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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>		<b>D Employer identification number</b>	
<b>B</b> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE LUZERNE FOUNDATION		<b>E Telephone number</b>
	Doing Business As		(570) 714-1570
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> 17,898,537
	140 MAIN STREET		
	City or town, state or country, and ZIP + 4 LUZERNE, PA 18709		
<b>F Name and address of principal officer</b> CHARLES M BARBER 140 MAIN STREET LUZERNE, PA 18709		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.LUZFDN.ORG			

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities RAISES CONTRIBUTIONS FROM THE COMMUNITY TO SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	24
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	3
	6 Total number of volunteers (estimate if necessary) . . . . .	6	32
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 13,318,257	Current Year 11,311,025
	9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	423,256	569,889
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-61,148	-10,679
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	13,680,365	11,870,235
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	6,178,783
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .		200,857	213,599
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 319,179			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		573,040	604,138
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .		6,952,680	12,363,471
19 Revenue less expenses Subtract line 18 from line 12 . . . . .		6,727,685	-493,236
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16) . . . . .	22,092,737	21,226,989
	21 Total liabilities (Part X, line 26) . . . . .	2,500,446	2,462,511
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	19,592,291	18,764,478

## Part II Signature Block

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

<b>Sign Here</b>	***** Signature of officer			2012-10-08 Date	
	CHARLES M BARBER, PRESIDENT & CEO Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	JULIUS GREEN, CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00350393
	Firm's name (or yours if self-employed), address, and ZIP + 4	PARENTEBEARD LLC 46 PUBLIC SQUARE SUITE 400 WILKESBARRE, PA 18701			EIN 23-2932984
					Phone no (570) 820-0100

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response 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?

Yes

☒

No

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

3

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

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 11,545,734 including grants of \$ 11,545,734 ) (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 \$ 11,545,734

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> 	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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> . . . . .		No
4	<b>Section 501(c)(3) organizations.</b> 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> . . . . .		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> . . . . .		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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> 		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> 		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> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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> 	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> 		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> 		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> 		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> 	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> 	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> 	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> 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .		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, Part II and IV.</i> . . . . .		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, Part III and IV.</i> . . . . .		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.</i> . . . . .		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> . . . . .	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> . . . . .		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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 or securities 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		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate 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 aggregate 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		
1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made 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 M 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 VICE CHAIRMAN	10	X		X				0	0	0
(3) DAYLENE T BURNSIDE DIRECTOR	10	X						0	0	0
(4) JOSEPH F BUTCHER DIRECTOR	10	X						0	0	0
(5) KATHI FLACK DIRECTOR	10	X						0	0	0
(6) KEVIN FOLEY DIRECTOR	10	X						0	0	0
(7) AUGUST F GENETTI JR DIRECTOR	10	X						0	0	0
(8) LOUIS F GOERINGER DIRECTOR	10	X						0	0	0
(9) SCOTT HENRY DIRECTOR	10	X						0	0	0
(10) THE HONRICHARD M HUGHES III DIRECTOR	10	X						0	0	0
(11) WILLIAM JOYCE DIRECTOR	10	X						0	0	0
(12) JOSEPH E KLUGER ESQ DIRECTOR	10	X						0	0	0
(13) DAVID LEE DIRECTOR	10	X						0	0	0
(14) MELANIE M LUMIA DIRECTOR	10	X						0	0	0
(15) GERTRUDE C MCGOWAN ESQ SECRETARY	10	X		X				0	0	0
(16) A EDWARD NORK DIRECTOR	10	X						0	0	0
(17) JOSEPH L PERSICO ESQ 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) ALEXANDER SLOOT DIRECTOR	10	X						0	0	0
(19) SENATOR JOHN T YUDICHAK DIRECTOR	10	X						0	0	0
(20) TERRENCE W CASEY DIRECTOR	10	X						0	0	0
(21) PHILIP G DECKER BOARD CHAIRMAN	10	X		X				0	0	0
(22) PETER J DANCHAK DIRECTOR	10	X						0	0	0
(23) MICHAEL D WEAVER DIRECTOR	10	X						0	0	0
(24) THOMAS L KENNEDY ESQ TREASURER	10	X		X				0	0	0
(25) CHARLES M BARBER PRESIDENT AND CEO	45 00			X				106,431	0	16,531
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								106,431	0	16,531

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization1

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		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> . . . . .		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> . . . . .		No

Section B. Independent Contractors

1

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

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

2

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

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	53,685			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,257,340			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .		11,311,025			
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) . . . . .		503,245		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .			66,644		66,644
8a		Gross income from fundraising events (not including \$ 53,685 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
b		Less direct expenses . . . . .	a	27,550			
c		Net income or (loss) from fundraising events . . .	b	38,229	-10,679		-10,679
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .					
b		Less cost of goods sold . . . . .					
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .			11,870,235	0	0	559,210

