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Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A 1</u>	or the	2012 calendar year, or tax year beginning and e	enaing		
В	Check if applicable	C Name of organization		D Employer identific	ation number
ŧ		NORTHEASTERN PENNSYLVANIA HEALTH CARE			
	Address change	FOUNDATION			
	Name change	Doing Business As		27-55	501471
F	Initial return		Room/suite	E Telephone number	
F	Termin-	,	200	•	288-6464
-	.—lated ⊟Amende		300		396,917.
늗	Ireturn □∏Applica			G Gross receipts \$	
	tiốn trốn pending			H(a) Is this a group re	
		F Name and address of principal officer JAMES CLEMENTE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	
		mpt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a l	ist (see instructions)
		E ► N/A - NONE		H(c) Group exemption	<del></del>
<u>K </u>	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2011 M	State of legal domicile: PA
P	art I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities SUPPO	RTING	HEALTH CAR	E NEEDS OF
Activities & Governance	1	THE POOR AND UNDERPRIVILEGED RESIDENTS OF			
ä	-	Check this box   If the organization discontinued its operations or dispose		,	
ě	1	lumber of voting members of the governing body (Part VI, line 1a)	00 01 111010	1 1	13
Ĝ				3	13
۰۵		lumber of independent voting members of the governing body (Part VI, line 1b)		4	
ēs	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
₹	1	otal number of volunteers (estimate if necessary)		6	0
덫	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	1 d	let unrelated business taxable income from Form 990-T, ine 34		7b	0.
				Prior Year	Current Year
d)	8	Contributions and grants (Part VIII, line 1h)	. [	0.	34,270.
Revenue	9 F	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)  RECEIVED		0.	0.
	10			7,077.	362,647.
	10 1			0.	0.
	11 (	Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 17e)	<del> </del>		
_	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		7,077.	396,917.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines (3)		121,537.	266,625.
	14 E	Benefits paid to or for members (Part IX, column (A) line 21		0.	0.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	ь	otal fundraising expenses (Part IX, column (D), line 25)	0.		
Ü	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		84,771.	95,985.
	I .	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		206,308.	362,610.
	1	Revenue less expenses Subtract line 18 from line 12		<199,231.	
20.0	3		Red	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)		14,880,933.	15,205,588.
SS	20				
et /	21	otal liabilities (Part X, line 26)	-	0.	0.
-	22 1	Net assets or fund balances. Subtract line 21 from line 20		14,880,933.	15,205,588.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules		·	knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	_,
				6/21	//3
Sig	n	Signature of officer		Date /	•
He	- 1	JAMES CLEMENTE, CHAIR/DIRECTOR			
		Type or print name and title			<del></del>
			CPA [	ate Check	PTIN
Pai		DAVID P. RUDIS, CPA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6/25/13 self-employer	P01201089
				Firm's EIN	23-2535812
	· –		·	LIIIII 2 EIN	<u> 43-4333014</u>
use	Only			D	70 200 6464
_		KINGSTON, PA 18704		Phone no. 5	70-288-6464
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	001 12-10	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2012)

orm	n 990 (2012) FOUNDATION 27-5501471	Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	$\mathbf{x}$
1	Briefly describe the organization's mission:	
•	SUPPORTING HEALTH CARE NEEDS OF THE POOR AND UNDERPRIVILEGED RESIDE	NITTO
	OF NORTHEAST PENNSYLVANIA; MEDICAL EDUCATION; MEDICAL RESEARCH; AND	
	SUCH OTHER ACTIVITIES THAT PROMOTE THE DELIVER OF HEALTH CARE	_
	SERVICES(INCLUDING BEHAVIORAL, DENTAL, AND OPHTHALMOLOGICAL HEALTH	
2	Did the organization undertake any significant program services during the year which were not listed on	
_		X No
		27 140
	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?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	;
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	revenue, if any, for each program service reported.	41.0
		<del></del>
4a	(Code) (Expenses \$50,000 . including grants of \$50,000 . ) (Revenue \$	)
	GRANT TO: FRIENDSHIP HOUSE, A 501 (C) (3) ORGANIZATION	
		<del></del>
4b	(Code) (Expenses \$ 50,000 • including grants of \$ 50,000 • ) (Revenue \$	)
	GRANT TO: WYOMING VALLEY ALCOHOL AND DRUG SERVICES, A 501 (C) (3)	
	ORGANIZATION.	
	ONGERT LONG	
4c	(Code) (Expenses \$41,625. including grants of \$41,625. ) (Revenue \$	
	DIRECT ASSISTANCE TO INDIVIDUALS IN NEED AND IN ACCORDANCE WITH THE	′
	RESTRICTED FUND PURPOSE.	
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 125,000 • including grants of \$ 125,000 •) (Revenue \$ )	
4e	Total program service expenses ► 266,625.	

