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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission

THE LUZERNE FOUNDATION (THE FOUNDATION) IS A COMMUNITY FOUNDATION RECOGNIZED AS A PENNSYLVANIA NON-PROFIT, NON-STOCK CORPORATION THAT HAS BEEN RECOGNIZED BY THE IRS AS A TAX-EXEMPT PUBLIC CHARITY, BY REASON OF BEING AN ORGANIZATION THAT EXISTS TO MAKE OUR REGION A BETTER PLACE TO LIVE, WORK, AND PLAY THROUGH THE GENEROSITY OF OUR DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER CONSTITUTE A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL SERVICES, EDUCATION AND SCHOLARSHIP, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIROMENT, AND HEALTH AND WELLNESS THE LUZERNE FOUNDATION IS PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS, EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 16,242,350 including grants of \$ 16,242,350) (Revenue \$ 0)
THE LUZERNE FOUNDATION, YOUR COMMUNITY FOUNDATION, EXISTS TO MAKE OUR REGION A BETTER PLACE TO LIVE, WORK AND PLAY THROUGH THE GENEROSITY OF OUR DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS THE LUZERNE FOUNDATION IS PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS, EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS FOR 21 YEARS, THE LUZERNE FOUNDATION HAS ASSISTED INDIVIDUALS AND FAMILIES, BUSINESSES, CIVIC GROUPS, AND OTHER NONPROFIT ORGANIZATIONS WITH REALIZING THEIR GOALS FOR CHARITABLE GIVING SO, COLLECTIVELY, THEY CAN IMPROVE THE QUALITY OF LIFE FOR THOSE LIVING AND WORKING IN LUZERNE COUNTY AND THROUGHOUT THE REGION IN ADDITION, THE LUZERNE FOUNDATION SUPPORTS WORTHY CHARITIES AT A NATIONAL LEVEL SEE SCHEDULES F AND I FOR GRANTS AWARDED DURING THE CURRENT YEAR	

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶ 16,242,350
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		No
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.		
11	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).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **PA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHARLES M BARBER 140 MAIN STREET 2ND FLOOR LUZERNE, PA 18709 (570) 714-1570

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								128,490	0	21,937

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a _____	17,919,592				
	b	Membership dues	1b _____					
	c	Fundraising events	1c _____ 16,850					
	d	Related organizations	1d _____					
	e	Government grants (contributions)	1e _____					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f _____ 17,902,742					
	g	Noncash contributions included in lines 1a-1f \$	_____ 421,157					
	h	Total. Add lines 1a-1f	▶					
Program Service Revenue			Business Code _____					
	2a	_____	_____					
	b	_____	_____					
	c	_____	_____					
	d	_____	_____					
	e	_____	_____					
	f	All other program service revenue	_____					
	g	Total. Add lines 2a-2f	▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	796,875			796,875	
	4	Income from investment of tax-exempt bond proceeds	▶					
	5	Royalties	▶					
	6a	Gross rents	(i) Real (ii) Personal					
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					▶
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					▶
	8a	Gross income from fundraising events (not including \$ _____ 16,850 of contributions reported on line 1c) See Part IV, line 18	a _____ 19,500	-12,810			-12,810	
	b	Less direct expenses	b _____ 32,310					
	c	Net income or (loss) from fundraising events	▶					
	9a	Gross income from gaming activities See Part IV, line 19	a _____					
	b	Less direct expenses	b _____					
	c	Net income or (loss) from gaming activities	▶					
	10a	Gross sales of inventory, less returns and allowances	a _____					
		b	Less cost of goods sold					b _____
		c	Net income or (loss) from sales of inventory					▶
	Miscellaneous Revenue		Business Code					
	11a	_____	_____					
	b	_____	_____					
c	_____	_____						
d	All other revenue	_____						
e	Total. Add lines 11a-11d	▶						
12	Total revenue. See Instructions	▶	19,518,396	0	0	1,598,804		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,242,350	16,242,350		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	150,426		120,341	30,085
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	104,173		93,756	10,417
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,334		10,201	1,133
10	Payroll taxes	20,621		17,420	3,201
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	19,200		19,200	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	379,498		379,498	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,752		11,752	
12	Advertising and promotion	4,851		4,851	
13	Office expenses	25,462		25,462	
14	Information technology	16,449		16,449	
15	Royalties				
16	Occupancy	3,984		3,984	
17	Travel	1,644		1,644	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,429		19,429	
20	Interest	3		3	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,836		3,836	
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)				
a	SPECIAL ACTIVITIES EXP	232,422			232,422
b	RENTAL EXPENSES	42,053		42,053	
c	AUTO EXPENSES	12,042		12,042	
d	MINOR EQUIPMENT	5,549		5,549	
e	All other expenses	7,804		7,804	
25	Total functional expenses. Add lines 1 through 24e	17,314,882	16,242,350	795,274	277,258
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			100	1	100
	2	Savings and temporary cash investments			2,493,984	2	3,028,295
	3	Pledges and grants receivable, net			404,442	3	1,561,979
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,112,612	1,070,000	10c	1,070,000
	b	Less—accumulated depreciation	10b	42,612			
	11	Investments—publicly traded securities			26,318,158	11	27,979,564
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			30,286,684	16	33,639,938	
Liabilities	17	Accounts payable and accrued expenses			9,046	17	1,533
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			4,288,964	25	6,609,997
	26	Total liabilities. Add lines 17 through 25			4,298,010	26	6,611,530
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			24,535,431	27	25,265,262
	28	Temporarily restricted net assets			1,453,243	28	1,763,146
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			25,988,674	33	27,028,408
	34	Total liabilities and net assets/fund balances			30,286,684	34	33,639,938

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,518,396
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,314,882
3	Revenue less expenses Subtract line 2 from line 1	3	2,203,514
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,988,674
5	Net unrealized gains (losses) on investments	5	-1,171,318
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,538
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,028,408

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS L KENNEDY ESQ BOARD CHAIRMAN	0 10	X		X				0	0	0
MICHAEL D WEAVER VICE CHAIRMAN	0 10	X		X				0	0	0
KEVIN FOLEY TREASURER	0 10	X		X				0	0	0
GERTRUDE C MCGOWAN ESQ SECRETARY	0 10	X		X				0	0	0
TERRENCE W CASEY DIRECTOR	0 10	X						0	0	0
PETER J DANCHAK DIRECTOR	0 10	X						0	0	0
KATHI FLACK DIRECTOR	0 10	X						0	0	0
AUGUST F GENETTI JR DIRECTOR	0 10	X						0	0	0
R CLEMENTS GOVER DIRECTOR	0 10	X						0	0	0
MIKE HIRTHLER DIRECTOR	0 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM M JONES DIRECTOR	0 10	X						0	0	0
WILLIAM JOYCE DIRECTOR	0 10	X						0	0	0
JOSEPH E KLUGER ESQUIRE DIRECTOR	0 10	X						0	0	0
ALEXANDER SLOOT DIRECTOR	0 10	X						0	0	0
SCOTT W WILLIAMS DIRECTOR	0 10	X						0	0	0
SENATOR JOHN YUDICHAK DIRECTOR	0 10	X						0	0	0
ROBERT GILL DIRECTOR	0 10	X						0	0	0
DONNA PALERMO DIRECTOR	0 10	X						0	0	0
JACKIE BROZENA DIRECTOR	0 10	X						0	0	0
JOHN DOWD DIRECTOR	0 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT HENRY DIRECTOR	0 10	X						0	0	0
JOHN LOYACK DIRECTOR	0 10	X						0	0	0
MIKE JONES SR DIRECTOR	0 10	X						0	0	0
TARA WILSON DIRECTOR	0 10	X						0	0	0
CHARLIE APONICK DIRECTOR (TERM 06-30-15)	0 10	X						0	0	0
LOU GOERINGER DIRECTOR (TERM 06-30-15)	0 10	X						0	0	0
JOSEPH PERSICO DIRECTOR (TERM 06-30-15)	0 10	X						0	0	0
MELANIE LUMIA DIRECTOR (TERM 06-30-15)	0 10	X						0	0	0
CHARLES M BARBER PRESIDENT AND CEO	45 00			X				128,490	0	21,930
ROBERT KORJESKI CHIEF FINANCIAL OFFICER	3 00			X				0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

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

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

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	11,311,025	11,808,207	17,202,950	17,873,865	17,919,592	76,115,639
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,311,025	11,808,207	17,202,950	17,873,865	17,919,592	76,115,639
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						56,088,292
6 Public support. Subtract line 5 from line 4						20,027,347

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	11,311,025	11,808,207	17,202,950	17,873,865	17,919,592	76,115,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	503,245	560,805	651,791	803,008	796,875	3,315,724
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						79,431,363

