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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE LUZERNE FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
34 SOUTH RIVER STREET

City or town, state or province, country, and ZIP or foreign postal code
WILKESBARRE, PA 18702

D Employer identification number
23-2765498

E Telephone number
(570) 822-2065

G Gross receipts $ 24,977,413

F Name and address of principal officer:
CHARLES M BARBER
34 SOUTH RIVER STREET
WILKESBARRE, PA 18702

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LUZFDN.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
RAISES CONTRIBUTIONS FROM THE COMMUNITY TO SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,074,218	16,756,109
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	835,685	1,641,891
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,487	-42,787
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,901,416	18,355,213
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,916,937	15,685,862
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	412,524	420,391
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶354,689		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	722,153	573,482
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,051,614	16,679,735
19	Revenue less expenses. Subtract line 18 from line 12	-1,150,198	1,675,478

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	34,462,886	43,359,080
21	Total liabilities (Part X, line 26)	5,649,238	8,871,113
22	Net assets or fund balances. Subtract line 21 from line 20	28,813,648	34,487,967

Part II Signature Block

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

Sign Here

****** 2020-10-21
Signature of officer Date

CHARLES M BARBER PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00760402

Firm's name ▶ BAKER TILLY US LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400
LANCASTER, PA 17601 — Phone no. (717) 740-4863

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

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 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.

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 $ 15,685,862 including grants of $ 15,685,862) (Revenue $ 0)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 15,685,862

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 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*	9		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*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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*	15	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*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L,* Part 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? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	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	1a	14		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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	**2a**	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for 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? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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	**1a**	21		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ PA , CA , FL , IL , MD , MA , NC , NJ , NY , VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 PRESIDENT CEO 34 SOUTH RIVER STREET WILKESBARRE, PA 18702 (570) 822-2065

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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			
(1) CHARLES M BARBER PRESIDENT AND CEO	45.00			X				134,077	0	35,405
(2) ROBERT KORJESKI CHIEF FINANCIAL OFFICER	3.00			X				6,000	0	0
(3) JOHN DOWD CHAIRMAN	0.10	X		X				0	0	0
(4) TARA WILSON VICE CHAIRMAN	0.10	X		X				0	0	0
(5) ROBERT GILL TREASURER	0.10	X		X				0	0	0
(6) ROB NEHER SECRETARY	0.10	X		X				0	0	0
(7) JACKIE BROZENA DIRECTOR	0.10	X						0	0	0
(8) JOHN LOYACK DIRECTOR	0.10	X						0	0	0
(9) MIKE JONES SR DIRECTOR	0.10	X						0	0	0
(10) LAUREN ALLEN DIRECTOR	0.10	X						0	0	0
(11) DEBBIE EASTWOOD DIRECTOR	0.10	X						0	0	0
(12) ALEX FLACK DIRECTOR	0.10	X						0	0	0
(13) DAVID HOURIGAN DIRECTOR	0.10	X						0	0	0
(14) THOMAS MACNEELY DIRECTOR	0.10	X						0	0	0
(15) MALORIE MCLAUGHLIN DIRECTOR	0.10	X						0	0	0
(16) BRIAN STAHL DIRECTOR	0.10	X						0	0	0
(17) MICHELLE BURRELL DIRECTOR	0.10	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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			
(18) LAYNE CROTHERS DIRECTOR	0.10	X						0	0	0
(19) ALEXANDER SLOOT DIRECTOR	0.10	X						0	0	0
(20) GREG WEAVER DIRECTOR	0.10	X						0	0	0
(21) LARRY KAPLAN DIRECTOR	0.10	X						0	0	0
(22) MEGAN KENNEDY DIRECTOR	0.10	X						0	0	0
(23) MIKE LOMBARDO DIRECTOR	0.10	X						0	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								140,077	0	35,405

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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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				
b Membership dues	1b				
c Fundraising events	1c	280,872			
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	16,475,237			
g Noncash contributions included in lines 1a - 1f: $	1g	233,899			
h **Total.** Add lines 1a-1f		16,756,109			
Program Service Revenue	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f.					
3 Investment income (including dividends, interest, and other similar amounts)		686,207			686,207
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c					
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	7,481,342				
b Less: cost or other basis and sales expenses 7b	6,525,658				
c Gain or (loss) 7c	955,684				
d Net gain or (loss)		955,684			955,684
Other Revenue 8a Gross income from fundraising events (not including $ 280,872 of contributions reported on line 1c). See Part IV, line 18 8a	42,767				
b Less: direct expenses 8b	96,542				
c Net income or (loss) from fundraising events		-53,775			-53,775
9a Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances 10a					
b Less: cost of goods sold 10b					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a OFFICE ADMIN REVENUE	900099	10,927			10,927
b MISC REVENUE	900099	61			61
c					
d All other revenue					
e **Total.** Add lines 11a–11d		10,988			
12 **Total revenue.** See instructions		18,355,213	0	0	1,599,104