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,545,734	11,545,734		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	122,962		98,370	24,592
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	64,860		58,374	6,486
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	11,206		11,206	
10	Payroll taxes . . . . .	14,571		14,571	
11	Fees for services (non-employees)				
a	Management . . . . .	15,450		15,450	
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	190,776		190,776	
g	Other . . . . .	4,113		4,113	
12	Advertising and promotion . . . . .	28,544		28,544	
13	Office expenses . . . . .	24,401		24,401	
14	Information technology . . . . .	5,292		5,292	
15	Royalties . . . . .				
16	Occupancy . . . . .	4,705		4,705	
17	Travel . . . . .	1,016		1,016	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	12,338		12,338	
20	Interest . . . . .	49		49	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	8,522		8,522	
23	Insurance . . . . .	2,547		2,547	
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	288,101			288,101
b	AUTO EXPENSES	10,088		10,088	
c	MINOR EQUIPMENT	3,213		3,213	
d	DUES & SUBSCRIPTIONS	2,415		2,415	
e					
f	All other expenses	2,568		2,568	
25	Total functional expenses. Add lines 1 through 24f	12,363,471	11,545,734	498,558	319,179
26	Joint costs. Check here <input 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 . . . . .			2,796,158	2	2,127,511
	3	Pledges and grants receivable, net . . . . .			280,334	3	262,909
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	42,612			
	b	Less: accumulated depreciation . . . . .	10b	33,438	17,696	10c	9,174
	11	Investments—publicly traded securities . . . . .			18,998,449	11	18,827,295
	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) . . . . .			22,092,737	16	21,226,989	
Liabilities	17	Accounts payable and accrued expenses . . . . .			21,492	17	13,588
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			2,478,954	25	2,448,923
	26	Total liabilities. Add lines 17 through 25 . . . . .			2,500,446	26	2,462,511
	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 . . . . .			19,389,794	27	18,576,391
28		Temporarily restricted net assets . . . . .			202,497	28	188,087
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 . . . . .			19,592,291	33	18,764,478
34		Total liabilities and net assets/fund balances . . . . .			22,092,737	34	21,226,989

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,870,235
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,363,471
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-493,236
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	19,592,291
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-334,577
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	18,764,478

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	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		
<b>3a</b>	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>b</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

2011

Open to Public  
Inspection

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

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,690,433	6,637,682	7,514,474	13,318,257	11,311,025	43,471,871
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	4,690,433	6,637,682	7,514,474	13,318,257	11,311,025	43,471,871
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)						23,904,083
6 Public Support. Subtract line 5 from line 4						19,567,788

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,690,433	6,637,682	7,514,474	13,318,257	11,311,025	43,471,871
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	192,475	333,632	299,911	353,634	503,245	1,682,897
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets		713	100			813
11 Total support (Add lines 7 through 10)						45,155,581
12 Gross receipts from related activities, etc (See instructions )					12	84,813
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 2011 (line 6 column (f) divided by line 11 column (f))	14 43 330 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15 51 320 %
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

**Additional Data**

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

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
--------------------------------------

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

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	63	179
2 Aggregate contributions to (during year)	10,160,054	1,175,971
3 Aggregate grants from (during year)	10,124,795	1,428,464
4 Aggregate value at end of year	9,642,837	11,305,583

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

\$

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

☐ Yes ☐ No

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

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

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

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

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

\$

(ii) Assets included in Form 990, Part X

\$

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

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

\$

b Assets included in Form 990, Part X

\$

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 . . . . .	19,106,188	11,244,932	8,855,804	11,029,376	
b Contributions . . . . .	770,826	6,665,380	583,801	1,382,285	
c Investment earnings or losses . . . . .	53,620	1,775,504	2,346,563	-2,980,480	
d Grants or scholarships . . . . .	844,237	394,216	363,887	330,844	
e Other expenditures for facilities and programs . . . . .	60,000	67,418	85,000	132,335	
f Administrative expenses . . . . .	174,143	117,994	92,349	112,198	
g End of year balance . . . . .	18,852,254	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 ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

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 . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		9,349	7,340	2,009
d Equipment . . . . .		33,263	26,098	7,165
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				9,174



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)	11,870,235
2	Total expenses (Form 990, Part IX, column (A), line 25)	12,363,471
3	Excess or (deficit) for the year Subtract line 2 from line 1	-493,236
4	Net unrealized gains (losses) on investments	-320,167
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-14,410
9	Total adjustments (net) Add lines 4 - 8	-334,577
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-827,813

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	11,414,029
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .	2a -320,167
b	Donated services and use of facilities . . . . .	2b 25,000
c	Recoveries of prior year grants . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d -14,410
e	Add lines 2a through 2d . . . . .	2e -309,577
3	Subtract line 2e from line 1 . . . . .	3 11,723,606
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 146,629
c	Add lines 4a and 4b . . . . .	4c 146,629
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5 11,870,235

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	12,241,842
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 -146,629
e	Add lines 2a through 2d . . . . .	2e -121,629
3	Subtract line 2e from line 1 . . . . .	3 12,363,471
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 12,363,471

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	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 2011.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF REMAINDER TRUST -14,410
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF REMAINDER TRUST -14,410
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) 157,308 SPECIAL EVENTS EXPENSES -10,679
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) -157,308 SPECIAL EVENTS EXPENSES 10,679

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

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

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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 . . . .	28,685	52,550	81,235
	2	Less Charitable contributions . . . .	28,685	25,000	53,685
	3	Gross income (line 1 minus line 2) . . . .		27,550	27,550
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .	195	4,250	4,445
	6	Rent/facility costs . . . .		4,304	4,304
	7	Food and beverages . . . .	6,250	14,588	20,838
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	6,862	1,780	8,642
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LUZERNE FOUNDATION