12 Gross receipts from related activities, etc (see instructions)

12111,142

13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	25 210 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	29 380 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>	Yes	No
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
	<p>ESTABLISHED IN 1994 AS A CLASSIC "COMMUNITY FOUNDATION", THE LUZERNE FOUNDATION ("TLF") IS A FORCE FOR PHILANTHROPY IN NORTHEAST PENNSYLVANIA AND BEYOND TLF'S PRIMARY MISSION IS TO ENHANCE THE LIVES OF PEOPLE LIVING IN LUZERNE COUNTY, PENNSYLVANIA, AND SURROUNDING COUNTIES IT SEEKS TO ACCOMPLISH ITS MISSION BY SUPPORTING THE FOLLOWING SEVEN KEY AREAS OF NEED THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND, HEALTH AND WELLNESS SINCE ITS INCEPTION THROUGH 2015, TLF MADE FINANCIAL GRANTS TOTALING IN EXCESS OF \$95 MILLION TO SUPPORT ITS MISSION THROUGH THE ACCOMPLISHMENT OF A WIDE VARIETY OF DIFFERENT PROJECTS AND MISSIONS, OF MOSTLY SMALL NONPROFIT, TAX EXEMPT COMMUNITY-BASED ORGANIZATIONS, LOCATED IN AND SERVING THE RESIDENTS OF LUZERNE COUNTY AND SURROUNDING COUNTIES LOCATED IN NORTHEAST PENNSYLVANIA TLF MAINTAINS OVER 318 DONOR ESTABLISHED MISSION-DIRECTED FUNDS THAT IN THE AGGREGATE HAVE A CURRENT FAIR MARKET VALUE IN EXCESS OF \$33 MILLION SUPPORT FOR TLF AND ITS MISSION IS OBTAINED PRIMARILY THROUGH DIRECT SOLICITATION OF INDIVIDUALS, BUSINESSES AND THE COMMUNITY AT LARGE THE FOLLOWING FACTS AND CIRCUMSTANCES OVERWHELMINGLY SUPPORT THE CONCLUSION THAT TLF SATISFIES THE "10% FACTS & CIRCUMSTANCES TEST" SET FORTH IN TREASURY REGULATION SECTION 1.170A-9(E)(3) " PERCENTAGE OF "PUBLIC SUPPORT" FOR THE 2014 CALENDAR YEAR TLF'S PUBLIC SUPPORT PERCENTAGE WAS 29.38% 2014 WAS THE FIRST YEAR SINCE TLF WAS ESTABLISHED THAT ITS PUBLIC SUPPORT PERCENTAGE DID NOT EXCEED 33-1/3RD % FOR THE CALENDAR YEAR 2015 TLF'S PUBLIC SUPPORT PERCENTAGE WAS 25.21% " BROAD BASE OF TLF'S SUPPORT IN 2015, TLF RECEIVED MORE THAN 2,693 CONTRIBUTIONS FROM 2162 DIFFERENT INDIVIDUALS AND BUSINESSES SUBSTANTIALLY, ALL OF THE CONTRIBUTIONS THAT TLF RECEIVED IN 2015 WERE FROM INDIVIDUALS RESIDING IN AND BUSINESSES LOCATED IN LUZERNE COUNTY, PENNSYLVANIA AND COUNTIES IMMEDIATELY SURROUNDING IT LUZERNE COUNTY HAS A TOTAL OF APPROXIMATELY 325,000 RESIDENTS, MANY OF WHOM ARE CHILDREN THUS, TLF PROUDLY BOASTS THAT IT IS BROADLY SUPPORTED BY A SIGNIFICANT PERCENTAGE OF THE ADULT MEMBERS OF ITS IMMEDIATE COMMUNITY " TLF'S GOVERNING BODY HAS BROAD COMMUNITY PERSPECTIVE AND REPRESENTATION TLF IS A NONPROFIT, NON-STOCK PENNSYLVANIA NONPROFIT CORPORATION IT IS GOVERNED BY A SELF-PERPETUATING BOARD OF DIRECTORS, EACH OF WHOM HAS ONE VOTE TLF'S BYLAWS PROVIDE THAT ITS DIRECTORS BE ADULTS " RESIDING IN OR NEAR, OR OTHERWISE BE CLOSELY IDENTIFIED WITH, LUZERNE COUNTY, PENNSYLVANIA" TLF'S BYLAWS FURTHER PROVIDE THAT DIRECTORS " SHOULD BE KNOWLEDGEABLE REGARDING THE CHARITABLE NEEDS AND INTERESTS OF THE COMMUNITIES SERVED AND HAVE STANDING IN THOSE COMMUNITIES AND ACCESS TO BUSINESSES, GROUPS AND INDIVIDUALS INTERESTED IN PROMOTING, ENCOURAGING AND SUPPORTING THE CHARITABLE PURPOSES AND FUNCTIONS OF THE CORPORATION, AND BE ACTIVE IN OR OTHERWISE INVOLVED WITH THE CHARITABLE NEEDS OF THOSE COMMUNITIES " IN 2015, TLF'S BOARD WAS COMPRISED OF 24 VOTING MEMBERS, EACH OF WHOM SATISFIES THE PROFILE OF AND QUALIFICATIONS FOR BEING A DIRECTOR AS SET FORTH IN TLF'S BYLAWS " REGULAR AND CONTINUOUS EFFORTS TO SOLICIT PUBLIC SUPPORT TLF MAINTAINS ACTIVE AND CONTINUOUS EFFORTS AND PROGRAMS TO SOLICIT AND OBTAIN CONTRIBUTIONS AND BEQUESTS FROM THE PUBLIC TLF'S EFFORTS IN THIS REGARD BEGIN WITH ITS EFFORTS TO ESTABLISH ITS COMMUNITY IDENTITY AND TO MAKE THE PUBLIC POSITIVELY AWARE OF AND FAMILIAR WITH ITS NAME, LOGO, MISSION AND VALUES MUCH OF TLF'S PROFESSIONALLY DESIGNED WEBSITE IS DEDICATED TO EDUCATING AND FAMILIARIZING THE PUBLIC AT LARGE, AS WELL AS PROSPECTIVE DONORS IN PARTICULAR, ABOUT TLF, ITS MISSION AS A ROBUST COMMUNITY FOUNDATION AND THE NUMEROUS, ATTRACTIVE AND FLEXIBLE WAYS TO CONTRIBUTE BOTH FINANCIAL AND OTHER RESOURCES TO SUPPORT TLF AND ITS MISSION AS ONE OF ITS REQUIRED AND IMPORTANT FUNCTIONS AND RESPONSIBILITIES, THE STAFF OF TLF REGULARLY ORGANIZES AND ENGAGES IN ACTIVITIES AND PROGRAMS (E.G., SEMINARS AND OTHER EDUCATIONAL PROGRAMS AND LECTURES BY PROMINENT PROFESSIONALS IN SUCH FIELDS AS ESTATE AND TAX PLANNING THAT ARE OPEN TO THE PUBLIC) DESIGNED TO INCREASE PUBLIC AWARENESS OF THE BENEFITS OF SUPPORTING TLF AND OTHERWISE TO ATTRACT AND ENCOURAGE CONTRIBUTIONS AND BEQUESTS FROM THE PUBLIC TLF REGULARLY USES ELECTRONIC AND REGULAR MAIL TO SOLICIT SUPPORT FROM THE PUBLIC TLF ALSO REGULARLY UTILIZES LOCAL MEDIA ADVERTISEMENTS TO ATTRACT AND SOLICIT SUPPORT FROM THE PUBLIC AND SEEKS TO OBTAIN PUBLIC SUPPORT THROUGH PERSUADING LOCAL MEDIA TO PROVIDE UNPAID COVERAGE ABOUT TLF, ITS MISSION, ACCOMPLISHMENTS AND ACHIEVEMENTS IN ADDITION, EACH MEMBER OF TLF'S BOARD ACCEPTS THE ROLE OF GOODWILL AMBASSADOR AND AS A SOLICITOR OF PUBLIC SUPPORT AS A DIRECTOR'S SIGNIFICANT DUTY AND RESPONSIBILITY " NO MEMBER OF TLF'S GOVERNING BODY IS A "SUBSTANTIAL CONTRIBUTOR" NOT ONLY DOES TLF ENGAGE IN AND MAINTAIN NUMEROUS PROGRAMS AND WAYS TO ACTIVELY AND CONTINUOUSLY SOLICIT SUPPORT FROM THE GENERAL PUBLIC, MOST OF THE SUPPORT THAT IT DOES OBTAIN IS CONTRIBUTED BY MEMBERS OF THE GENERAL PUBLIC AS EVIDENCED BY THE FACT THAT NO MEMBER OF TLF'S BOARD OF DIRECTORS IS A "SUBSTANTIAL CONTRIBUTOR" TO TLF WITHIN THE MEANING OF IRC SECTION 507(D)(2) MOREOVER, AND WITH THE EXCEPTION OF CHARLES D. FLACK, BOARD MEMBER (NOW DECEASED) AND HIS BROTHER, HAROLD FLACK, EACH OF WHOM STARTED A CHARITABLE FUND FROM THE PROCEEDS OF A BUSINESS SALE, NO MEMBER OF TLF'S BOARD OF DIRECTORS, NOR ANY TLF OFFICER OR EMPLOYEE, NOR ANY OF THEIR RELATIVES [WITHIN THE MEANING OF IRC SECTION 507(D)(2)(C)(II)] HAS CONTRIBUTED OR BEQUEATHED, IN THE AGGREGATE, MORE THAN 2% OF THE TOTAL CONTRIBUTIONS AND BEQUESTS RECEIVED BY TLF FROM ITS INCEPTION THROUGH AND INCLUDING DECEMBER 31, 2015 " PUBLIC ACCESS TO TLF AND ITS RESOURCES BY DESIGN, THE PUBLIC HAS ACCESS TO THE ACTIVITIES AND RESOURCES OF TLF THE WEBSITE OF TLF MAINTAINS A LINK TO ITS MOST RECENT AUDITED FINANCIAL STATEMENTS AS WELL AS A LINK TO ITS CURRENT AND SEVERAL PRIOR YEARS IRS FORMS 990 IN ADDITION, TLF'S WEBSITE PROVIDES AN EASILY COMPLETED APPLICATION FOR NONPROFITS WHO WISH TO APPLY FOR A GRANT TLF MAINTAINS A DATA BASE FOR EACH NONPROFIT THAT APPLIES FOR A GRANT AND STRIVES TO KEEP THE DATA IT COLLECTS CURRENT ANNUALLY, TLF HOSTS FORUMS AND SEMINARS FOR NONPROFITS THAT HELP THE COMMUNITIES THAT IT SERVES TO MAKE OTHER NONPROFITS AWARE OF THEIR RESOURCES AS WELL AS BETTER AWARE OF HOW TLF CAN BETTER SUPPORT ITS MISSION AND PURPOSES ON A CONTINUOUS BASIS, TLF COLLABORATES WITH OTHER LARGE REGIONAL NONPROFIT PROVIDERS OF GOODS AND SERVICES TO MORE EFFICIENTLY AND EXPEDITIOUSLY ADDRESS REGIONAL CONCERNS, NEEDS AND DISASTERS AND, TLF MAINTAINS A CONTINUOUS AND OPEN DIALOGUE WITH THOSE WHO HAVE ESTABLISHED WITH TLF DONOR ADVISED OR RESTRICTED FUNDS AS WELL AS WITH OTHER CONTRIBUTORS TO BETTER INSURE THAT TLF'S FUNDS ARE BEING DISBURSED APPROPRIATELY AND AS REQUESTED TLF REGULARLY POSTS ON ITS WEBSITE AND FURNISHES, TO ANYONE WHO SUBSCRIBES, NEWS AND OTHER INFORMATION ABOUT ITS OPERATIONS AND THE STATUS OF PARTICULAR PROJECTS AND NEEDS OF THE COMMUNITIES THAT IT SERVES " TLF'S EDUCATIONAL PROGRAMS AND MATERIALS TLF REGULARLY CONDUCTS/SPONSORS EDUCATIONAL PROGRAMS AND PRODUCES INFORMATIONAL MATERIALS/REPORTS FOR DONORS, GRANTEE NONPROFITS AND FOR PROFESSIONAL ADVISORS IN EACH CASE, SUCH PROGRAMS, MATERIALS AND REPORTS ARE DESIGNED TO ASSIST AND EDUCATE OTHERS IN THE COMMUNITIES THAT TLF SERVES ABOUT THE COMMUNITIES' NEEDS AND BEST METHODS AND WAYS TO ADDRESS SUCH NEEDS THROUGH ITS WEBSITE, MEDIA ADVERTISEMENTS AND THROUGH MORE DIRECT ELECTRONIC AND REGULAR MAIL CONTACT, TLF ADVERTISES AND OTHERWISE INFORMS OTHERS ABOUT THE OPEN AND FREE AVAILABILITY OF ITS EDUCATIONAL PROGRAMS AND MATERIALS " ACTIVE AND CONTINUOUS COLLABORATION WITH AND PARTICIPATION BY COMMUNITY LEADERS AND PUBLIC OFFICIALS THE STAFF AND BOARD OF TLF MAINTAIN RELATIONSHIPS AND A CONTINUOUS DIALOGUE WITH BOTH COMMUNITY LEADERS AND PUBLIC OFFICIALS OF THE COMMUNITIES THAT TLF SERVES DUE TO THE NATURE AND SIZE OF THE COMMUNITIES THAT TLF SERVES, MANY CURRENT AND FORMER COMMUNITY LEADERS AND SOME FORMER PUBLIC OFFICIALS SERVE FROM TIME TO TIME AS A TLF DIRECTOR OR ARE MEMBERS OF ITS FOUNDERS' BOARD (THAT SERVES TLF IN AN ADVISORY CAPACITY) CURRENTLY, TLF DIRECTOR JOHN T. YUDICHAK ALSO SERVES AS A PENNSYLVANIA STATE SENATOR AND TLF'S REMAINING DIRECTORS SERVE THE PUBLIC IN VARIOUS CAPACITIES SUCH AS CPAS, ATTORNEYS, BUSINESS ENTREPRENEURS, FINANCIAL SERVICES AND/OR COMMUNITY ADVOCATES IN ADDITION, THE OFFICERS OF TLF'S BOARD AND ITS PRESIDENT/CEO ARE IN REGULAR CONTACT WITH THE PUBLIC OFFICIALS OF LUZERNE COUNTY, SEVERAL NEIGHBORING COUNTIES AND MANY OF THE PUBLIC OFFICIALS OF CITIES AND MUNICIPALITIES LOCATED IN THOSE COUNTIES</p>
Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	86	200
2 Aggregate value of contributions to (during year)	15,525,724	2,136,003
3 Aggregate value of grants from (during year)	15,567,100	675,250
4 Aggregate value at end of year	11,959,363	19,048,595
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	26,318,158	23,900,129	20,345,858	18,852,284	19,106,188
b Contributions	3,086,710	1,791,479	815,260	680,125	770,826
c Net investment earnings, gains, and losses	125,050	2,211,892	4,146,970	2,169,489	53,620
d Grants or scholarships	1,184,535	1,242,494	1,105,652	977,262	844,267
e Other expenditures for facilities and programs				120,000	60,000
f Administrative expenses	368,369	342,847	302,307	258,778	174,143
g End of year balance	27,977,014	26,318,158	23,900,129	20,345,858	18,852,284

