-8334578	501(C)(3)	17,727		N/A	N/A	HAITI
THE JUVENILE LAW CENTER THE PHILADELPHIA BLDG 14TH FLOOR 1315 WALNUT ST PHILADELPHIA,PA 19107	23-1976386	501(C)(3)	31,500		N/A	N/A	SUPPORT

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THE KIBO GROUP604 SOUTH REDWOOD AVENUE BROKEN ARROW,OK 740124517	74-3097948	501(C)(3)	15,000		N/A	N/A	DESIGNATED FOR MANA
THE LANDS AT HILLSIDE FARMS65 HILLSIDE ROAD SHAVERTOWN,PA 18708	20-2975553	501(C)(3)	933,500		N/A	N/A	TABLES, GREENHOUSE PROJECT, HEAD START PROGRAM, GAS DRILLING AWARENESS COALITION

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

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THE PHARMACY FUND AT MED ONCOLOGY ASSOCIATES382 PIERCE STREET KINGSTON,PA 187045535	23-3092746	501(C)(3)	15,000		N/A	N/A	SUPPORT
THE VERITAS FORUM INC ONE BROADWAY14TH FLOOR CAMBRIDGE,MA 02142	31-1680953	501(C)(3)	120,000		N/A	N/A	SUPPORT

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TOUCH MINISTRIES INC 417 REBECCA STREET NEW MARTINSVILLE, WV 26155	30-0600735	501(C)(3)	40,000		N/A	N/A	SUPPORT
UNITARIAN UNIVERSALIST CONGREGATION OF WYOMING VALLEYPO BOX 2608 WILKESBARRE, PA 187032608	23-2664557	501(C)(3)	18,500		N/A	N/A	SUPPORT

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UNITED WAY OF WYOMING VALLEYWEST MARKET STREET WILKESBARRE,PA 18701	24-0831490	501(C)(3)	97,528		N/A	N/A	SUPPORT
UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	25,000		N/A	N/A	SUPPORT

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VALLEY WITH A HEART FAMILY ASSISTANCE PROJECT140 MAIN ST 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(C)(3)	13,607		N/A	N/A	SUPPORT
VASCULAR BIRTHMARK FOUNDATIONPO BOX 106 LATHAM,NY 12110	26-0852817	501(C)(3)	12,000		N/A	N/A	ANNUAL CONFERENCE

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

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VOLUNTEERS IN MEDICINE190 NORTH PENNSYLVANIA AVENUE WILKESBARRE,PA 18701	20-3531527	501(C)(3)	34,000		N/A	N/A	SUPPORT
WEST PITTSTON BOROUGH POOL ACCOUNT555 EXETER AVENUE WEST PITTSTON,PA 18643	23-2765498	501(C)(3)	11,000		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
WILKES-BARRE FAMILY YMCA40 WEST NORTHAMPTON STREET WILKESBARRE,PA 18701	24-0795638	501(C)(3)	11,000		N/A	N/A	SUPPORT,KIDS' CAMP, DOWN SYNDROME,SPONSORSHIP
WILKES-BARRE RIVERFRONT PARKS COMMITTEEPO BOX 2554 WILKESBARRE,PA 18703	23-2824928	501(C)(3)	16,120		N/A	N/A	RIVERFEST 2010

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WORLD IMPACT5141 COLDWATER CANYON AVENUE 1 SHERMAN OAKS,CA 90513	95-2681237	501(C)(3)	90,000		N/A	N/A	HARMONY HEART CAMP REPAIR & IMPROVEMENT
WORLD RELIEFPO BOX 868 BALTIMORE,MD 21203	23-6393344	501(C)(3)	150,000		N/A	N/A	SUPPORT, HAITI EARTHQUAKE RELIEF

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WYOMING SEMINARY201 NORTH SPRAGUE AVENUE KINGSTON,PA 18704	24-0795509	501(C)(3)	50,094		N/A	N/A	SUPPORT, RENOVATIONS, IMO
WYOMING VALLEY CHAPTER AMERICAN RED CROSS256 NORTH SHERMAN STREET WILKESBARRE,PA 18702	53-0196605	501(C)(3)	5,000		N/A	N/A	COUNSELOR TRAINING

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 CHILDREN'S ASSOCIATION71 NORTH FRANKLIN STREET WILKESBARRE,PA 18701	24-0795510	501(C)(3)	25,600		N/A	N/A	SUPPORT, SPONSORSHIP
WYOMING VALLEY RESCUE MISSIONPO BOX 470 SCRANTON,PA 18504	34-2042921	501(C)(3)	60,000		N/A	N/A	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
CONCERNED PARENTS OF THE HAZLETON AREA100 WEST BROAD STREET HAZLETON,PA 18201	26-3673971	501(C)(3)	7,550		N/A	N/A	SUPPORT

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	3	2,177,199	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 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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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
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
	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, HAVE READ AND UNDERSTANDS THE POLICY, HAVE 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 COPRORATION IS A CHARITABLE ORGANIZATION AND THAT TO MAINTAIN ITS TAX-EXEMPT STATUS IT MUST ENGAGE PRIMARLY 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.
	FORM 990, PART VI, SECTION B, LINE 15	ANNUAL REVIEWS ARE CONDUCTED ON THE PRESIDENT & CEO, EXECUTIVE ASSISTANT AND ADMINSTRATIVE SUPPORT STAFF. THE PRESIDENT & CEO, AND EXECUTIVE ASSISTANT WERE REVIEWED IN 2010. THE EXECUTIVE COMMITTEE SETS THE PRESIDENTS SALARY, THE PRESIDENT THEN SETS THE SUPPORT STAFF'S SALARY.
	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.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,146,869. DONATED SERVICES AND USE OF FACILITIES - 25,000. CHANGE IN VALUE OF REMAINDER TRUST 30,970. TOTAL TO FORM 990, PART XI, LINE 5 1,152,839.
	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.
REASON FOR AMENDED RETURN	FORM 990, PAGE 1 PART B	THE PURPOSE OF FILING THIS AMENDED RETURN IS 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 BY THE FOUNDATION BUT REQUESTED ANONYMITY.