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	8,859,712	8,859,712		
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.	6,826,150	6,826,150		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	169,482		135,586	33,896
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	186,507		177,182	9,325
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,695		5,410	285
9 Other employee benefits	14,552		13,824	728
10 Payroll taxes	44,155		39,177	4,978
11 Fees for services (non-employees):				
a Management				
b Legal	1,214		1,214	
c Accounting	29,655		29,655	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	86,771		86,771	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,070		20,070	
12 Advertising and promotion	5,509		5,509	
13 Office expenses	26,877		26,877	
14 Information technology	4,137		4,137	
15 Royalties				
16 Occupancy	32,552		32,552	
17 Travel	9,107		9,107	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,600		4,600	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,574		18,574	
23 Insurance	9,006		9,006	
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	305,477			305,477
b TEMPORARY SERVICES	11,696		11,696	
c DUES & SUBSCRIPTIONS	6,361		6,361	
d MISCELLANEOUS EXPENSE	1,248		1,248	
e All other expenses	628		628	
25 **Total functional expenses.** Add lines 1 through 24e	16,679,735	15,685,862	639,184	354,689
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 ▶ ☐ 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		100	1	100
	2	Savings and temporary cash investments		1,922,932	2	2,711,522
	3	Pledges and grants receivable, net		1,610,247	3	1,836,988
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			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 746,349			
	b	Less: accumulated depreciation	10b 57,546	681,613	10c	688,803
	11	Investments—publicly traded securities		30,247,994	11	38,121,667
	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)		34,462,886	16	43,359,080
Liabilities	17	Accounts payable and accrued expenses			17	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		5,649,238	25	8,871,113
	26	**Total liabilities.** Add lines 17 through 25		5,649,238	26	8,871,113
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		27,978,960	27	33,448,996
	28	Net assets with donor restrictions		834,688	28	1,038,971
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		28,813,648	32	34,487,967
	33	Total liabilities and net assets/fund balances		34,462,886	33	43,359,080

Part XI Reconcilliation 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	18,355,213
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,679,735
3	Revenue less expenses. Subtract line 2 from line 1	3	1,675,478
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,813,648
5	Net unrealized gains (losses) on investments	5	3,828,257
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	170,584
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,487,967

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a		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.	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-2765498