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
23-2765498

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

2

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

3

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

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
AGAPE FOUNDATION PO BOX 424 BLOOMSBURG,PA 17815	61-1591692	501(C)(3)	80,000				BLOOMSBURG FLOOD RELIEF
ALL SAINTS CHURCH 17 NORTH CLEVELAND STREET MCADOO,PA 18237	26-3064945	501(C)(3)	6,000				SUPPORT
ALLIED SERVICES FOUNDATION100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT,PA 18411	23-2523682	501(C)(3)	98,000				PRESIDENT'S CIRCLE
ALPHA RELIEF2175 ACADEMY CIRCLE SUITE 101 COLORADO SPRINGS,CO 80909	84-1532991	501(C)(3)	50,000				BANQUET MATCHING CHALLENGE
AMERICAN RED CROSS OF GREATER HAZLETON165 SUSQUEHANNA BOULEVARD WEST HAZLETON,PA 18202	53-0196605	501(C)(3)	28,000				FLOOD 2011 RELIEF
AMERICAN RED CROSS-WYOMING VALLEY CHAPTER256 NORTH SHERMAN STREET WEST HAZLETON,PA 18201	24-0803079	501(C)(3)	178,200				GENERAL SUPPORT
ASIAN ACCESSLIFE MINISTRIES PO BOX 200 SAN DIMAS,CA 91773	95-6120630	501(C)(3)	40,000				JAPAN TSUNAMI RELIEF FUND
BACK MOUNTAIN HARVEST ASSEMBLY 340 CARVERTON ROAD TRUCKSVILLE,PA 18708	23-2794476	501(C)(3)	114,050				ROCK SOLID ACADEMY
BACK MOUNTAIN RECREATION INCPO BOX 2411 LEHMAN,PA 18627	23-2986991	501(C)(3)	100,000				SUPPORT- 3RD QUARTER DISTRIBUTION
BEAR CREEK VOLUNTEER HOSE COMPANYPO BOX 156 BEAR CREEK,PA 18602	23-6295911	501(C)(3)	40,000				NEW EQUIPMENT
BETHANY CHRISTIAN SERVICES7627 OLD YORK ROAD ELKINS PARK,PA 19027	31-1196722	501(C)(3)	40,000				ADOPTION ASSISTANCE
BIBLE LEAGUE INTERNATIONALPO BOX 28000 CHICAGO,IL 60628	36-2037761	501(C)(3)	148,000				HAITIAN PRINTING PROJECT
BLANCHARD CHURCH OF CHRISTPO BOX 388 1220 NORTH MADISON BLANCHARD,OK 73010	24-0858493	501(C)(3)	18,000				HAITI ORPHANAGE
BLOOMSBURG CHRISTIAN CHURCH 107 DEUSSEN DRIVE BLOOMSBURG,PA 17815	23-2155852	501(C)(3)	22,500				FLOOD RELIEF EFFORTS
BOB TEBOW EVANGELISTIC ASSOCIATION8834-F GOODBYS EXECUTIVE DRIVE JACKSONVILLE,FL 32217	59-2613612	501(C)(3)	50,000				PROGRAM SUPPORT
CALVARY CHAPEL OF MELBORNE2955 MINTON ROAD WEST MELBOURNE,FL 32904	59-3163220	501(C)(3)	580,000				CC BUILDING FUND
CALVARY COMMISSIONPO BOX 100 LINDALE,TX 75771	75-1566201	501(C)(3)	40,000				WHERE MOST NEEDED
CAMP ASTHMACADABRAPO BOX 1536 WILKESBARRE,PA 18703	25-1825116	501(C)(3)	7,000				CAMP ASTHMACADABRA
CAMP ORCHARD HILL RR 3 BOX 275 DALLAS,PA 18612	23-2265574	501(C)(3)	12,180				PROGRAM SUPPORT
CAMPUS CRUSADE FOR CHRIST100 LAKE HART DRIVE ORLANDO,FL 32832	95-6006173	501(C)(3)	5,000				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
CARE NET321 MAIN STREET C NEWPORT NEWS, VA 23601	54-1382723	501(C)(3)	50,000				SUPPORT
CASTLE AUDITORIUM FUND140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(C)(3)	147,000				PAYMENT #3
CATHOLIC SOCIAL SERVICES33 EAST NORTHAMPTON STREET WILKESBARRE, PA 18701	24-0818341	501(C)(3)	10,500				LUZ CTY FLOOD & DISASTER RELIEF EFFORTS
CATHOLIC YOUTH CENTER OF WILKES-BARRE36 SOUTH WASHINGTON STREET WILKESBARRE, PA 18701	23-7227221	501(C)(3)	24,850				ANNUAL CAMPAIGN
CCAI311 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002	54-2035617	501(C)(3)	7,000				PROGRAM SUPPORT
CELEBRATION CENTER FOR CONSCIENCE LIVING 5820 OBERLIN DRIVE SUITE 108 SAN DIEGO, CA 92121	52-2337798	501(C)(3)	375,254				PROGRAM SUPPORT
CHESTERTON HOUSE PO BOX 6878 ITHACA,NY 14851	16-1600224	501(C)(3)	40,000				LOGOS FUND GRANT
CHRISTIAN FELLOWSHIP CENTER 3662 COUNTY ROUTE 14 MADRID,NY 13660	11-3411138	501(C)(3)	20,000				GENERAL SUPPORT
COMMISSION ON ECONOMIC OPPORTUNITYPO BOX 1127 WILKESBARRE, PA 18702	23-1693093	501(C)(3)	13,520				DINNERS FOR KIDS PROGRAM
COMMONWEALTH MEDICAL COLLEGE 150 NORTH WASHINGTON AVENUE NO SCRANTON,PA 18503	26-0812968	501(C)(3)	50,000				FALL 2011
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD,MO 65802	68-0051386	501(C)(3)	220,000				PROGRAM SUPPORT
CORI'S PLACE495 WYOMING STREET HANOVER TWP,PA 18706	01-0666441	501(C)(3)	102,600				EQUIPMENT PURCHASE
CRISTA MINISTRIES 19303 FREMONT AVENUE N SEATTLE,WA 98133	91-6012289	501(C)(3)	40,000				DESIGNATED FOR THE CHRISTIAN VETERINARY MISSION-HAITI VEHICLE
CROSS CREEK COMMUNITY CHURCH 370 CARVERTOWN ROAD TRUCKSVILLE,PA 18708	23-3011345	501(C)(3)	14,000				GENERAL SUPPORT
CURE INTERNATIONAL701 BOSLER AVENUE LEMOYNE,PA 17043	58-2248383	501(C)(3)	100,000				MATCHING GRANT
DANITA'S CHILDREN PO BOX 864311 ORLANDO,FL 32886	59-3735653	501(C)(3)	36,000				LOGOS FUND GRANT
DIAMOND CITY PARTNERSHIPPO BOX 5340 WILKESBARRE, PA 18701	23-3094874	501(C)(3)	111,461				PROGRAM SUPPORT
DIOCESE OF SCRANTON300 WYOMING AVENUE SCRANTON,PA 18503	24-0798640	501(C)(3)	10,950				PROGRAM SUPPORT
DISASTER ACCOUNTABILITY PROJECTC/O CULI 35 ELIZABETH STREET ROOM K-202 HARTFORD,CT 06105	26-1270154	501(C)(3)	30,000				PROGRAM SUPPORT
ECHO17391 DURRANCE ROAD N FORT MYERS,FL 33917	23-7275283	501(C)(3)	40,000				\$25,000 HAITI RECOVERY, \$15,000 WHERE MOST NEEDED