Form **990** (2012)

Form 990 (2012) FOUNDATION

Part IV Checklist of Required Schedules

			Yes	No
	to the assessment of the explored in posture 501(a)(2) or 4047(a)(1) (athors there a project of suppletion)?		165	NO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	- T	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			-25
10		40		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u> X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			<u>X</u> _
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		У
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> X</u>
18		40		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ــــــــــــــــــــــــــــــــــــــ		v
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		0045
		Form	ロゴリ	2012)

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FOUNDATION Form 990 (2012) FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25 .	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)		ĺ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		Ì	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		•	
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		<u>;</u>	
	Schedule N, Part II .	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34_		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	000	<u> </u>

27-5501471

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ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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  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)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  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: ►  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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," do line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).		Check if Schedule O contains a response to any question in this Part V					
be Enter the number of Forms W2G included in line 1a, Enter 0-f not applicable  Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize venners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  bill at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to effect (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  4c 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 outinty (such as a bank account, sendents, or a signature or other authority over, a financial account in a foreign outinty (such as a bank account, sendents and continued and a such account sendents of the organization share and a supplication in Societies of the organization form TD F9022 1, Report of Foreign Bank and Financial Accounts,  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or a a party to a prohibited tax shefter transaction any contributions have armusing press receipts that are normally greater than \$100,000, and did the organization solicit any contributions have armusing press receipts that are normally greater than \$100,000, and did the organization solicit any contributions have were not tax eductible 8.  5c Did the organization shart may receive deductible contributions on dearest extendition and party for goods and services provided to the payor.  5c Did the organization shart may receive deductible contributions under section 170(c).  5c Did the organization shart may receive deductible organization and p						Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by the return  2 Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by the return  3 Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by the return  3 Inter the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Inter the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Inter the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Inter the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Inter the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Inter the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Inter the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  4 If Yes, 1s and 1s	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
Gambing) wrnings to prize winners?  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  If led for the calendar year ending with or within the year covered by this return  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 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1a and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1a and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1a and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1a and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to return a sum of the sum of th	þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		ŀ	
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.   2a	C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
thed for the calendary year ending with or within the year covered by this return  If all least one is reported on line 2a, dit the organization file all required federal employment tax inclures?  Note. If the sum of kines 1s and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If 1'Yes, has it filed a Form 950-T for this year? If 1'No, 'prowde an explaination in Schedule O  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; a foreign country (see has a bank account, securities account, or other financial accountry?  4a X Yes, 'rester the name of the foreign country. Possion is a bank account, securities account, or other financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party nority the organization that if was or is a party to a prohibited tax shelter transaction?  6c 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 edicutables as charitable contributions?  6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edicutables as charitable contributions or grits were not tax deductables?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductables?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization receive a symmeth in excess of \$5\times may be a contribution of organization that a contribution of organization in the section \$20\times 100 organization that are sec		(gambling) winnings to prize winners?	,		1c		
b If a 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)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibitor any contributions that were not tax deductible as charitable contributions?  6c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  6d If Yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible contributions under section 170(c).  6d Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor?  7d Did the organization receive a contribution of the solicities of the form 8282?  6d If Yes, "indicate the number of Forms 8282 fied during the year.  6 Did the organization received a contribution of qualified intellectual property, did the organization file	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0		l	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," there the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90/22 1, Paport of Foreign Bank and Financial Accounts.  S Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization foreign annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions?  5b If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  8d If "Yes," indicate the number of Forms 8282 filed during the year  9 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 bid the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  7b Sponsoring organizations in aminishing donor advised funds and section 909(18) supporting organizations. bid the supporting organizations in distribution of qualified intellectual property, did the organization file a Form 1098 C?  7c Sponsoring organization meaks and strabulation to a donor, donor advised funds.  9 bid the organi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?		2b		
b If "Yes," has filted a Form 990-T for this year? If "No.", provide an explanation in Schedule O  A flany 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; level has a bank account, securities account, or other financial accountly  See instructions for filing requirements for form TD F 90-22 1, Peport of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22 1, Peport of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22 1, Peport of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22 1, Peport of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22 1, Peport of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22 1, Peport of Foreign Bank and Financial Accounts.  See instructions for the requirements for Form TD F 90-22 1, Peport of Foreign Bank and Financial Accounts.  See instructions for the requirement that it was not a party to a prohibited tax shelter transaction?  See instructions for the requirements for Form 8886-T?  See Does the organization have annual gross receipts that are normally greater than \$100,00, and did the organization solict any contributions and express statement that such contributions or gifts were not tax deductible?  See If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  To grain it is experiment in excess of \$75 make party as a contribution and party for goods and services provided to the payor?  To bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the ferom 8822?  To bill the organization sell, exchange, or otherwise dispose of tangible personal benefit contract?  If the organization receiv		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country. ▶  5a Was the organization of the foreign country. ▶  5a Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year?  5b Da any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X If "Yes," to ine Sa or 5b, of the organization fell Form 8888-7?  