Name: THE LUZERNE FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

THE LUZERNE FOUNDATION IS A COMMUNITY FOUNDATION SERVING THE NEEDS OF INDIVIDUALS AND ORGANIZATIONS WITHIN LUZERNE COUNTY, PENNSYLVANIA. AS A COMMUNITY FOUNDATION WE PROMOTE PHILANTHROPY AND SERVE AS STEWARDS OF THE RESOURCES OUR DONORS INVEST THROUGH US TO SUPPORT THE COMMUNITY PROGRAMS WHICH THEY FUND. OUR GOAL IS TO DEVELOP AND MANAGE FUNDS THROUGH PHILANTHROPIC SUPPORT BY AREA DONORS THAT MEET EVOLVING COMMUNITY NEEDS AND CONTINUALLY ADDRESS THOSE NEEDS THROUGH FUTURE GENERATIONS.THE MISSION OF THE LUZERNE FOUNDATION IS TO WORK TO ENHANCE THE LIVES OF LUZERNE COUNTY RESIDENTS BY EVALUATING AND ADDRESSING COMMUNITY NEEDS THROUGH STRATEGIC GRANTMAKING, PROMOTING RESPONSIBLE PHILANTHROPY, AND CONNECTING DONORS TO CAUSES THAT MATTER TO THEM.SUPPORTING KEY COMMUNITY AREASTHROUGH AN INCLUSIVE STRATEGIC INITIATIVE, WE IDENTIFIED SEVEN SPECIFIC AREAS OF SUPPORT THAT OUR COMMUNITY FOUNDATION IS FOCUSED ON TO MEET AND IMPROVE OUR MISSION OF ENSURING A HEALTHY AND SUSTAINABLE COMMUNITY. THOSE SEVEN KEY AREAS OF CONCENTRATION INCLUDE: SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS. WE ACCOMPLISH THIS MISSION BY ASSISTING DONORS OF ALL SIZES TO CREATE AND ENDOW VARIOUS TYPES OF FUNDS. THESE FUND TYPES INCLUDE: UNRESTRICTED, DONOR-ADVISED, FIELD OF INTEREST, DESIGNATED, SCHOLARSHIP, AS WELL AS ORGANIZATIONAL ENDOWMENTS. BY WORKING WITH INDIVIDUALS, FAMILIES, COMPANIES, NONPROFITS, PROFESSIONAL ADVISORS AND OTHER FOUNDATIONS, WE CONVEY INFORMATION ABOUT EXISTING FUNDS AND LOCAL NONPROFITS AND PROVIDE OPTIONS FOR DONORS TO PHILANTHROPICALLY MEET THEIR CHARITABLE GIVING GOALS.SCHEDULES F AND I LIST GRANTS AWARDED DURING THE CURRENT YEAR. EDUCATION AND RESOURCESWE BELIEVE EDUCATION IS A KEY TO GROWING PHILANTHROPY IN OUR COMMUNITIES AND CONTINUING SUPPORT FOR OUR COMMUNITY FOUNDATION. WE PROVIDE EDUCATIONAL SEMINARS TO ASSIST CURRENT AND POTENTIAL DONORS IN UNDERSTANDING AND APPLYING THE BENEFITS OF DONATING THROUGH OUR ORGANIZATION AND TO ASSIST THEM IN MATCHING THEIR INTERESTS TO THE NEEDS OF OUR COMMUNITY. WE CONVEY THE LATEST AND MOST IMPORTANT INFORMATION ABOUT TRENDS AND LEGISLATION, FREE OF CHARGE TO INTERESTED INDIVIDUALS AND ORGANIZATIONS. THROUGH OUR COLLABORATION WITH THE NONPROFIT & COMMUNITY ASSISTANCE CENTER (NCAC) AND THE NORTHEASTERN PENNSYLVANIA CHAPTER OF THE ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) WE HAVE ACCESS TO AND PROVIDE DISSEMINATION OF THE RECOMMENDATIONS AND BEST PRACTICES ON THE INDUSTRY.ADDITIONALLY, WE HAVE A KNOWLEDGEABLE AND PROFESSIONAL STAFF WHO IS ABLE AND WILLING TO PROVIDE PHILANTHROPIC ASSISTANCE AND GUIDANCE TO INDIVIDUALS AND ORGANIZATIONS IN OUR AREA. THE STAFF'S LONG TENURE AND TRAINING ALONG WITH THE REGIONAL AND NATIONAL RESOURCES AVAILABLE TO THEM ENSURE THAT THE MOST EFFECTIVE INFORMATION IS AT HAND.CONVERSATIONS AND COLLABORATIONSA KEY ELEMENT TO ACCOMPLISHING THE MISSION OF THE LUZERNE FOUNDATION IS COLLABORATION TO SUPPORT CREATIVE SOLUTIONS TO BUILD CAPACITY IN OUR NONPROFITS AND WORK CLOSELY WITH PROFESSIONAL ADVISORS, OTHER NONPROFITS, AND COMMUNITY LEADERS. OUR FOUNDATION HAS A PROUD HISTORY OF FUNCTIONING AS A CATALYST TO CONVENE DIVERSE GROUPS IN IDENTIFYING AND MEETING COMMUNITY NEEDS THROUGH DIRECTED GIVING. OUR FOCUS ON ENCOURAGING DONORS TO MAKE EFFECTIVE CHARITABLE DECISIONS THROUGH OUR DONOR-CENTRIC APPROACH TO PHILANTHROPY COMBINED WITH OUR ABILITY TO LISTEN TO THE NEEDS OF DONORS, NONPROFITS AND COMMUNITY LEADERS AND SUPPORTERS LEVERAGES THOSE CONVERSATIONS AND PARTNERSHIPS FOR COMMUNITY BETTERMENT.HERE FOR GOOD WE ARE "HERE FOR GOOD." THE LUZERNE FOUNDATION, ESTABLISHED IN 1994, HELPS PEOPLE CREATE FUNDS TO DO GOOD FOR TODAY AND GOOD THAT LASTS FOR TOMORROW. THE LUZERNE FOUNDATION MANAGES OVER 360 FUNDS OF WHICH NO TWO ARE EXACTLY ALIKE. OVER $133 MILLION IN GRANTS HAS BEEN DISTRIBUTED TO MEET COMMUNITY CHALLENGES THROUGH NONPROFIT ORGANIZATIONS. WITH OVER $38 MILLION IN ASSETS THE FOUNDATION IS A POSITIVE FORCE FOR GOOD IN OUR COMMUNITIES. WE UNDERSTAND THAT DONORS HAVE MANY CHARITABLE INTERESTS, AND WE MAKE IT EASY FOR DONORS TO FIND INFORMATION ABOUT LOCAL NONPROFITS THAT FIT THEIR CHARITABLE GIVING GOALS, TO FIND INFORMATION ABOUT VARIOUS WAYS TO GIVE, TO FIND INFORMATION REGARDING EXISTING FUNDS THAT FIT THEIR CHARITABLE GIVING GOALS, AND TO FIND INFORMATION ABOUT STARTING THEIR OWN FUND WITHIN THE FOUNDATION.WE ARE HERE FOR GOOD TO GROW THE FOUNDATION'S UNRESTRICTED ASSETS TO PROVIDE FOR DIVERSE COMMUNITY NEEDS FOR GENERATIONS TO COME.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	17,919,592	15,366,533	18,268,836	17,074,218	16,756,109	85,385,288
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	17,919,592	15,366,533	18,268,836	17,074,218	16,756,109	85,385,288
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) . .						66,317,195
6 **Public support.** Subtract line 5 from line 4.						19,068,093