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

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EPIPHANY FELLOWSHIP1755 NORTH 13TH STREET LOWER LEVEL BOX 167 PHILADELPHIA, PA 19122	20-2422341	501(C)(3)	20,000				GENERAL SUPPORT
EVANGELICAL FREE CHURCH45 HILDEBRANDT ROAD DALLAS, PA 18612	23-2198790	501(C)(3)	22,000				GENERAL SUPPORT
FM KIRBY CENTER71 PUBLIC SQUARE WILKESBARRE, PA 18612	22-2697004	501(C)(3)	69,900				PROGRAM SUPPORT
FAMILY ASSISTANCE PROJECT140 MAIN STREET 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	20,545				FAMILY ASSISTANCE PROJECT
FAMILY SERVICE ASSOCIATION OF WYOMING VALLEY31 WEST MARKET STREET WILKESBARRE, PA 18701	24-0795415	501(C)(3)	31,206				PROGRAM SUPPORT
FAR REACHING MINISTRIESPMB 137 40335 WINCHESTER ROAD SUITE E TEMECULA, CA 92591	33-0776828	501(C)(3)	60,000				MINISTRIES AND MISSIONS IN SUDAN
FIRST ASSEMBLY424 STANTON STREET WILKESBARRE, PA 18702	23-2151009	501(C)(3)	14,000				GENERAL SUPPORT
FISHHOOK INTERNATIONALPO BOX 910691 LEXINGTON, KY 40591	61-0620425	501(C)(3)	90,000				SAMUELS FAMILY MINISTRY-INDIA
FOOD FOR THE HUNGRY1224 EAST WASHINGTON STREET PHOENIX,AZ 85034	95-2680390	501(C)(3)	18,000				FH STABLE LIVELIHOODS FOR VULNERABLE FAMILIES IN NICARAGUA
FORGOTTEN VOICES INTERNATIONALPO BOX 1368 MECHANICSBURG, PA 17055	20-4002786	501(C)(3)	40,000				ZIMBABWE
FRONT STEP INC1707 SHELMIRE AVENUE PHILADELPHIA, PA 19111	23-3058183	501(C)(3)	30,000				WISH LIST ITEMS
FRONTIERSPO BOX 60730 PHOENIX,AZ 85082	95-3731505	501(C)(3)	15,000				MATCHING GIFT
GENERATEHOPE INC 4025 CAMINO DEL RIO SOUTH SUITE 300 300 SAN DIEGO, CA 92108	26-3405689	501(C)(3)	40,000				GENERAL SUPPORT-WHERE MOST NEEDED
GLOBAL ACTION7660 GODDARD STREET 220 COLORADO SPRINGS, CO 80920	84-1471157	501(C)(3)	30,000				GLOMOS
GOD'S WORLD PUBLICATIONSPO BOX 20002 ASHEVILLE,NC 28802	56-0538016	501(C)(3)	48,000				WORLD-COMPASSION AWARDS
GRACE EPISCOPAL CHURCH30 BUTLER STREET KINGSTON,PA 18704	24-0816493	501(C)(3)	9,250				CHRISTMAS GALA SUPPORT
GREATER WILKES BARRE FLOOD RECOVERY140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(C)(3)	30,000				FLOOD RECOVERY
GREATER WILKES-BARRE ASSOCIATION FOR THE BLIND1825 WYOMING AVENUE EXETER,PA 18643	23-2660272	501(C)(3)	19,550				COMBATING AGE-RELATED SIGHT LOSS
GREATER WILKES-BARRE CHAMBER OF COMMERCE2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710	24-0751080	501(C)(3)	6,000				PROGRAM SUPPORT
GROVE PRESBYTERIAN CHURCH330-332 BLOOM STREET DANVILLE,PA 17821	24-6025543	501(C)(3)	22,000				LUZ CTY FLOOD & DISASTER RELIEF EFFORTS