5c 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 as charitable contributions?  5c If "Yes," to ine Sa or 5b, of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a bild the organization shall may receive deductible contributions under section 170(c).  a bild the organization shall may receive deductible contributions under section 170(c).  b If "Yes," of the organization notify the donor of the value of the goods or sexuroes provided?  c Did the organization serve any under the excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5d If "Yes," include the number of Forms 8282 filed during the year  6d If the organization received a contribution of qualified intellectual property for which it was required  6d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  5generation or served a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-07  5generation organization make any taxable distribution to a donor, donor advised funds.  a Did the organization	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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?  5b DC any staxble party notify the organization that it was or as party to a prohibited tax shelter transaction?  5b DX any staxble party notify the organization that it was or as a party to a prohibited tax shelter transaction?  5c I "Yes," to line 5a or 5b, did the organization file Form 8886-17  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 as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 Of the organization receive application of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07.  8 Sponsoring organizations maintaining donor advised funds.  9 Did the organization file a Form 1098-07.  8 Sponsoring organizations maintaining donor advised funds.  9 Did the organization make any taxoble distribution of cars, botas, arphanes, or other vehicles, did the organization file a Form 1098-07.  7 The sponsoring organizations maintaining donor advised funds.  9 Did the organization make any taxoble distributions under section 4968?  9 Sponsoring organizations maintaining donor advised funds.  10a Did the organization file and promition of the account of the se	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
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?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c 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 as charitable contributions?  6a X You if Yes, of did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If Yes, of did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If Yes, of did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  8c 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?  7c 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?  7b If Yes, did the organization neceive of the value of the goods or services provided?  7c Did the organization receive and provide with every services of tangible personal property for which it was required to the Form 8282?  7c If Yes, did the organization neceive and contribution of qualified intellectual property, did the organization file form 8989 as required?  7d If the organization of the maintaining doner advised funds.  8 Sponsoring organizations maintaining doner advised funds and section \$90(a) supporting organization file a Form 1098 C	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
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?  5b JC any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b JC Yes, to line 5a or 5b, did the organization file Form 8886-T7  6b Does the organization bear annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c JC Yes, did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible.  6c JC Organizations that may receive deductible contributions under section 170(c).  6c JC With erganization receive a deductible contributions under section 170(c).  6c JC With erganization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6c JC With erganization receive deductible contributions under section 170(c).  6c JC With erganization include with every solicitation and party for goods and services provided to the payor?  7c JC With erganization receive deductible contributions under section 170(c).  8c JC With the organization include the increase of \$75 made party as a contribution and party for goods and services provided to the payor?  7d JC With the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  8c JC With the organization received an contribution of qualified intellectual property, did the organization file of Form 1098 or equivalent to the form 8289 as required?  9c JC With the organization received a contribution of qualified intellectual property, did the organization file of Form 1098 C?  9c Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organ		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17?  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 as charable contributions?  6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  b If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of organization for granizations in similarining donor advised funds and section 509(a)(3) supporting organizations from 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations from the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations from the section 4966?  b Did the organization make a distribution sunder section 4966?  b Cost the organization make a distribution of under section 4966?  b Cost the organization make a distribution sunder section 4966?  b Cross receipts, included on Form 990, Part VIII, line 12  c Cross income from oth	b	If "Yes," enter the name of the foreign country: ▶					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts.			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
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 as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  To Did the organization notify the donor of the value of the goods or services provided?  On the organization notify the donor of the value of the goods or services provided?  To Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization received a contribution of cars, bosts, ariphanes, or other vehicles, did the organization file a Form 1098-07  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advised, or related person?  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advised, or related person?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under sectio	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
b if "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  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?  7 Despired to file form 8282?  d if "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Despired to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organizations file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 49667  b Did the organization make a distribution to advised funds.  a Did the organization make any taxable distributions under section 49667  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  if "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a Section 501(c)(2) qualified nonprofit health insurance issuers.  is the organization or received from them)  12a Section 501(c)(2) qualified nonprofit health insurance issuers.  is the organization or received to maintain by the states in which the organization is censed to ssue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  be their the amount of reserves on hand  the first of the organization	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  D dit he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Code the organization make any taxable distributions under section 4966?  b Code the organization make any taxable distributions under section 4966?  b Code the organization make any taxable distributions under section 4966?  b Code the organization make any taxable distributions under section 4966?  b Code the organization make any taxable distributions under section 4966?  b Code the organization flee and the property of the any time of the any	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
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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? 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c	7	Organizations that may receive deductible contributions under section 170(c).					
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to file Form 8282?  d if 'Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organizations make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter.  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  the organization receive any payments for indoor tanning services during the axyear?  14a X  b if 'Yes,' has it filed a Form 720 to report these payments? If 'No, ' provide an explanation in Schedule O	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 78 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization members or shareholders 10 Did Section 501(c)(12) organizations. Enter: 10 Did Section 501(c)(12) organizations. Enter: 11 Did Section 501(c)(12) organizations. Enter: 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13 Note. See the instructions for additional information the organization must report on Schedule O 15 Enter the amount of reserves the organiz	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
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Form 990 (2012)