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	17,919,592	15,366,533	18,268,836	17,074,218	16,756,109	85,385,288
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	796,875	506,074	559,858	628,967	686,207	3,177,981
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.). .			779		10,988	11,767
11 **Total support.** Add lines 7 through 10						88,575,036

12 Gross receipts from related activities, etc. (see instructions) **12** 38,080

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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 21.530 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15** 22.060 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** 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 . . . . . ▶ ☑

b **10%-facts-and-circumstances test—2018.** 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 . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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**		

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	**1**		
2	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? *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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	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? *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.*	**2a**		
b	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? *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.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	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.***	**3a**		
b	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.*	**3b**		

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 (explain in Part VI). **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)

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

ESTABLISHED IN 1994 AS A "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 2019, TLF HAS MADE FINANCIAL GRANTS TOTALING IN EXCESS OF $164 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 365 DONOR ESTABLISHED MISSION-DIRECTED FUNDS THAT IN THE AGGREGATE HAVE A CURRENT FAIR MARKET VALUE IN EXCESS OF $42 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 2019 CALENDAR YEAR TLF'S PUBLIC SUPPORT PERCENTAGE WAS 21.53%. 2014 WAS THE FIRST YEAR SINCE TLF WAS ESTABLISHED THAT ITS PUBLIC SUPPORT PERCENTAGE DID NOT EXCEED 33 1/3%. -BROAD BASE OF TLF'S SUPPORT: IN 2019, TLF RECEIVED MORE THAN 3,504 CONTRIBUTIONS FROM 2,395 DIFFERENT INDIVIDUALS AND BUSINESSES. SUBSTANTIALLY, ALL OF THE CONTRIBUTIONS THAT TLF RECEIVED IN 2019 WERE FROM INDIVIDUALS RESIDING IN AND BUSINESSES LOCATED IN LUZERNE COUNTY, PENNSYLVANIA AND COUNTIES IMMEDIATELY SURROUNDING IT. LUZERNE COUNTY HAS A TOTAL OF APPROXIMATELY 330,000 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 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 2019, TLF'S BOARD WAS COMPRISED OF 21 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, 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, 2019. -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 RECENTLY 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 THAT WISH TO APPLY FOR A GRANT. TLF MAINTAINS A DATABASE 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 THEIR MISSIONS 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 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). FORMER 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.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE - 2017 AMOUNT: $ 779. 2019 AMOUNT: $ 61. OFFICE ADMIN REVENUE - 2019 AMOUNT: $ 10,927.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	155	198
2	Aggregate value of contributions to (during year)	15,153,628	1,656,756
3	Aggregate value of grants from (during year)	14,594,272	1,091,590
4	Aggregate value at end of year	14,270,214	9,699,016

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☑ Yes ☐ 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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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 7/25/06, 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:

		Amount
c	Beginning balance	1,766,348
d	Additions during the year	346,573
e	Distributions during the year	116,746
f	Ending balance	1,996,175