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings	1,070,000			1,070,000
c Leasehold improvements		9,349	9,349	0
d Equipment		33,263	33,263	0
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				1,070,000

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	18,092,239
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,171,318
b	Donated services and use of facilities	2b	25,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	7,538
e	Add lines 2a through 2d	2e	-1,138,780
3	Subtract line 2e from line 1	3	19,231,019
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	287,377
c	Add lines 4a and 4b	4c	287,377
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	19,518,396

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,052,505
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	25,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-287,377
e	Add lines 2a through 2d	2e	-262,377
3	Subtract line 2e from line 1	3	17,314,882
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,314,882

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS HELD AT THE LUZERNE FOUNDATION MAY BE ESTABLISHED TO BENEFIT A PARTICULAR INSTITUTION OR AGENCY, TO PROVIDE ONGOING SUPPORT TO A FAVORITE CHARITY, AWARD SCHOLARSHIPS IN THE NAME OF A LOVED ONE, OR OTHERWISE SUPPORT SEVEN KEY AREAS: SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS, IN THE NAME OF A PERSON OR OTHER ENTITY. ENDOWMENT FUNDS CAN BE ESTABLISHED BY GIFT OR BY A BEQUEST AND ARE ADDITIONALLY SUPPORTED BY THE EARNINGS ON THOSE CONTRIBUTIONS AS WELL AS PERIODIC CONTRIBUTIONS. MOST ENDOWMENT FUNDS ARE PERMANENT WITH THE REQUIREMENT THAT THE PRINCIPAL IS NEVER DEPLETED. THE BALANCE IN THE ENDOWMENT FUND IS INVESTED IN A POOL WITH LONG-TERM ASSETS AND OVERSIGHT IS PROVIDED BY AN INFORMAL YET QUALIFIED INVESTMENT COMMITTEE. DONORS CAN ESTABLISH A FUND IN THEIR NAME, IN A FAMILY'S NAME, OR IN THE NAME OF ANY PERSON OR ORGANIZATION THEY WISH TO HONOR. GRANTS DISTRIBUTED FROM A DONOR'S FUND ARE AWARDED IN THE NAME OF ANY PERSON OR ORGANIZATION THEY WISH TO HONOR. GRANTS DISTRIBUTED FROM A DONOR'S FUND ARE AWARDED IN THE NAME OF THEIR FUND. THIS PERSON OR ORGANIZATION WILL ALWAYS BE REMEMBERED AND LINKED TO GOOD WORKS IN OUR COMMUNITY.