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

	Check if Schedule O contains a response to any question in this Part VI			LXJ					
Sec	tion 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 13								
	If there are material differences in voting rights among members of the governing body, or if the governing	1		ŀ					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 13	]							
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		X					
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		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X_					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	a 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		X					
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
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		X					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			İ					
	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	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a		12a		X					
b		12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent			ļ					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			٠,,					
_	The organization's CEO, Executive Director, or top management official	15a		X					
b		15b		X					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
IDA	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v					
	taxable entity during the year?	16a		X					
D	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	166							
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>					
	List the states with which a copy of this Form 990 is required to be filed ▶PA								
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le e						
18	for public inspection. Indicate how you made these available. Check all that apply.	avallab							
	Own website Another's website X Upon request Other (explain in Schedule O)								
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial						
19	statements available to the public during the tax year		. J.u.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•						
20	MATTHEW HAGGERTY, SECRETARY/TREASURER/DIRECTOR - 570-288-6464								
	C/O: 316 PENN AVENUE, SUITE 200, SCRANTON, PA 18503								

FOUNDATION

27-5501471

Form 990 (2012) 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 Enter 0 in columns (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons. Y Check this box if pather the examination per any related examination componented any examination

X Check this box if neither the organization r	or any related	orga	anıza	ation	CO	mpe	nsat	ed any current officer, of	director, or trustee	· · · · · · · · · · · · · · · · · · ·
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		ገ e than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	$\vdash$	Cer ar	io a o	recu	Orztrus	100)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	50	eg Eg					organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	Itrus		9	튵		(VV-2/1099-WIIGC)		organization and related
	below	duat	智		를 (	2 8 S	_			organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>			organizations
(1) JAMES CLEMENTE	2.00									
CHAIR / DIRECTOR		X		X	<u> </u>	<u> </u>		0.	0.	0.
(2) ROBERT KNOWLES, JR	2.00							_		
VICE-CHAIR / DIRECTOR		X		X	_	<u> </u>		0.	0.	0.
(3) MATTHEW HAGGERTY	2.00									
SECRETARY/TREASURER/DIRECT	ļ <u></u>	X	_	X	<u> </u>			0.	0.	0.
(4) MARY JANE K DIMATTIO, PHD	1.00							_		
DIRECTOR	1 2 2	X	_					0.	0.	0.
(5) CHRISTOPHER J. DRESSEL JR, MD	1.00							_	_	
DIRECTOR		X				<del> </del>		0.	0.	0.
(6) JEREMIAH W EAGEN, MD	1.00								_	_
DIRECTOR	1 22	X			ļ	ļ		0.	0.	0.
(7) MARK T. MITCHELL	1.00							_	•	
DIRECTOR		X			<u> </u>	<del> </del>		0.	0.	0.
(8) HON. TERRENCE R. NEALON	1.00							_	_	
DIRECTOR		Х			<u> </u>			0.	0.	0.
(9) HENRY J. SALLUSTI	1.00				ŀ				_	
DIRECTOR	1	X				_		0.	0.	0.
(10) NATALIE G. SOLFANELLI	1.00								_	_
DIRECTOR	1 - 00	X				ļ		0.	0.	0.
(11) JAMES MILESKI	1.00									_
DIRECTOR	1 00	X				-		0.	0.	0.
(12) KERRY ARMILLAY	1.00									
DIRECTOR	1 00	X		<u> </u>		├		0.	0.	0.
(13) MICHELLE M. MCGOWAN	1.00							0		•
DIRECTOR	ļ	X				-		0.	0.	0.
		1				1				
· · · · · · · · · · · · · · · · · · ·						<del>                                     </del>			· · ·	
	-	L								
						<u> </u>				
						<u></u>	لــــا			<del></del>

Page 8

Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A)	(B)			((	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable			tımate	
		hours per week	box	, unle	ss pe	rson I	ıs bot	h an	compensation	compensatio			ount (	of
		(list any	-					155,	from the	from related			other	tion
		hours for	director						organization	organization (W-2/1099-MIS			pensa om the	
		related	5	stee			sate	İ	(W-2/1099-MISC)	(***-271033-14110	,0,		anızatı	
		organizations	Individual trustee	Institutional trustee		yee	m me		(11 2 1000 111100)			_	d relati	
		below	d da	tution	<sub>15</sub>	Key employee	est co	   <u>=</u>				orga	nızatı	ons
		line)	ģ	Instr	Officer	Key	Highest compensated employee	퉏						
														_
			]											
													_	
										,				
				L	L	L	L	L						
										, ,				
							<u> </u>							
					ļ									
								1						
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	L_	<u> </u>	<u>L</u>		L							
1b	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)	·					<u> </u>		0.		0.			0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	,000 of reportabl	е			_
	compensation from the organization											1		. 0
													Yes	No
3	Did the organization list any former officer			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			ļ	
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s									the organization				
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or	•						elat	ed organization or indivi	idual for services		_	ŀ	37
	rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	ucn	pers	son					5		X
	etion B. Independent Contractors								that resoured more than	£100 000 of som		ation f		
1	Complete this table for your five highest countries organization. Report compensation for										ihaus	auon T	Offi	
		the calendar y	eai	enui	iig v	VILII	OI W	ıtıııı		year.		10	•	
	(A) Name and busines:	s address	NI	INC	F			1	( <b>B)</b> Description of s	services	С	(C ompe		า
			TA	OTAI				$\dashv$		-		•		
								İ						
		<del></del>							•					-
								ļ						
-														
2	Total number of independent contractors		not li	mıte	d to		_	sted	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization 🕨				(	0			]			200	