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HAITIAN & CARIBBEAN FOUND FOR ED& DEVC/O ENOCH GUSTAVE 10 EAST 87TH STREET NEW YORK, NY 10128	13-3683673	501(C)(3)	70,000				MINISTRY NEEDS IN HAITI
HAVEN OF PEACE EL RANCHO DE PAZ 2857 MONTROSE TURNPIKE OWEGO, NY 13827	16-6072780	501(C)(3)	20,000				RIDING PROGRAM AND CAMPER SCHOLARSHIPS
HAZLETON AREA SCHOOL DISTRICT 1515 WEST 23RD STREET HAZLETON, PA 18202	25-6689385	501(C)(3)	6,500				PROJECT SUPPORT
HEAVEN'S FAMILY PO BOX 12854 PITTSBURGH, PA 15241	16-1739329	501(C)(3)	17,000				DISASTER RELIEF
HIGH POINT BAPTIST CHURCH 1919 MOUNTAIN ROAD LARKSVILLE, PA 18651	24-0806062	501(C)(3)	34,000				BENEVOLENCE FUND/ASSISTANCE FOR FLOOD VICTIMS
HIS RESTING PLACE MATERNITY HOME1067 EXETER AVENUE EXETER, PA 18643	26-4448789	501(C)(3)	18,000				SUPPORT
HOUSE OF HIS CREATION91 NEWPORT PIKE SUITE 203 GAP, PA 17524	23-1910987	501(C)(3)	20,000				COMPUTERS
HUNTS FOR THE HEALING INC140 MAIN STREET 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	15,000				PROGRAM SUPPORT
HUNTSVILLE CHRISTIAN CHURCH1160 CHURCH ROAD DALLAS, PA 18612	23-1651177	501(C)(3)	6,000				GENERAL SUPPORT
ICMOVEMENT2059 EAST HAGERT STREET PHILADELPHIA, PA 19125	14-1966666	501(C)(3)	80,000				SUPPORT
INODPO BOX 536456 ORLANDO, FL 32853	13-4321652	501(C)(3)	22,500				CHURCH TO CHURCH RESOURCE STRATEGY
JESUITS OF THE MISSOURI PROVINCE4511 WEST PINE SAINT LOUIS, MO 63108	43-0416129	501(C)(3)	10,000				ST PETER CLAVER VOLUNTEER PROGRAMS/ KUHNERT FAMILY PROJECT
JEWISH COMMUNITY CENTER60 SOUTH RIVER STREET WILKESBARRE, PA 18702	24-0795437	501(C)(3)	14,600				AUTISM CAMP PROGRAM- HARVEY'S LAKE LOCATION
JEWISH FEDERATION OF GREATER WILKES-BARRE60 SOUTH RIVER STREET WILKESBARRE, PA 18702	24-0796936	501(C)(3)	8,600				PROGRAM SUPPORT
JOHN HOPKINS UNIVERSITY1101 E 33RD STREET STE C202 BALTIMORE, MD 21218	52-2090682	501(C)(3)	7,500				DESIGNATED RESEARCH
KEYSTONE COLLEGE & REGINA OSIFONE COLLEGE GREEN PO BOX 50 LA PLUME, PA 18440	24-0795451	501(C)(3)	16,000				2010-2011 RECIPIENT PAYMENT 2 OF 2
KIDS FOR THE KINGDOMPO BOX 852 GRATON, CA 95444	68-0421846	501(C)(3)	155,000				PAKISTAN RELIEF
KING'S COLLEGE AND CASEY WASLASKY133 NORTH RIVER STREET WILKESBARRE, PA 18711	24-0804602	501(C)(3)	20,197				2011-2012 RECIPIENT PAYMENT 1 OF 2
KORE FOUNDATION 695 NASHVILLE PIKE 101 GALLATIN, TN 37066	26-3196544	501(C)(3)	500,000				LOGOS FUND GRANT
LEBANESE AMERICAN UNIVERSITY475 RIVERSIDE DRIVE SUITE 1846 NEW YORK, NY 10115	98-6001269	501(C)(3)	10,000				ALBERT G ALBERT LIBRARY FUND