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF REMAINDER TRUST 7,538
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) 319,687 SPECIAL EVENTS EXPENSES -32,310
PART XII, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) -319,687 SPECIAL EVENTS EXPENSES 32,310

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Part I

General Information on Activities Outside the United States.
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

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

☐ Yes
 ☒ No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GENERAL SUPPORT INCLUDING ORPHANAGES, PROGRAMS, ASSISTANCE TO INDIGENOUS MISSIONARIES IN POOR REMOTE REGIONS, LIBRARY AND FOOD PROGRAMS, VEHICLES FOR MISSIONARIES	2,017,000	CHECK			
(2)			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROVIDE ASSISTANCE FOR "SAVE THE DRINK, RWANDA"	25,000	CHECK			
(3)			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	64,000	CHECK			
(4)			SOUTH ASIA	PROVIDE FUNDS FOR LAND PURCHASE AND EMERGENCY DISASTER RELIEF	265,000	CHECK	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE LUZERNE FOUNDATION EXERCISES A RIGOROUS DUE DILIGENCE IN ITS GRANTMAKING FROM ALL OF ITS DIVERSE FUNDS. THE FOUNDATION ADHERES TO ALL STATE AND FEDERAL REGULATIONS IN ITS GRANT MAKING AND USES POLICIES AND BEST PRACTICES IN COMPLIANCE WITH THE "NATIONAL STANDARDS" FOR COMMUNITY FOUNDATIONS AS PART OF THE COUNCIL ON FOUNDATIONS. BECAUSE OF THE GENEROSITY OF ITS DONORS, THE LUZERNE FOUNDATION, FROM TIME TO TIME, MAKES GRANTS TO 501 (C)(3) PUBLIC CHARITIES WHOSE SCOPE OF PROGRAMS AND SERVICES EXTEND BEYOND THE BORDERS OF THE UNITED STATES AND INTO FOREIGN COUNTRIES ACROSS THE GLOBE. AS PART OF ITS DUE-DILIGENCE PROCESS, AND TO INSURE COMPLIANCE WITH THE HR-4 AND THE PATRIOT ACT, THE LUZERNE FOUNDATION ISSUES A GRANT AGREEMENT TO EACH DOMESTIC ENTITY TO ASSURE THAT THE MONIES DESIGNATED FOR SPECIFIC COUNTRIES ARE USED SOLELY FOR THE PURPOSES INTENDED. REGULAR REPORTING ON THE USE OF THE FUNDING IS PROVIDED BY THE GRANTEE AND MONITORED BY THE LUZERNE FOUNDATION SO THAT WE CAN ASSURE COMPLIANCE IN OUR GRANT MAKING EFFORTS LOCALLY, REGIONALLY, NATIONALLY, AND GLOBALLY.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART II,	ALL GRANTS LISTED ON SCHEDULE F, PART II, WERE PROVIDED BY THE LUZERNE FOUNDATION TO DOMESTIC ENTITIES EXEMPT UNDER 501(C)(3) STATUS THESE DOMESTIC ENTITIES THEN DIRECTLY PROVIDED THE GRANTS TO ENTITIES LOCATED OUTSIDE OF THE UNITED STATES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

Part I Fundraising Activities

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

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		ANNUAL MTG & RECEPTION (event type)	ANNUAL GOLF TOURNAMENT (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	350	36,000		36,350
	2 Less Contributions	350	16,500		16,850
	3 Gross income (line 1 minus line 2)		19,500		19,500
Direct Expenses	4 Cash prizes	195	1,725		1,920
	5 Noncash prizes		358		358
	6 Rent/facility costs	3,149	5,760		8,909
	7 Food and beverages	4,206	10,794		15,000
	8 Entertainment				
	9 Other direct expenses	5,431	692		6,123
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				32,310
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-12,810

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ **Director/officer**

☐ **Employee**

☐ **Independent contractor**

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

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

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

▶ **Attach to Form 990.**

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the
Treasury
Internal Revenue Service

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number

23-2765498

2015

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes☐ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

[illegible]

- | | | | |
|----------|---|---|-----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | ▶ | 135 |
| 3 | Enter total number of other organizations listed in the line 1 table | ▶ | |

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

Part IVSupplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	WITH EACH GRANT REQUEST, THE LUZERNE FOUNDATION EXERCISES ITS DUE DILIGENCE TO ASSURE COMPLIANCE WITH IRS STANDARDS THE FOUNDATION REQUESTS AN IRS DETERMINATION LETTER REGARDING EXEMPT STATUS EACH NONPROFIT ORGANIZATION'S 501(C)(3) STATUS AND EIN IS VERIFIED THROUGH THE USE OF GUIDESTAR AND CHARITY CHECK, ONLINE RESOURCES SUITED FOR THAT PURPOSE ADDITIONAL RESEARCH IS DONE VIA THE RECIPIENT ORGANIZATION'S WEBSITE OR VIA DIRECT CONTACT WITH THE EXECUTIVE DIRECTOR OR CEO OF THE ORGANIZATION THE GOAL IS TO OBTAIN INFORMATION RELATING TO MISSION AND PURPOSE SO THAT WE ASCERTAIN THAT THE DONORS' CHARITABLE INTENTS ARE BEING UPHELD IN ADDITION, GRANT RECIPIENTS WHO RECEIVE GRANTS FROM THE UNRESTRICTED FUND ARE PROVIDED WITH A GRANT REPORTING FORM THAT IS REQUIRED TO BE RETURNED TO THE FOUNDATION WHEN THE PROJECT IS COMPLETED THE RECIPIENTS ARE REQUIRED TO SUBMIT A NARRATIVE ON ACTIVITY RELATED TO THE GRANT THE GRANTEES WHO RECEIVE GRANTS FROM DONOR ADVISED FUNDS ARE PROVIDED WITH A MORE TAILORED GRANT REPORTING FORM AND ARE ALSO REQUIRED TO PROVIDE NARRATIVES RELATING TO THE PROGRESS AND ACTIVITY RELATED TO THE GRANT THE REPORTS ARE REVIEWED BY THE FOUNDATION FOUNDATION STAFF FOLLOW UP IF THERE ARE QUESTIONS OR ISSUES IDENTIFIED DURING THE REVIEW PROCESS