Form 990 (2012) FOUNDATION 27-5501471 Page 9
Part VIII Statement of Revenue

_		Check if Schedule O cont	ains a response	to any question in		· ·-·-		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
iran Oun		Membership dues	1b					
S E		Fundraising events	1c					
# Z		Related organizations	1d					
S,E		Government grants (contribut	<u> </u>					
ig is		All other contributions, gifts, gran						
but		similar amounts not included abo	1 1	34,270.				
ÖĒ	a	Noncash contributions included in lines						
a Co	_	Total. Add lines 1a-1f		<b></b>	34,270.			
	· ·			Business Code				
g	2 a							<u> </u>
اھ جَ	b							
S Ž	С							
e a								,
g C	е							,
۾ ا		All other program service reve	enue				•	
				<b></b>				
	3	Investment income (including	dıvıdends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	310,012.	310,012.		
	4	Income from investment of ta	x-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		▶ [				
		•	(ı) Real	(ii) Personal				
	6 a	Gross rents		}				
	b	Less rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		<b></b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	52,635.					
	b	Less cost or other basis						1
	_	and sales expenses	0.					
	С	Gain or (loss)	52,635.					
		Net gain or (loss)	•	<b>•</b>	52,635.	52,635.		
		Gross income from fundraisin	g events (not			-		
Ž		ıncludıng \$	-					
eve		contributions reported on line						
Œ		Part IV, line 18	a					
the	ь	Less: direct expenses	b					
0		Net income or (loss) from fund	-	<b>•</b>				ì
		Gross income from gaming a	_		-			
		Part IV, line 19	а					
	ь	Less direct expenses	b					
		Net income or (loss) from gan	ning activities	<b>•</b>				
		Gross sales of inventory, less						
		and allowances	а					
b Le c Ne 10 a Gr an b Le c Ne	b	Less cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	<b>•</b>				
		Miscellaneous Revenu		Business Code				
	<del></del>							
				1				
Part I b Less:  c Renta d Net re 7 a Gross and s a Gain d Net g 8 a Gross include contr Part I b Less:  c Reta d Net re 7 a Gross and s c Gain d Net g 8 a Gross include contr Part I b Less:  c Net ir 9 a Gross and a b Less c Net ir 10 a Gross and a Gro								
	All other revenue							
	Total. Add lines 11a-11d		<b>•</b>					
	_	Total revenue. See instructions.		▶ [	396,917.	362,647.	0	0.

Form 990 (2012) FOUNDATION
Part IX Statement of Functional Expenses Form 990 (2012)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon-		s Part IX	<u> </u>	. (0)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	225,000.	225,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	41,625.	41,625.		<u>-</u>
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees)				
а	Management	3,457.		3,457.	
b	Legal .	7,312.		7,312.	
С	Accounting	3,000.		3,000.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	75,207.		75,207.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,756.		2,756.	
13	Office expenses .	71.		71.	
14	information technology	3,163.		3,163.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100.		100.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	919.		919.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
þ					
С					
d					
е	All other expenses	260 610	066 605	05 005	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	362,610.	266,625.	95,985.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				
	Uneck nere T 1 I if following SOP 98-2 (ASC 958-720) 1			1	

90 (2012)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X	·		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing	143,780.	1	65,994.
	2	Savings and temporary cash investments	<u>14,</u> 737,153.	2_	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4_	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		1	
"		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	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			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities .		11	15,139,594.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	<del></del>
	15	Other assets See Part IV, line 11	4	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,880,933.	16	15,205,588.
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ei.		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		O.E.	
	26	Total liabilities. Add lines 17 through 25	0.	25 26	0.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and		20	<u>U</u> •
w		complete lines 27 through 29, and lines 33 and 34.		i	
ဥ	27	Unrestricted net assets	13,728,884.	27	14,061,288.
alar	28	Temporarily restricted net assets	1,152,049.	28	1,144,300.
ě	29	Permanently restricted net assets	1/132/015.	29	1,144,500.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
F		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	14,880,933.	33	15,205,588.
	34	Total liabilities and net assets/fund balances	14,880,933.	34	15,205,588.

NORTHEASTERN PENNSYLVANIA HEALTH CARE 27-5501471 Page 12 Form 990 (2012) FOUNDATION Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 396,917. Total revenue (must equal Part VIII, column (A), line 12) 1 2 362,610. Total expenses (must equal Part IX, column (A), line 25) 2 34,307. Revenue less expenses. Subtract line 2 from line 1 3 3 14,880,933. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 290,348. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 7 Investment expenses Prior period adjustments 8 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 15,205,588. 10 column (B))

- 4	t XIII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	-	Yes	No
			res	NO
1	Accounting method used to prepare the Form 990: X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	_2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both	- 1		
	Separate basis Consolidated basis Both consolidated and separate basis	1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
-	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	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?	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	or addits, explain why in our reduce o and describe any stops taken to didengo such addits		990	(2010