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LIFE CHURCH1401 EAST CEDAR STREET ALLENTOWN,PA 18109	22-3110904	501(C)(3)	270,000				CAMP RESTORATION IN POCONO PINES
LIFECHOICES MEDICAL CLINIC & RES CENTER531 EAST 7TH STREET JOPLIN,MO 64801	43-1518912	501(C)(3)	40,000				TORNADO RELIEF EFFORTS
LOVE A CHILD INC PO BOX 1972 MERRITT ISLAND,FL 32952	29-2672303	501(C)(3)	190,000				GENERAL SUPPORT
LOVE BASKET INC 10306 BUSINESS 21 HILLSBORO,MO 63050	43-1259309	501(C)(3)	10,000				GENERAL SUPPORT
LOXAFAMOSITY MINISTRIES INCPO BOX 2256 LOVES PARK,IL 61111	52-2400448	501(C)(3)	20,000				GENERAL SUPPORT
LUZERNE COUNTY HISTORICAL SOCIETY49 SOUTH FRANKLIN STREET WILKESBARRE,PA 18702	24-0811758	501(C)(3)	27,891				GENERAL SUPPORT
MACKINAC ISLAND BIBLE CHURCH6688 MAIN STREET MACKINAC ISLAND, MI 49757	38-3288196	501(C)(3)	60,000				DESIGNATED FOR PARSONAGE MORTGAGE
MANA NUTRITIVE AID344 WEST JOHN STREET MATTHEWS,NC 28105	27-0165743	501(C)(3)	5,000				RUTF IN RWANDA
MCADOO CATHOLIC ELEMENTARY SCHOOL35 NORTH CLEVELAND STREET MCADOO,PA 18237	23-2091672	501(C)(3)	5,000				PROGRAM SUPPORT
MILES FOR MICHAEL TRAVEL ASSISTANCE PROJECT140 MAIN STREET 2ND FLOOR LUZERNE,PA 18709	23-2765498	501(C)(3)	9,750				TRAVEL ASSISTANCE PROJECT
MISERICORDIA UNIVERSITY & KAYLA RAWLS301 LAKE STREET DALLAS,PA 18612	24-0795406	501(C)(3)	113,264				SPRING 2011 - PAYMENT 2 OF 2
MISSION OF HOPE C/O LYNX AIR PO BOX 407139 FT LAUDERDALE,FL 33340	13-4207776	501(C)(3)	460,000				HAITI NORTH CAMPUS
MISSION ST LOUIS 4366 MANCHESTER AVENUE ST LOUIS,MO 63110	20-8983607	501(C)(3)	20,000				JOBS FOR LIFE PROGRAM
MONADNOCK BIBLE CONFERENCE257 DUBLIN ROAD JAFFREY,NH 03452	02-0268537	501(C)(3)	180,000				ORPHANAGE BUILDING PROJECT IN HAITI
MSNY414 WEST 51ST STREET LOWER LEVEL NEW YORK,NY 10019	20-0490140	501(C)(3)	20,000				FREEDOM CHURCH PHILADELPHIA GIFT
MT GILEAD CAMP 13485 GREEN VALLEY RD SEBASTOPOL,CA 95472	23-1673125	501(C)(3)	20,000				DINING HALL AND ROOF
MT ZION BAPTIST CHURCH106 HILL STREET WILKESBARRE,PA 18702	23-2589907	501(C)(3)	14,000				GENERAL SUPPORT
NATIONAL CHRISTIAN FOUNDATION11625 RAINWATER DRIVE SUITE 500 ALPHARETTA,GA 30009	58-1493949	501(C)(3)	80,000				LOGOS FUND GRANT
NATIONAL TRANSPLANT ASSISTANCE FUND 150 RADNOR CHESTER ROAD SUITE F-120 F-120 RADNOR,PA 19087	52-1322317	501(C)(3)	10,000				IN HONOR OF KAICI LOVE-GAVIN
NEPA PHILHARMONIC 4101 BIRNEY AVENUE MOOSIC,PA 18507	23-1855655	501(C)(3)	14,720				SUPPORT- BE INSTRUMENTAL CAMPAIGN



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NEPA VETERANS MULTICARE ALLIANCE31 WEST MARKET STREET WILKESBARRE, PA 18701	61-1578673	501(C)(3)	8,114				PROGRAM SUPPORT
NORTHEASTERN PENNSYLVANIA COUNCIL BSA1 BOB MELLOW DRIVE MOOSIC, PA 18507	23-2602695	501(C)(3)	5,250				SPONSOR
NORTHMORELAND TWP FIRE COMPANY 305 SCHOOLHOUSE ROAD TUNKHANNOCK, PA 18657	23-2204025	501(C)(3)	5,000				GENERAL SUPPORT
NVIC407 CHURCH STREET SUITE H VIENNA, VA 22180	54-1951769	501(C)(3)	10,000				LOGOS FUND GRANT
OSTERHOUT FREE LIBRARY71 SOUTH FRANKLIN STREET WILKESBARRE, PA 18701	24-0795971	501(C)(3)	32,400				WINDOWS PROJECT
PARKER HILL COMMUNITY CHURCH933 SCRANTON CARBONDALE HIGHWAY SCRANTON, PA 18508	23-2601749	501(C)(3)	64,000				GENERAL SUPPORT
PASAPO BOX 419 MILLHEIM, PA 16824	25-1685497	501(C)(3)	40,000				GENERAL SUPPORT
PENN STATE UNIVERSITY201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	5,750				SCHOALRSHIPS
POCONO COMMUNITY CHURCHPO BOX 817 MOUNT POCONO, PA 18344	23-2765498	501(C)(3)	148,000				UNSTOPPABLE CAMPAIGN, MISSIONS, MORTGAGE REDUCTION
PROJECT HOPEFUL NFPC/O CAROLYN T TWIETMEYER PO BOX 350 350 PLAINFIELD, IL 60544	26-1349669	501(C)(3)	10,000				ADOPTION ASSISTANCE
PROVIDING HOPE MINISTRIESPO BOX 2103 KINGSTON, PA 18704	23-2070710	501(C)(3)	50,000				LUZERNE COUNTY CORRECTION FACILITIES
RESTAVEK FREEDOM FOUNDATION11160 KENWOOD ROAD CINCINNATI, OH 45242	20-8334578	501(C)(3)	960,000				HAITIAN COMMUNITY CENTER
RIVERFRONT PARKS COMMITTEE182 NORTH FRANKLIN STREET WILKESBARRE, PA 18701	23-2829283	501(C)(3)	8,000				PROGRAM SUPPORT
SAINTS PRISON MINISTRYPO BOX 681 MOORESTOWN, NJ 08057	22-2907709	501(C)(3)	15,000				LOGOS FUND GRANT
SALVATION ARMY OF WYOMING VALLEY17 SOUTH PENNSYLVANIA AVENUE WILKESBARRE, PA 18701	13-5562351	501(C)(3)	41,300				FLOOD RELIEF
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	60,000				JAPAN DISASTER RELIEF
SANIBEL -CAPTIVA CONSERVATION FOUNDATION3333 SANIBEL-CAPTIVA ROAD SANIBEL, FL 33957	59-1205087	501(C)(3)	100,000				GENERAL SUPPORT
SERVLIFE INTERNATIONALPO BOX 20596 INDIANAPOLIS, IN 46220	76-0363452	501(C)(3)	80,000				SUPPORT
SHAOHANNAH'S HOPEPO BOX 647 FRANKLIN, TN 37064	32-0011220	501(C)(3)	81,500				MISSIONARY SUPPORT
STORM WARRIORS INTERNATIONAL27 LINDEN LANE CAMDEN, ME 04843	27-0201059	501(C)(3)	110,000				SNOOPERS PROJECT