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT,PA 18411	23-2523682	501(C)(3)	20,000				ANNUAL AUTISM GOLF CLASSIC AND RYANS RUN
AMERICA WORLD ADOPTION 6723 WHITTIER AVENUE MCCLEAN,VA 22101	54-1720006	501(C)(3)	60,000				MATCHING GIFT CAMPAIGN - PROGRAM SUPPORT
ASHEVILLE CHRISTIAN ACADEMY 74 RIVERWOOD ROAD SWANNANOVA,NC 28778	56-1891323	501(C)(3)	50,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
AVENUES VOCATIONAL & EMPLOYMENT SERVICES HAZLETON 489 NORTH BROAD STREET HAZLETON, PA 18201	23-1458007	501(C)(3)	10,000				PROGRAM SUPPORT - 2015 NONPROFIT FORUM PARTICIPANT
BEAR CREEK BUCK TWP AMBULANCE 3335 BEAR CREEK BLVD WILKESBARRE, PA 18702	74-3262453	501(C)(3)	40,000				EQUIPMENT
BEAR CREEK FOUNDATION INC 1776 BEAR CREEK BOULEVARD BEAR CREEK TOWNSHIP, PA 18702	20-8519595	501(C)(3)	50,000				NEW CHARTER SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
BEAR CREEK TOWNSHIP VOLUNTEER HOSE CO PO BOX 156 BEAR CREEK TOWNSHIP, PA 18702	23-6295911	501(C)(3)	200,000				NEW TRUCK FUND
BETHANY CHRISTIAN SERVICES GREATER DELAWARE BRANCH OFFICE 7827 OLD YORK ROAD ELKINS PARK, PA 190272508	38-1405282	501(C)(3)	110,000				PROGRAM SUPPORT AND HAITI REUNIFICATION PROJECT
BLOODWATER MISSION PO BOX 60381 NASHVILLE, TN 37206	56-2483082	501(C)(3)	25,000				FULFILL THE MATCHING OBLIGATION FOR SAVE THE DRINK RWANDA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
BRANDON'S FOREVER HOME PO BOX 1247 CONYNGBAM,PA 18219	47-1066145	501(C)(3)	10,000				PROGRAM SUPPORT - 2015
CALVARY CHAPEL COSTA MESA 38000 SOUTH FAIRVIEW STREET SANTA ANA,CA 92704	95-2741015	501(C)(3)	7,500				EUROPE MISSION CONFERENCE 2015
CALVARY CHAPEL FELLOWSHIP OF MELBOURNE INC 2955 MINTON ROAD WEST MELBOURNE,FL 329046624	59-3163220	501(C)(3)	210,000				PRISON MINISTRY IN HAITI AND DESIGNATED FOR HAITI ORPHANAGE EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
CAMP ASTHMACADABRA PO BOX 1536 WILKESBARRE, PA 18703	25-1825116	501(C)(3)	5,200				CAMP
CAMP ORCHARD HILL INC 640 ORANGE ROAD DALLAS, PA 18612	23-2265574	501(C)(3)	24,700				HELP A CHILD CHANGE A LIFE PROGRAM AND SCHOLARSHIPS FOR INCLUSION AT CAMP ORCHARD HILL, AUTISM SUMMER CAMP
CARE NET 44180 RIVERSIDE PARKWAY STE 200 LANSLOWNE, VA 20176	54-1382723	501(C)(3)	15,000				PDL FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
CATHOLIC YOUTH CENTER OF WILKES BARRE 36 SOUTH WASHINGTON STREET WILKES BARRE, PA 18701	23-7227221	501(C)(3)	15,000				PROGRAM SUPPORT
CENTRAL SUSQUEHANNA COMMUNITY FOUNDATION 309 VINE STREET BERWICK, PA 18603	23-2982141	501(C)(3)	10,000				DESIGNATED FOR THE ROBERT & GERALDINE MARKS FUND
CHICAGO HOPE ACADEMY 2189 WEST BOWLER STREET CHICAGO, IL 60612	36-4244054	501(C)(3)	100,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDREN'S SERVICE CENTER OF WYOMING VALLEY INC 335 SOUTH FRANKLIN STREET WILKESBARRE, PA 18702	24-0795404	501(C)(3)	22,850				IN SUPPORT OF MUSIC INTERVENTION
CHRISTIAN FAITH MINISTRIES P O BOX 50538 DENTON, TX 76206	23-7424817	501(C)(3)	115,000				LAND PURCHASE AND EMERGENCY RELIEF IN NEPAL
CHRISTIANVILLE FOUNDATION 265 EAST RIVER ROAD EAST PALATKA, FL 32131	98-0049674	501(C)(3)	100,000				VEHICLE FUND

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COMMISSION ON ECONOMIC OPPORTUNITY OF LUZERNE COUNTY PO BOX 1127 165 AMBER LANE WILKES BARRE, PA 18702	23-1653093	501(C)(3)	24,520				FEED HUNGRY CHILDREN SUMMER PROGRAM, WEINBERG NORTHEAST REGIONAL FOOD BANK , PURCHASE OF ETHYLENE GAS REDUCTION UNITS
CONGRESSIONAL COALITION ON ADOPTION INSTITUTE (CCAI) 311 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002	54-2035617	501(C)(3)	80,000				FOSTER YOUTH/INTERN PROGRAM, WEBSITE ENHANCEMENTS
CONVOY OF HOPE 330 SOUTH PATTERSON AVENUE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	135,000				PROGRAM SUPPORT, EARTHQUAKE RELIEF IN NEPAL

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CURE INTERNATIONAL 701 BOSLER AVENUE LEMOYNE, PA 17043	58-2248383	501(C)(3)	807,000				PROGRAM SUPPORT
DAYSRING INTERNATIONAL INC 1062 LASKIN ROAD NUMBER 21A VIRGINIA BEACH, VA 23451	51-0237239	501(C)(3)	20,000				DESIGNATED FOR THE YEAR END MATCHING CAMPAIGN
DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503	24-0798640	501(C)(3)	11,780				DESIGNATED FOR ST THERESE'S CHURCH IN SHAVERTOWN ND SUPPORT OF CATHOLIC EDUCATION IN LUZERNE COUNTY

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DISASTER ACCOUNTABILITY PROJECT CO CULI 35 ELIZABETH STREET ROOM K-202 HARTFORD, CT 06105	26-1270154	501(C)(3)	50,000				PROGRAM SUPPORT
DOWNTOWN HAZLETON ALLIANCE FOR PROGRESS 20 WEST BROAD STREET HAZLETON, PA 18201	46-4210453	501(C)(3)	20,000				CITY ARTS CENTER PROJECT
ECHOCUBA - EVANGELICAL CHRISTIAN HUMANITARIAN OUTREACH FOR CUBA PO BOX 546135 MIAMI, FL 33154	65-0510432	501(C)(3)	220,000				PROGRAM SUPPORT AND HERENCIA PROJECT - 1 OF 2 PAYMENTS

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ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD SIMSBURY, CT 06070	06-0689699	501(C)(3)	66,470				PROGRAM SUPPORT
EVERY GENERATIONS MINISTRIES PO BOX 891179 TEMECULA, CA 925891179	84-1253004	501(C)(3)	85,000				PROGRAM SUPPORT
F M KIRBY CENTER FOR THE PERFORMING ARTS 71 PUBLIC SQUARE WILKESBARRE, PA 187012577	22-2697004	501(C)(3)	123,833				EQUIPMENT PURCHASES FOR FISCAL YEAR 2016 AND PROGRAM SUPPORT

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FAMILY SERVICE ASSOCIATION OF WYOMING VALLEY 31 WEST MARKET STREET WILKESBARRE, PA 187011304	24-0795415	501(C)(3)	15,106				PROGRAM SUPPORT
FISHHOOK INTERNATIONAL INC PO BOX 910691 LEXINGTON, KY 40591	61-0620425	501(C)(3)	185,000				TO SUPPORT "THE SAMUELS CCM MINISTRIES AND THE SAMUELS PRAYER MOUNTAIN AND CEMETARY PROJECTS
FORWARD EDGE INTERNATIONAL 15121-A NE 72 AVE VANCOUVER, WA 98686	91-1646598	501(C)(3)	150,000				PROGRAM SUPPORT

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FOUNDATIONS CHRISTIAN SERVICES 1546 ROUTE 209 STE 106 BRODHEADSVILLE, PA 18322	11-3675939	501(C)(3)	5,000				MENTAL HEALTH SEMINARS
GABRIEL HOUSE 6900 DANIELS PARKWAY STE 29 FORT MYERS, FL 33912	65-0308014	501(C)(3)	300,000				FACILITIES BANK NOTE
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA 17822	23-1995911	501(C)(3)	201,000				MIRACLE NETWORK AND SUPPORT OF THE NEW CHILDBIRTH CENTER

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GLOBAL ADVANCE PO BOX 742077 DALLAS, TX 75374	75-2332727	501(C)(3)	64,000				NORTH KOREA AND LUZERNE FOUNDATION GRANT - PROGRAM SUPPORT
GLOBAL SERVICES NETWORK 1775 W WILLIAMS STREET 162 APEX, NC 27523	20-8686806	501(C)(3)	20,000				IN SUPPORT OF TIKVAH (REF #50515002)
GLORIAE DEI ARTES FOUNDATION PO BOX 2831 ORLEANS, MA 02653	04-3017097	501(C)(3)	20,000				DESIGNATED FOR THE MOUNT TABOR FUND

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GOD'S WORLD PUBLICATIONS INC P O BOX 20002 ASHEVILLE,NC 28802	56-0538016	501(C)(3)	180,000				MATCHING FUNDS PROGRAM
GOOD SAMARITAN MISSION CENTER 327 FERRY STREET A DANVILLE,PA 17821	20-0305960	501(C)(3)	10,000				PROGRAM SUPPORT
GRACE COMMUNITY CHURCH 5182 US 70 WEST MARION,NC 28752	95-4896863	501(C)(3)	3,750,000				MONTREAT COLLEGE