#### SCHEDULE A (Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Name of the organization NORTHEAS

NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION

Employer identification number 27 – 5501471

Part I	Reason 1	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	ructions.				
he organ	nization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox)	•				
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospit	tal service organization o	described	in ection	170(b)(1)	(A)(iii).					
4 🗔	A medical res	earch organization of	perated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital'	s name,	
	city, and state	e.										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	nental un	t describ	oed in		
		(b)(1)(A)(iv). (Comple	-	•	•	•	•					
6 🗆			ent or governmental unit	t described	d in sectio	n 170(b)(	1)(A)(v).					
7 👿		_	eives a substantial part					r from the	neneral	nublic descr	rihed in	
	=	b)(1)(A)(vi). (Comple		o. No cupp		901011111			gonora	public door.		
8 🔲	-		ection 170(b)(1)(A)(vi).	(Complete	Part II \							
9 🗔	•		eives: (1) more than 33			rom contr	histione m	ambarahi	n food o	and arose ros	nounto fra	
9	-		nctions - subject to certa							-		
		•	•	•	•	•			• •	•		
			axable income (less sect	uonsiita	x) iroin bu	SII 182262 6	acquired b	y trie orga	unzalion	anter June S	0, 1975.	
—		509(a)(2). (Complete			a andahi. C	` <b>-</b>	- 500(+)(4					
10	•	•	perated exclusively to te	-	•			-			<b>.</b>	
11 🗀	_	-	perated exclusively for the						-	•		
	•	• •	itions described in section				2). See sec	tion 509(	a)(3). On	eck the box	tnat	
			organization and comple					. — -				
	a Type I		•	ype III - Fu	_	=				n-functionally		ited
e		-	t the organization is not									
		=	han one or more publicly						9(a)(1) or	section 509	(a)(2)	
f	-		ten determination from t	the IRS tha	atitisa Ty	pe I, Type	II, or Type	<del>)</del>			г	
		rganization, check th									L	
g	-		rganization accepted ar			•		•		ı	·	
		<del>-</del>	rectly controls, either al	one or tog	ether with	persons o	lescribed i	n (ii) and (	iii) below	′,	Yes N	No.
	•		upported organization?						•	11g(i)	<del></del>	
	• • • • •	•	n described in (i) above?						•	11g(ii)	<del></del>	
	. ,	•	person described in (i) of	• •					•	11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
		ı ·		<u></u>				<del></del>		<del></del>		
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	P /	rganization		u notify the	(vi) is organizati	on in col.	(vii) Amount	of monet	ary
org	janization		(described on lines 1-9 above or IRC section	in col. (i) lis	document?		ion in col. r support?	(i) organiz U.S	ed in the	supt	ort	
			(see instructions))		·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
				Yes	No	Yes	No	Yes	No			
					[ 			ŀ				
				<del></del>	ļ				1		<del></del>	
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Γotal		l		1	1	1	I	I	1	I		

Schedule A (Form 990 or 990-EZ) 2012 FOUNDATION 27-5501471 Page 2

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

	(Complete only if you checke fails to qualify under the tests			-	on failed to qualify i	under Part III. If the	organization
<del></del>	ction A. Public Support	- IIsted Delow, piec	ase complete r art	111.)			<del></del>
	<del></del>	1 1 2000		T	1 1 2011	4 3 2040	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")					24 270	24 270
_	•		<del></del>		-	34,270.	34,270.
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3							
	furnished by a governmental unit to						
	the organization without charge					34,270.	34,270.
4	Total. Add lines 1 through 3					34,270.	34,270.
5	The portion of total contributions			•			
	by each person (other than a						
	governmental unit or publicly		1				
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	•			-			24 270
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>		<u></u>			34,270.
		(a) 2008	<b>(b)</b> 2009	(a) 2010	(d) 2011	(2) 2012	(f) Total
	Indar year (or fiscal year beginning in)  Amounts from line 4	(a) 2006	(6) 2009	(c) 2010	(0) 2011	(e) 2012 34,270.	34,270.
	Gross income from interest,				·	34,270.	34,210.
0	dividends, payments received on						
	· · ·						
	securities loans, rents, royalties and income from similar sources				7,077.	310 012	317,089.
	Net income from unrelated business		<del> </del>	· · · · · · · · · · · · · · · · · · ·	7,077	310,012.	311,009.
9	activities, whether or not the						
	business is regularly carried on						
40	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10						351,359.
	Gross receipts from related activities.	etc (see instructi	one)		<u> </u>	12	331,333.
	First five years. If the Form 990 is fo	•	•	rd fourth or fifth i	ay year as a sectio		
10	organization, check this box and stop		3 m3t, 3000ma, tm	ad, rodran, or man	lax year as a sectio	11 30 1(0)(0)	ightharpoonup
Se	ction C. Computation of Publ		rcentage			<del></del>	
	Public support percentage for 2012 (			column (fl)		14	9.75 %
	Public support percentage from 2011	•	-	• • • • • • • • • • • • • • • • • • • •		15	%
	a 33 1/3% support test - 2012. If the			on line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies					,	▶□
ŀ	33 1/3% support test - 2011. If the		-		d line 15 is 33 1/3%	or more, check th	us box
•	and stop here. The organization qual	-			= := 3 <b>+3</b> /.	, -/,	▶□
17:	10% -facts-and-circumstances tes				ne 13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
•	more, and if the organization meets t						
	organization meets the "facts-and-cire						ightharpoons

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

## Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II )