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SUSQUEHANNA UNIVERSITY& LAUREN GAVINSKY 514 UNIVERSITY AVENUE SELINGSGROVE, PA 17870	23-1353385	501(C)(3)	30,500				PAYMENT 1 OF 2
TEEN CHALLENGE PO BOX 1015 SPRINGFIELD, MO 65801	43-1353323	501(C)(3)	15,000				SUPPORT
TEMPLE UNIVERSITY & RONALD WOLFGANG OTT1801 NORTH BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	5,125				PAYMENT 3 OF 4 L STUDENT ID 4231065873
THE ARC OF LUZERNE COUNTY 16-18 WEST LINDEN STREET WILKESBARRE, PA 18702	23-1634316	501(C)(3)	30,453				PROGRAM SUPPORT
THE CHALMERS CENTERCOVENANT COLLEGE 14049 SCENIC HIGHWAY LOOKOUT MOUNTAIN, GA 30750	27-2341083	501(C)(3)	240,000				DESIGNATED FOR THE IDA AND ASSET PROPOSALS
THE EXPLORATIONS IN ANTIQUITY CENTERPO BOX 3900 LAGRANGE, GA 30241	20-3514441	501(C)(3)	50,000				TOWARDS MATCHING GIFT
THE LANDS AT HILLSIDE FARMS65 HILLSIDE ROAD SHAVERTOWN, PA 18708	20-2975553	501(C)(3)	1,170,000				PAVING AND LANDSCAPING PROJECT
THE VERITAS FORUM INCONE BROADWAY 14TH FLOOR CAMBRIDGE, MA 02138	20-5616941	501(C)(3)	70,000				PROGRAM SUPPORT
THE WIDOW'S FRIENDPO BOX 103 FORESTDALE, MA 02644	22-2565287	501(C)(3)	15,000				VEHICLE FUND
TOUCH MINISTRIES INCC/O SHAROL J STINE 417 REBECCA ST NEW MARTINSVILLE, WV 26155	30-0600735	501(C)(3)	340,000				SUPPORT FOR HAITI
UNITED CHARITIES 107 MADISON AVENUE WEST HAZLETON, PA 18202	24-0795493	501(C)(3)	6,000				FAMILY ASSISTANCE PROJECTS
UNITED WAY OF WYOMING COUNTY 1119 WARREN STREET PO BOX 399 TUNKHANNOCK, PA 18657	23-1702298	501(C)(3)	5,000				SUPPORT
UNITED WAY OF WYOMING VALLEY8 WEST MARKET STREET SUITE 450 WILKESBARRE, PA 18711	24-0831490	501(C)(3)	38,650				GENERAL SUPPORT
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	26,000				JAMES E AND CONSTANCE BELL PT FUND GRANT
UNIVERSITY OF SCRANTON & ROBERT GADOMSKI 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)	6,750				2011-2012 RECIPIENT PAYMENT 1 OF 2
URBAN PROMISEPO BOX 1479 CAMDEN, NJ 08105	02-0650756	501(C)(3)	80,000				PROGRAM SUPPORT
VALLEY WITH A HEART ASSISTANCE PROJECT140 MAIN STREET 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	23,265				FAMILY ASSISTANCE PROJECT
VASCULAR BIRTHMARK FOUNDATIONPO BOX 106 LATHAM, NY 12110	16-1515227	501(C)(3)	29,000				PROGRAM SUPPORT
VOLUNTEERS IN MEDICINE190 NORTH PENNA AVENUE WILKESBARRE, PA 18702	20-3531527	501(C)(3)	85,500				DENTAL CLINIC
VOLUNTEERS OF AMERICA25 NORTH RIVER STREET WILKESBARRE, PA 18702	23-1932916	501(C)(3)	14,000				LUZ CTY FLOOD & DISASTER RELIEF EFFORTS