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GRACE EPISCOPAL CHURCH 30 BUTLER STREET KINGSTON, PA 18704	24-0816493	501(C)(3)	9,700				SILVER SPONSORSHIP AND 2 HOLES
GREAT COMMISSION RESOURCES INTERNATIONAL 3441 ARCHER CT VIRGINIA, VA 23452	52-2438113	501(C)(3)	80,000				NICARAGUA SUPPORT VEHICLES FOR MIKE BUZBEE MINISTRY
GREATER HAZLETON CHAMBER OF COMMERCE CITISCAPE 20 WEST BROAD STREET HAZLETON, PA 18201	24-0607160	501(C)(3)	41,774				POETS CONCERT KICKOFF DOWNPAYMENT MARCH 8, 2015 AND FUNFEST

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GREATER WILKES-BARRE ASSOCIATION FOR THE BLIND 1825 WYOMING AVENUE EXETER, PA 18643	23-2660272	501(C)(3)	7,400				PROGRAM SUPPORT
HAITI TEEN CHALLENGE 1619 PORTLAND AVENUE SOUTH MINNEAPOLIS, MN 55404	37-1578706	501(C)(3)	50,000				WOMEN'S MATCHING
HANDS AND FEET PROJECT PO BOX 682105 FRANKLIN, TN 37068	20-1368997	501(C)(3)	262,000				PROGRAM SUPPORT

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HAZLETON INTEGRATION PROJECT INC 225 EAST 4TH STREET HAZLETON, PA 18201	45-3444683	501(C)(3)	42,108				PROGRAM SUPPORT
HAZLETON ROTARY FOUNDATION 600 SOUTH POPLAR STREET HAZLETON, PA 18201	83-0357014	501(C)(3)	5,000				COATS FOR KIDS
HEALING WATERS INTERNATIONAL INC 15000 W 6TH AVENUE SUITE 404 GOLDEN, CO 80401	46-0472149	501(C)(3)	120,000				IN SUPPORT OF HEALING WATERS INTERNATIONAL, INC IN HAITI

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HEAVEN'S FAMILY P O BOX 12854 PITTSBURGH, PA 152412542	16-1739329	501(C)(3)	15,000				EMERGENCY RELIEF IN NEPAL
HOPE FOR ORPHANS 171 CYPRESS SPRINGS DRIVE DRIFTWOOD, TX 78619	47-1444249	501(C)(3)	45,000				TO SUPPORT THE "ROOTED PROJECT"
HUNTSVILLE CHRISTIAN CHURCH 1160 CHURCH ROAD DALLAS, PA 18612	23-1651177	501(C)(3)	14,000				VAN VEHICLE PROJECT

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INNER CITY MOVEMENT 7000 TERMINAL SQUARE SUITE 100B UPPER DARBY, PA 19082	14-1966666	501(C)(3)	135,000				\$75,000 PROGRAM SUPPORT, \$10,000 FOR ADMINISTRATIVE SUPPORT, DOME PROJECT
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	54-1722887	501(C)(3)	100,000				DESIGNATED FOR THE DOMINICAN REPUBLIC
JUDAH CHURCH 8161 REGENT PKWY SUITE 102 FORT MILL, SC 29715	45-4175564	501(C)(3)	7,000				IDENTITY MISSION - JUDAH INTERNATIONAL ALLIANCE

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JUNIOR ACHIEVEMENT OF NEPA INC JA MERICLE FAMILY CENTER 1122 OAK STREET PITTSTON TOWNSHIP, PA 18640	23-1700209	501(C)(3)	9,486				JA LEADERSHIP SOCIETY INVOLVEMENT
JUVENILE LAW CENTER 1315 WALNUT STREET 4TH FLOOR PHILADELPHIA, PA 19107	23-1976386	501(C)(3)	10,000				CHAMPION SPONSOR FOR THE 40TH ANNIVERSARY DINNER AND PROGRAM SUPPORT
KEYSTONE RESCUE MISSION ALLIANCE 8 W OLIVE ST SCRANTON, PA 18508	34-2042921	501(C)(3)	7,500				IN SUPPORT OF WYOMING VALLEY RESCUE MISSION

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KIDS FOR THE KINGDOM INC PO BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	34,000				\$6,000 NICARAGUA, \$6,000 RUBY RANCH AND PROGRAM SUPPORT
KING'S COLLEGE 133 NORTH RIVER STREET WILKESBARRE, PA 18711	24-0804602	501(C)(3)	29,125				VARIOUS SCHOLARSHIP PAYMENTS AND ANNUAL SUPPORT
KISS THEATRE COMPANY 400 EAST END CENTRE WILKESBARRE, PA 18702	51-0618680	501(C)(3)	7,500				PROGRAM SUPPORT

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KORE FOUNDATION INC 695 NASHVILLE PIKE 101 GALLATIN, TN 37066	26-3196544	501(C)(3)	650,000				PROGRAM SUPPORT
LIBRARY FOR ALL 164 WEST 25TH STREET 12TH FLOOR NEW YORK, NY 10001	90-0888570	501(C)(3)	160,000				SUPPORT THE UPDATING OF THE MEDIA LIBRARY IN HAITI
LIFECHURCH PO BOX 1996 ALLENTOWN, PA 181051996	22-3110904	501(C)(3)	646,000				PEDRO MARTINEZ FUND

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LINE OF ADVANCE NFP 2126 WEST ARMITAGE STE 3 CHICAGO, IL 60647	46-2792348	501(C)(3)	8,250				PROGRAM SUPPORT
LOVE A CHILD INC 12411 COMMERCE LAKES DRIVE FORT MYERS, FL 33913	59-2672303	501(C)(3)	827,000				PROGRAM SUPPORT
LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKESBARRE, PA 18701	24-0811758	501(C)(3)	26,770				PROGRAM SUPPORT

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MARIAN CATHOLIC 166 MARIAN AVE TAMAQUA, PA 18252	23-3046452	501(C)(3)	15,000				PROGRAM SUPPORT
MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 185091598	24-0795453	501(C)(3)	8,759				SCHOLARSHIP PAYMENTS
MILLER-KEYSTONE BLOOD CENTER 1465 VALLEY CENTER PARKWAY BETHLEHEM, PA 18017	23-1731796	501(C)(3)	5,000				CENTRIFUGE REPLACEMENTS

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MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 186121090	24-0795406	501(C)(3)	75,435				PROGRAM SUPPORT, WOMEN WITH CHILDREN, VARIOUS SCHOLARSHIPS
MMI PREPARATORY SCHOOL 154 CENTRE STREET FREELAND, PA 182240089	24-0795967	501(C)(3)	27,805				PREAPPROVED LIBRARY EXPENSES, DESIGNATED FOR REIMBURSEMENT FOR INVOICES 2015-16
MONADNOCK BIBLE CONFERENCE CENTER 257 DUBLIN ROAD PO BOX 70 JAFFREY, NH 03452	02-0268537	501(C)(3)	48,000				HAITIAN DISASTER RELIEF

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MT GILEAD CAMP AND CONFERENCE CENTER 440 RINKER ROAD STROUDSBERG, PA 18360	23-1673125	501(C)(3)	600,000				PROGRAM SUPPORT
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE STE 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	105,000				IN SUPPORT OF THE AMERICAN CONSERVANCY AND PROGRAM SUPPORT
NEPA PHILHARMONIC PO BOX 4525 SCRANTON, PA 18505	23-1855655	501(C)(3)	7,400				EDUCATION OUTREACH PROGRAMS AND VAROUS PROGRAM SUPPORT

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NEW HOPE COMMUNITY CHURCH PO BOX 100086 STATEN ISLAND, NY 10310	06-1439002	501(C)(3)	200,000				PROGRAM SUPPORT
NORTH BRANCH LAND TRUST 11 CARVERTON ROAD TRUCKSVILLE, PA 187080858	23-7755642	501(C)(3)	10,935				PROGRAM SUPPORT
NORTHMORELAND TOWNSHIP VOLUNETEE FIRE COMPANY 305 SCHOOLHOUSE ROAD TUNKHANNOCK, PA 18612	23-2204025	501(C)(3)	10,000				ANNUAL SUPPORT FOR EQUIPMENT -

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OPEN MINDS 163 YORK STREET GETTYSBURG, PA 17325	48-0543772	501(C)(3)	31,900				NEPA FOR MENTAL HEALTH FUND GRANT
OTTAWA UNIVERSITY 1001 SOUTH CEDAR OTTAWA, KS 66067	48-0543772	501(C)(3)	100,000				THE DEFRIES SOCIETY
PAOLI MEMORIAL HOSPITAL FOUNDATION 255 W LANCASTER AVENUE PAOLI, PA 19301	23-2359407	501(C)(3)	5,000				TO SUPPORT MISTLETOE AND MAGIC EVENT