Sec	ction A. Public Support	now, picase com	piete i ait ii j			<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and				1-7		
	membership fees received. (Do not			1			
	include any "unusual grants.")						
2	Gross receipts from admissions,		i			† · · · · · · · · · · · · · · · · · · ·	
-	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the			1			
_	organization's tax-exempt purpose	<del></del>			· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			j			
	iness under section 513	<del></del> -				<del> </del>	
4	Tax revenues levied for the organ-						
	ization'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					<u> </u>	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support					····	-
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						<del> </del>
	dividends, payments received on	i					
	securities loans, rents, royalties and income from similar sources						
ł	Unrelated business taxable income						
Ī	(less section 511 taxes) from businesses	l				1	
	acquired after June 30, 1975	1					
	c Add lines 10a and 10b				* · · · · · · · · · · · · · · · · · · ·		
	Net income from unrelated business				<b></b>		
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain			<del> </del>	<del> </del>	<del> </del>	
	or loss from the sale of capital						
40	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)			-1.5	<u> </u>	504(-)(0)	•
14	First five years. If the Form 990 is for	the organization's	s tirst, second, thi	ra, τουπη, or τιπη τ	ax year as a section	on 501(c)(3) organiz	ation,
<u></u>	check this box and stop here ction C. Computation of Publi	o Support Po	rcontage	•			<u> </u>
				nolumn (fl)		45	
	Public support percentage for 2012 (li Public support percentage from 2011			Columni (I))		15	<u>%</u> %
	ction D. Computation of Inves				·	1 10 1	70
						17	0/
	Investment income percentage for 20			ne 10, wiuitiii (i))	• • •	18	<u>%</u>
	Investment income percentage from 2			on line 14 and line	o 15 io mara th		% 7 to not
19:	a 33 1/3% support tests - 2012. If the						r is not
_	more than 33 1/3%, check this box ar						<b>₽</b> L
t	33 1/3% support tests - 2011. If the						and
_	line 18 is not more than 33 1/3%, che						<b>?</b>
20	Private foundation. If the organization	n ala not check a	box on line 14, 19	a, or 190, check t		hadula A (Form 90	0 000 57) 0040

SCHEDULE I (Form 990)

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

Open to Public Inspection

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

Department of the Treasury Infernal Bevenue Service	Сощр	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	in answered "Yes" to Fo	to Form 990, Par	t IV, line 21 or 22.		Open to Public Inspection	ublic
╛		1	Attach to For					
Name of the organization NORTHEASTE FORMULA TONION	NORTHEASTERN PENNSYLVANI:	ď.	HEALTH CARE				Employer identification number 27-5501471	number 1 4 7 1
Part I General Information on Grants and Assistance	s and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	is to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	stance, and the selec		
criteria used to award the grants or assistance?	ssistance?					:	. X Yes	<b>2</b>
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	procedures for mon	toring 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	to Governments an	d Organizations in th	e United States. Co	omplete if the orga	nization answered "\	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	in \$5,000 Part II car	be duplicated if addit	ional space is need	pa				
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC 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	ant
							SUPPORT COMMUNITY BASED	BASED
NORTHEAST REGIONAL CANCER CENTER							CANCER PATIENT NAVIGATION	IGATION
190 N. PENNSYLVANIA AVENUE							FOR LOW INCOME RESIDENTS	IDENTS
WILKES-BARRE, PA 18702	23-2662214	501 (C) (3)	25,000.	0			OF LACKAWANNA, LUZ	LUZERNE &
							ASSIST WOMEN AND CHILDREN	HILDREN
CATHERINE MCAULEY CENTER							FROM HOMELESSNESS TO	5 5
1710 MULBERRY STREET							INDEPENDENCE THROUGH CASE	GH CASE
SCRANTON PA 18501	23-2311889	501 (C) (3)	25,000.	0			MANAGEMENT, EDUCATION	ION AND
		,					FUND PURCHASE AND	
				•			MAINTENANCE OF AMERICAN	RICAN
AMERICAN CANCER SOCIETY - REGION							CANCER SOCIETY ROAD TO	D T0
нив	25-1798733	501 (C) (3)	15,000.	0			RECOVERY PROGRAM VAN OR	AN OR
			_				FUND TO ENHANCE AND	۵
							EXPAND ALL ELEMENTS	S OF
WYOMING VALLEY ALCOHOL AND DRUG	-					_	ADOLESCENT TREATMENT	Ę
SERVICES	23-2045690	501 (C) (3)	50,000	0			PROGRAMS COUNSELING	NG
							CAPITAL GRANT TO PURCHASE	URCHASE
							TWO VANS FOR MISSION	ON OF
							VOCATIONAL TRAINING AND	G AND
UNITED REHABILITATION CENTER	23-1639928	501 (C) (3)	25,000.	0			GAINFUL EMPLOYMENT	FOR
	) and government or	ganizations listed in th	ne line 1 table				<b>A</b> 1	8
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table					•	0

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

Schedule I (Form 990) (2012)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

232101 12-18-12

27-5501471

Page 2

FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2012)

Part III

(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
DIRECT ASSISTANCE TO INDIVIDUALS IN NEED AND IN ACCORDANCE WITH THE RESTRICTED FUND PURPOSE,	0.0	41,625,	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information	required in Part I,	line 2, Part III, colum	n (b), and any other additional info	nmation
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	1	AST REGION	NORTHEAST REGIONAL CANCER CENTER	CENTER	
(H) PURPOSE OF GRANT OR ASSISTANCE:	- 1	COMMUNIT	SUPPORT COMMUNITY BASED CANCER	NCER	
PATIENT NAVIGATION FOR LOW INCOME	RESIDENTS	S OF LACKA	RESIDENTS OF LACKAWANNA, LUZERNE	ERNE &	
WAYNE COUNTIES					