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WATER MISSIONS INTERNATIONALPO BOX 31258 CHARLESTON, SC 29417	57-1116978	501(C)(3)	40,000				LOGOS FUND GRANT
WESTERN INDIAN MINISTRIESPO BOX 9090 WINDOW ROCK, AZ 86515	85-6007207	501(C)(3)	60,000				GENERAL SUPPORT
WILKES UNIVERSITY & TYLER BAUMAN84 WEST SOUTH STREET WILKESBARRE, PA 18766	24-0795506	501(C)(3)	22,800				SCHOLARSHIP PAYMENT
WILKES-BARRE FAMILY YMCA40 WEST NORTHAMPTON STREET WILKESBARRE, PA 18701	24-0795638	501(C)(3)	20,025				ANNUAL FUND SUPPORT
WILKES-BARRE RACING INCPO BOX 2487 WILKESBARRE, PA 18702	80-0584127	501(C)(3)	60,000				PROGRAM SUPPORT
WILKES-BARRE ROTARY CHARITIES C/O OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKESBARRE, PA 18701	23-3030483	501(C)(3)	5,500				SUPPORT
WORLD IMPACT2001 SOUTH VERMONT AVENUE LOS ANGELES, CA 90007	95-2681237	501(C)(3)	85,000				HARMONY HEART CAMP CHALLENGE 2012
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	321,069				SUPPORT
WYOMING VALLEY CHILDREN'S ASSOCIATION1133 WYOMING AVENUE FORTY FORT, PA 18704	24-0795510	501(C)(3)	5,250				MUSIC MATTERS
WYOMING VALLEY RESCUE MISSIONPO BOX 470 SCRANTON, PA 18501	34-2042921	501(C)(3)	61,500				DROP-IN CENTER

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
THE LUZERNE FOUNDATION

Employer identification number  
23-2765498

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
THE LUZERNE FOUNDATION

Employer identification number  
23-2765498

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	7	380,358	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? . . . . .

31 If "Yes," describe the arrangement in Part II

32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

33a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

33b 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

Yes

No

No

Yes

Yes

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

Cat No 51227J

Schedule M (Form 990) 2011

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
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	AMOUNT OF CONTRIBUTORS REPRESENTS NUMBER OF INDIVIDUALS OR ORGANIZATIONS THAT CONTRIBUTED NON-CASH PROPERTY DURING THE 2011 YEAR
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION USES INVESTMENT MANAGERS TO SELL THE PUBLICLY TRADED SECURITIES THAT ARE DONATED TO THE FOUNDATION



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

2011

Open to Public Inspection

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION 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-DELAGATED 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 CORPORATION 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 AND IS DOCUMENTED IN THE BOARD MEETING MINUTES.
	FORM 990, PART VI, SECTION B, LINE 15	ANNUAL REVIEWS ARE CONDUCTED BY THE PRESIDENT & CEO, DIRECTOR OF OPERATIONS AND ADMINSTRATIVE SUPPORT STAFF. THE PRESIDENT & CEO, AND THE DIRECTOR OF OPERATIONS WERE REVIEWED IN 2011. AS A MATTER OF PRACTICE, THE FOUNDATION'S EXECUTIVE COMMITTEE SETS THE PRESIDENT'S SALARY AND BENEFITS, THE PRESIDENT AND CEO THEN SET THE SUPPORT STAFF'S SALARY AND BENEFITS. IN ADVANCE OF THE PRESIDENT AND CEO REVIEW, THE EXECUTIVE COMMITTEE RECEIVES A COMPREHENSIVE CEO REVIEW FORM THAT SURVEYS SEVEN KEY AREAS OF PERFORMANCE: BOARD RELATIONS, STAFF PLANNING AND OVERSIGHT, PUBLIC RELATIONS AND FOUNDATION DEVELOPMENT, GRANTS MANAGEMENT, FISCAL MANAGEMENT, PERSONAL CHARACTERISTICS AND INSTITUTIONAL VISION. EACH EXECUTIVE COMMITTEE MEMBER RATES THE CANDIDATE ON A SCALE OF CONSISTENTLY EXCELLENT TO BELOW EXPECTATIONS, AND IS ENCOURAGED TO PROVIDE ADDITIONAL FEEDBACK IN THE COMMENTS SECTION OF THE REVIEW FORM. IN ADDITION, GENERAL OBSERVATION QUESTIONS ARE POSED TO SOLICIT FEEDBACK AND PROPOSED NEW IDEAS FOR THE FUTURE. THE INFORMATION OBTAINED ON THE FORMS IS COMPILED AND DISCUSSED AMONG THE EXECUTIVE COMMITTEE MEMBERS. ONCE A COLLECTIVE DECISION IS REACHED BY THE EXECUTIVE COMMITTEE, THE CHAIRMAN OF THE EXECUTIVE COMMITTEE REPORTS AND DISCUSSED THE OUTCOME WITH THE PRESIDENT AND CEO TO ASSIST IN THE DETERMINATION OF THE CEO COMPENSATION PACKAGE. ADDITIONAL MATERIALS AND HANDOUTS ARE PROVIDED THROUGH THE COUNCIL ON FOUNDATION, (A RESOURCE FOR COMMUNITY FOUNDATIONS AND PHILANTHROPIC ENTITIES).
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, 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 LOSSES ON INVESTMENTS -320,167. CHANGE IN VALUE OF REMAINDER TRUST -14,410. TOTAL TO FORM 990, PART XI, LINE 5 -334,577.
	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.