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PARTNERS IN DEVELOPMENT 55 MARKET STREET STE 201 IPSWICH, MA 01938	22-2536583	501(C)(3)	60,000				MIDWIFERY PROGRAM IN HAITI
PARTNERS INTERNATIONAL 1117 EAST WESTVIEW COURT SPOKANE, WA 992181319	94-1393427	501(C)(3)	100,000				\$50,000 00 WOMEN'S MICRO ENTERPRISE, \$50,000 00 CHILDREN AND YOUTH INITIATIVE
MILES FOR MICHAEL ASSISTANCE PROGRAM C/O 140 MAIN ST 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	22,300				TRAVEL ASSISTANCE SUPPORT

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REACH PREGNANCY CENTER OF NORTHERN NY PO BOX 126 POTSDAM, NY 13676	27-4281672	501(C)(3)	27,000				PROGRAM SUPPORT
RENEWING HOPE INC PO BOX 386 VALLEY FORGE, PA 19481	27-1836457	501(C)(3)	7,000				PROGRAM SUPPORT
RESTAVEK FREEDOM FOUNDATION 11160 KENWOOD ROAD CINCINNATI, OH 45242	20-8334578	501(C)(3)	737,000				PROGRAM SUPPORT

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ROCK SOLID ACADEMY 106 SOUTH LEHIGH STREET SHAVERTOWN, PA 18708	27-2392471	501(C)(3)	144,000				PROGRAM SUPPORT - LUZERNE FOUNDATION GRANT
RUTH'S PLACE HOUSE OF HOPE P O BOX 254 WILKESBARRE, PA 18703	26-3976334	501(C)(3)	15,000				IN SUPPORT OF STAFF EXPANSION AND RENOVATIONS
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	25,000				EUROPEAN REFUGEE RELIEF

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SANIBEL-CAPTIVA CONSERVATION FOUNDATION 3333 SANIBEL-CAPTIVA ROAD SANIBEL, FL 33957	59-1205087	501(C)(3)	90,000				\$20,000 PROGRAM SUPPORT, \$70,000 INTERN FUND
SANTIAGO CHRISTIAN SCHOOL FOUNDATION 1016 SCENIC VIEW DRIVE SCHWENKSVILLE, PA 19473	36-4385849	501(C)(3)	400,000				ADDITIONAL FUNDING FOR PROGRAM SUPPORT
SAVE THE STORKS 5373 N UNION BLVD COLORADO SPRINGS, CO 80918	46-1031815	501(C)(3)	40,000				FOR UNBORN HERO

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SERVE NOW PO BOX 50890 COLORADO SPRINGS, CO 80949	46-1522377	501(C)(3)	20,000				SPECIAL PROJECTS
SHAOHANNAH'S HOPE INC 230 FRANKLIN ROAD 11JJ PO BOX 647 FRANKLIN, TN 37065	32-0011220	501(C)(3)	50,000				DESIGNATED FOR ADOPTION AID
SKIDMORE COLLEGE 815 N BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	5,000				SKIDMORE CREW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
STORM WARRIORS INTERNATIONAL INC 162 OLD COUNTY ROAD ROCKPORT, ME 04856	27-0201059	501(C)(3)	60,000				PROGRAM SUPPORT
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGROVE HALL 3RD FL SELINGROVE, PA 178701164	23-1353385	501(C)(3)	25,750				PROGRAM SUPPORT
TCU COLLEGE OF SCIENCE & ENGINEERING TCU BOX 297044 FORT WORTH, TX 76129	75-0827465	501(C)(3)	20,000				\$10,000 FOR SCHOLARSHIPS, \$10,000 FOR PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
TEACH FOR HAITI CO UNITED CHARITIBLE PROGRAMS 6201 LEESBURG PIKE SUITE 405 FALLS CHURCH,VA 22044	20-4286082	501(C)(3)	20,000				PROGRAM SUPPORT - ANSEYE POU AYITI
TEEN CHALLENGE INTERNATIONAL 11095 MOLLY LANE NEOSHO,MO 64850	20-3459311	501(C)(3)	85,000				UNITED TO THE RESCUE MATCH
TEMPLE UNIVERSITY SECOND FLOOR SULLIVAN HALL 1330 POLETT WALK PHILADELPHIA,PA 19122	23-1365971	501(C)(3)	9,200				SCHOLARSHIP PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
THE 410 BRIDGE CO CANOPY LIFE ACADEMY PO BOX 500942 ATLANTA,GA 31150	20-5534140	501(C)(3)	27,000				CANOPY LIFE ACADEMY
THE CHALMERS CENTER AT COVENANT COLLEGE 507 MCFARLAND RD SUITE B LOOKOUT MOUNTAIN,GA 30750	27-2341083	501(C)(3)	55,000				TO SUPPORT "WHEN HELPING HURTS IN GIVING"
THE COMMONWEALTH MEDICAL COLLEGE 525 PINE STREET SCRANTON,PA 18509	26-0812968	501(C)(3)	52,200				DR JENNIFER A SIDARI SCHOLARSHIP FUND GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
THE HOPE CENTER 205-207 MAIN STREET LUZERNE, PA 18709	27-3851697	501(C)(3)	63,000				SENIOR CITIZEN HEALTH CARE, BULDING FUND AND PROGRAM SUPPORT
THE JEWISH COMMUNITY ALLIANCE 60 SOUTH RIVER STREET WILKESBARRE, PA 187022405	24-0795437	501(C)(3)	11,750				FRIDAY'S KIDS & CAMP FOR CHILDREN WITH AUTISM & SPECIAL NEEDS AND VARIOUS
THE ORPHAN INSTITUTE 6723 WHITTIER AVENUE STE 401 MCLEAN, VA 22101	26-4339070	501(C)(3)	19,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
THE OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKESBARRE, PA 187011287	24-0795971	501(C)(3)	34,687				SUMMER READING PROGRAM AND PROGRAM SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY OFFICE OF THE BURSAR 1-3 SHIELDS BUILDIING UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	6,288				SCHOLARSHIP PAYMENTS
THE ROBERT V & BENJAMIN G MILLER FUND SOUTHWEST FLORIDA COMMUNITY COLLEGE PARKWAY BLDG2 STE 201 FORT MYERS, FL 33919	59-6580974	501(C)(3)	10,000				TRAILWAYS CAMP IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
THE VERITAS FORUM INC ONE BROADWAY 14TH FLOOR CAMBRIDGE, MA 021421187	20-5616941	501(C)(3)	180,000				PROGRAM SUPPORT
TIM TEBOW FOUNDATION 2220 COUNTRY ROAD 2010 WEST SUITE 108 PMB 317 JACKSONVILLE, FL 32259	27-4345913	501(C)(3)	500,000				LAND PURCHASE
UNITARIAN UNIVERSALIST CONGREGATION OF WYOMING VALLEY PO BOX 2608 WILKES BARRE, PA 187032608	23-2664557	501(C)(3)	7,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
UNITED WAY OF WYOMING VALLEY 100 NORTH PENNSYLVANIA AVE 2ND FLOOR WILKES BARRE, PA 18701	24-0831490	501(C)(3)	89,200				PROGRAM SUPPORT-VARIOUS
URBAN PROMISE MINISTRIES COMMUNITY DEVELOPMENT INC P O BOX 1479 CAMDEN, NJ 08105	02-0650756	501(C)(3)	75,000				PROGRAM SUPPORT
VALLEY WITH A HEART BENEFITS FUND 1011 LOWER DEMUNDS ROAD DALLAS, PA 18612	23-2765498	501(C)(3)	8,622				FAMILY ASSISTANCE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
VASCULAR BIRTHMARK FOUNDATION PO BOX 106 LATHAM, NY 12110	16-1515227	501(C)(3)	65,000				STAFFING SUPPORT
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVE WILKESBARRE, PA 18702	20-3531527	501(C)(3)	7,500				IMO JUDGE OLSZWESKI AND HEALING HOUSE
WEDGWOOD CIRCLE INSTITUTE 5272 LYNNGATE COURT BURKE, VA 22015	26-3899171	501(C)(3)	10,000				2015 WEDGWOOD CIRCLE INSTITUTE EVENT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKESBARRE, PA 187660999	24-0795506	501(C)(3)	65,050				SCIENCE BUILDING AND VARIOUS
WILKES-BARRE AREA SCHOOL DISTRICT 730 SOUTH MAIN STREET WILKESBARRE, PA 187110375		501(C)(3)	6,869				EQUIPMENT PURCHASE - PO NUMBER #7301501387
WOMEN OF VALOR MINISTRIES INC 223 N PROSPECT STREET HAGERSTOWN, MD 21740	26-3267359	501(C)(3)	9,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
WORLD MAGAZINE PO BOX 2330 ASHEVILLE, NC 28802	56-0538016	501(C)(3)	48,000				HOPE AWARDS
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	299,794				TRIBUTE SPONSOR AND VARIOUS
WYOMING VALLEY CHILDREN'S ASSOCIATION 1133 WYOMING AVE FORTY FORT, PA 18704	24-0795510	501(C)(3)	5,250				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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
WYOMING WEST WYOMING LITTLE LEAGUE 117 WASHINGTON AVENUE WEST WYOMING, PA 18644	23-2669768	501(C)(3)	6,000				RENOVATIONS TO FACILITY
YMCA OF WILKES-BARRE INC 40 WEST NORTHAMPTON STREET WILKESBARRE, PA 187011774	24-0795638	501(C)(3)	21,085				ANNUAL CAMPAIGN
YOUNG LIFE 420 NORTH CASCADE AVENUE COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	74,700				DANVILLE FOR CAMPS AND VARIOUS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use </div> <div> <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence </div> <div> <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees </div> <div> <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract </div> <div> <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study </div> <div> <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES M BARBER PRESIDENT AND CEO	(i)	128,490 ----- 0	0 ----- 0	0 ----- 0	3,921 ----- 0	18,016 ----- 0	150,427 ----- 0	0 ----- 0
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