CENTER NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY

CHILDREN FROM (H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST WOMEN AND HOMELESSNESS TO INDEPENDENCE THROUGH CASE MANAGEMENT, EDUCATION AND

232102 12-18-12

Schedule I (Form 990) (2012)

# NORTHEASTERN PENNSYLVANIA HEALTH CARE Schedule I (Form 990) FOUNDATION Part IV Supplemental Information

FINANCIAL ASSISTANCE

2	7	-	5	5	0	1	4	7	1	Ρ	aç	jе	2	

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY - REGION HUB
(H) PURPOSE OF GRANT OR ASSISTANCE: FUND PURCHASE AND MAINTENANCE OF
AMERICAN CANCER SOCIETY ROAD TO RECOVERY PROGRAM VAN OR STATION WAGON
NAME OF ORGANIZATION OR GOVERNMENT:
WYOMING VALLEY ALCOHOL AND DRUG SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: FUND TO ENHANCE AND EXPAND ALL
ELEMENTS OF ADOLESCENT TREATMENT PROGRAMS, COUNSELING, RELAPSE PREVENTION
FOR LOW INCOME AND HIGH RISK FAMILIES
NAME OF ORGANIZATION OR GOVERNMENT: UNITED REHABILITATION CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL GRANT TO PURCHASE TWO VANS
FOR MISSION OF VOCATIONAL TRAINING AND GAINFUL EMPLOYMENT FOR INDIVIDUALS
WITH MENTAL AND PHYSICAL CHALLENGES
Schedule I (Form 990

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION

Employer identification number 27-5501471

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEDICAL EDUCATION; MEDICAL RESEARCH; AND SUCH OTHER ACTIVITIES THAT
PROMOTE THE DELIVER OF HEALTH CARE SERVICES(INCLUDING BEHAVIORAL,
DENTAL, AND OPHTHALMOLOGICAL HEALTH CARE SERVICES) TO THOSE IN NEED WHO
RESIDE IN NORTHEAST PENNSYLVANIA
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARE SERVICES) TO THOSE IN NEED WHO RESIDE IN NORTHEAST PENNSYLVANIA
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
GRANTS TO OTHER NON-PROFIT 501 ( C ) 3 ORGANIZATIONS
EXPENSES \$ 125,000. INCLUDING GRANTS OF \$ 125,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 AND ATTACHMENTS WILL BE
SENT TO EACH BOARD MEMBER TO REVIEW PRIOR TO FILING BY THE CHAIR.
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE FOR REVIEW
AT THE OFFICE OF RECORD: 316 PENN AVENUE, SUITE 200, SCRANTON, PA 18503

#### Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		Ì	<b>■</b> X	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).			
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (	6 months for a cor	poration	
	to file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex		·		•		
	Benefit Contracts, which must be sent to the IRS in page						
	rs gov/efile and click on e-file for Charities & Nonprofits		· ·		ŭ	•	
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor						
Part I onl				•	ı	<b>▶</b> □	
All other	corporations (including 1120-C filers), partnerships, REM	I/Cs, and t	rusts must use Form 7004 to reques	t an exter	sion of time		
to file inc	ome tax returns.						
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nur	nber (EIN) or	
print	NORTHEASTERN PENNSYLVANIA	HEALT	H CARE			, ,	
•	FOUNDATION				27-55014	71	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS		
filing your return See 316 PENN AVENUE, NO. 200						,	
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions							
	SCRANTON, PA 18503	·					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		-	•				
Applicat	ion	Return	Application			Return	
Is For		Code	is For			Code	
Form 990 or Form 990-EZ         01         Form 990-T (corporation)							
Form 990-BL 02 Form 1041-A							
Form 472	20 (individual)	Form 4720			08		
Form 990	)-PF	04	Form 5227			10	
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
		ry, s	ECRETARY/TREASURER	/DIRE	CTOR		
• The b	ooks are in the care of ▶ <u>C/O: 316 PENN</u> 2					3	
	none No ► 570-288-6464		FAX No. ▶				
	organization does not have an office or place of business	s in the Ur	nited States, check this box			<b>▶</b> □	
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole group.	check this	
box 🕨	If it is for part of the group, check this box						
1   re	quest an automatic 3-month (6 months for a corporation						
		•	tion return for the organization name		The extension		
ıs f	or the organization's return for:	•	_				
<b>&gt;</b>	X calendar year 2012 or						
<b>&gt;</b>	tax year beginning	, an	d ending				
					_		
2 If tl	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n		
	Change in accounting period						
3a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nrefundable credits. See instructions		, , , , , , , , , , , , , , , , , , , ,	За	\$	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	imated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a Include your pa		***************************************	<u> </u>			
	using EFTPS (Electronic Federal Tax Payment System).			3c	s.	0.	
	If you are going to make an electronic fund withdrawal v						
	Jos alo going to make an electromo tand thatlatavar				re- perymonic int	40110110.	

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.