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

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	118,792	QUOTED MARKET PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	2	302,365	PRESENT VALUE- UNITRUST
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNTS REPORTED IN COLUMN B, LINE 9, REPRESENT THE NUMBER OF CONTRIBUTORS THE AMOUNT IN COLUMN B, LINE 11, REPRESENTS THE NUMBER OF TRUST INTERESTS
PART I, LINE 32B	THE ORGANIZATION USES INVESTMENT MANAGERS TO SELL THE PUBLICLY TRADED SECURITIES THAT ARE DONATED TO THE FOUNDATION

SCHEDULE O (Form 990 or 990-EZ)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number

23-2765498

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE WHICH IS COMPRISED OF THE BOARD CHAIRPERSON, VICE-CHAIRPERSON, SECRETARY, TREASURER, THREE SELECTED BOARD MEMBERS AND ONE BOARD MEMBER EMERITUS DEALS WITH CONFIDENTIAL MATTERS SUCH AS SETTING THE PRESIDENT/CEO SALARY AND CEO ANNUAL REVIEW THE EXECUTIVE COMMITTEE ALSO CONDUCTS THE BUDGET REVIEW BEFORE IT IS RATIFIED BY THE FULL BOARD
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL WEAVER, WHO IS A CURRENT BOARD MEMBER, IS THE STEP-SON OF BOARD EMERITUS, FRANK BE VEVINO AS EMERITUS, FRANK DOES NOT HAVE VOTING PRIVILEGES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ARTICLES OF INCORPORATION WERE AMENDED TO REFLECT A BROADER SCOPE OF OPERATIONS THE AMENDMENT PROVIDES THAT CHARLES BARBER, AS PRESIDENT AND CEO OF THE FOUNDATION IS AUTHORIZED TO EXECUTE ANY AND ALL CONTRACTS AND DOCUMENTS NECESSARY TO EFFECTUATE BUSINESS AND LEGAL TRANSACTIONS INCLUDING BUT NOT LIMITED TO TRUSTS, SPECIAL WARRANTY DEEDS, A TITLE AFFIDAVIT, A SETTLEMENT STATEMENT, AND SUCH OTHER DOCUMENTS AS REASONABLE AND CUSTOMARY
FORM 990, PART VI, SECTION B, LINE 11	CHARLES BARBER, PRESIDENT & CEO, BOB KORJESKI, CFO, AND THE EXECUTIVE COMMITTEE REVIEW THE FULL FORM 990 IN ITS ENTIRETY PRIOR TO FILING A PUBLIC INSPECTION COPY IS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO THE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE LUZERNE FOUNDATION DISTRIBUTES CONFLICTS OF INTEREST FORMS TO THE BOARD OF DIRECTORS SO THAT THE INFORMATION HELD ON FILE IS CURRENT. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS IS REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTANDS THE POLICY, HAVE AGREED TO COMPLY WITH THE POLICY, UNDERSTANDS THE DUTY OF EACH OFFICER OR DIRECTOR TO MAINTAIN AND PRESERVE THE CONFIDENTIALITY OF BOARD AND COMMITTEE DISCUSSIONS AND PROTECT PRIVACY AT ALL TIMES, AND UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT TO MAINTAIN ITS TAX-EXEMPT STATUS IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THESE FORMS ARE REVIEWED BY THE AUDIT AND GOVERNANCE COMMITTEES. ANY CONFLICT OF INTEREST THAT IS IDENTIFIED IS REVIEWED AT THE BOARD OF DIRECTORS MEETING ON A CASE BY CASE BASIS AND IS DOCUMENTED IN THE BOARD MEETING MINUTES.
FORM 990, PART VI, SECTION B, LINE 15	ANNUAL COMPENSATION REVIEWS ARE CONDUCTED BY THE PRESIDENT & CEO, DIRECTOR OF OPERATIONS AND ADMINISTRATIVE SUPPORT STAFF. IN ADDITION, THE PRESIDENT & CEO, AND THE DIRECTOR OF OPERATIONS ARE ALSO REVIEWED ANNUALLY. AS A MATTER OF PRACTICE, THE FOUNDATION'S EXECUTIVE COMMITTEE SETS THE PRESIDENT'S SALARY AND BENEFITS. THE PRESIDENT AND CEO THEN SET THE SUPPORT STAFF'S SALARY AND BENEFITS. IN ADVANCE OF THE PRESIDENT AND CEO REVIEW, THE EXECUTIVE COMMITTEE RECEIVES A COMPREHENSIVE CEO REVIEW FORM THAT SURVEYS SEVEN KEY AREAS OF PERFORMANCE: BOARD RELATIONS, STAFF PLANNING AND OVERSIGHT, PUBLIC RELATIONS AND FOUNDATION DEVELOPMENT, GRANTS MANAGEMENT, FISCAL MANAGEMENT, PERSONAL CHARACTERISTICS AND INSTITUTIONAL VISION. EACH EXECUTIVE COMMITTEE MEMBER RATES THE CANDIDATE ON A SCALE OF CONSISTENTLY EXCELLENT TO BELOW EXPECTATIONS, AND IS ENCOURAGED TO PROVIDE ADDITIONAL FEEDBACK IN THE COMMENTS SECTION OF THE REVIEW FORM. IN ADDITION, GENERAL OBSERVATION QUESTIONS ARE POSED TO SOLICIT FEEDBACK AND PROPOSED NEW IDEAS FOR THE FUTURE. THE INFORMATION OBTAINED ON THE FORMS IS COMPILED AND DISCUSSED AMONG THE EXECUTIVE COMMITTEE MEMBERS, AND IS DOCUMENTED IN THE MINUTES. ONCE A COLLECTIVE DECISION IS REACHED BY THE EXECUTIVE COMMITTEE, THE CHAIRMAN OF THE EXECUTIVE COMMITTEE REPORTS AND DISCUSSES THE OUTCOME WITH THE PRESIDENT AND CEO. TO ASSIST IN THE DETERMINATION OF THE CEO COMPENSATION PACKAGE, ADDITIONAL MATERIALS AND HANDOUTS ARE PROVIDED THROUGH THE COUNCIL ON FOUNDATIONS, (A RESOURCE FOR COMMUNITY FOUNDATIONS AND PHILANTHROPIC ENTITIES.) THESE HANDOUTS INCLUDE COMPARABLE SALARIES FOR OTHER COMMUNITY FOUNDATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, IN ADDITION, A STATEMENT OF FINANCIAL POSITION IS MADE AVAILABLE IN THE ANNUAL "COMMUNITY GUIDE" OF THE FOUNDATION THE 990 IS AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE OR UPON REQUEST
DISCLOSURE REGARDING FEES PAID TO THE CHIEF FINANCIAL OFFICER	ROBERT KORJESKI, CPA IS THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION HE DOES NOT HAVE BOARD VOTING PRIVILEGES FOR FORM 990 REPORTING PURPOSES, HE HAS BEEN IDENTIFIED AS AN OFFICER ON PART VII OF THIS FORM 990 FEES FOR SERVICES PROVIDED BY MR KORJESKI FROM THE LUZERNE FOUNDATION ARE PAID TO A CORPORATION OF WHICH MR KORJESKI IS THE 100% STOCKHOLDER FEES PAID FOR THESE SERVICES WERE \$6,000 FOR THE 2015 YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF REMAINDER TRUST 7,538

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER (1)UNITRUSTS (3)	INVESTMENTS	PA	N/A	T					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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