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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,340,478	31,780,789	30,099,382	27,977,014	26,318,158
b Contributions	2,829,577	1,164,804	1,647,851	1,571,866	3,086,710
c Net investment earnings, gains, and losses	7,505,953	-1,531,385	4,079,439	2,261,017	125,050
d Grants or scholarships	1,094,328	1,619,971	3,600,747	1,310,427	1,184,535
e Other expenditures for facilities and programs					
f Administrative expenses	460,013	453,759	445,136	400,088	368,369
g End of year balance	38,121,667	29,340,478	31,780,789	30,099,382	27,977,014

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

- a Board designated or quasi-endowment ▶ 40.000 %
- b Permanent endowment ▶ 60.000 %
- c Temporarily restricted endowment ▶ 0 %

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:

	Yes	No
3a(i) (i) unrelated organizations		No
3a(ii) (ii) related organizations		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" on 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		31,000		31,000
b Buildings		682,086	24,283	657,803
c Leasehold improvements				
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).)* ▶				688,803

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	8,871,113

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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	22,397,524
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,828,257		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	117,512		
e	Add lines **2a** through **2d**			2e	3,945,769
3	Subtract line **2e** from line **1**			3	18,451,755
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	-96,542		
c	Add lines **4a** and **4b**			4c	-96,542
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	18,355,213

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	16,723,205
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	130,241		
e	Add lines **2a** through **2d**			2e	130,241
3	Subtract line **2e** from line **1**			3	16,592,964
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	86,771		
c	Add lines **4a** and **4b**			4c	86,771
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	16,679,735

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B:	ACCORDING TO PENNSYLVANIA NONPROFIT CODE 15 PA. C.S. 5547(A), COMMUNITY FOUNDATIONS MAY TA KE AND HOLD TRUST FUNDS AS NORMAL RELATED ACTIVITY. OUR BOARD OF DIRECTORS, AS TRUSTEES OF SUCH PROPERTY, ARE HELD TO THE SAME DEGREE OF RESPONSIBILITY AND ACCOUNTABILITY AS IF NOT INCORPORATED, UNLESS A LESSER DEGREE, PARTICULAR DEGREE OF RESPONSIBILITY AND/OR ACCOUNTA BILITY IS PRESCRIBED IN THE TRUST INSTRUMENT, OR UNLESS THE BOARD OF DIRECTORS OR SUCH OTH ER BODY REMAIN UNDER THE CONTROL OF THE MEMBERS OF THE CORPORATION OR THIRD PERSONS WHO RE TAIN THE RIGHT TO DIRECT, AND DO DIRECT, THE ACTIONS OF THE BOARD OR OTHER BODY AS TO THE USE OF THE TRUST PROPERTY FROM TIME TO TIME.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS ARE INTENDED TO LAST INTO PERPETUITY. TO PRESERVE THE DONOR'S ORIGINAL INV ESTMENT, THE LUZERNE FOUNDATION RECOMMENDS THAT 4.25% OF A ROLLING 16 QUARTER AVERAGE BE U SED AS THE RULE OF THUMB FOR INCOME THAT IS AVAILABLE FOR DISTRIBUTION ANNUALLY. ENDOWMENT FUNDS MAY FUNCTION AS ORGANIZATIONAL, DESIGNATED, DONOR ADVISED, SCHOLARSHIP AND FIELD OF INTEREST.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRES HOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AU THORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN M ET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION TH RESHOLD IN 2019 AND 2018.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF REMAINDER TRUST 204,283. INVESTMENT FEES -86,771.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES -96,542.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 96,542. UNCOLLECTIBLE PLEDGES 33,699.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT FEES 86,771.

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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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			6,826,150
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			6,826,150

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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 . . . . . ▶ 42

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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't 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 GRANTMAKING 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 ENSURE 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
PART III ACCOUNTING METHOD:	

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.

Additional Data

Software ID:

Software Version:

EIN: 23-2765498

Name: THE LUZERNE FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	GRANTMAKING	4,817,250
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	GRANTMAKING	556,067

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	GRANTMAKING	957,833
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	GRANTMAKING	425,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	0	0	PROGRAM SERVICES	GRANTMAKING	70,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	GENERAL SUPPORT INCLUDING PROGRAMS AND "TEEN CHALLENGE"	556,067	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GENERAL SUPPORT INCLUDING ORPHANAGES, PROGRAMS, FARMING	4,817,250	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	GENERAL PROGRAM SUPPORT	70,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT FOR PROGRAMS AND SCHOOLS	957,833	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENERAL PROGRAM SUPPORT	425,000	CHECK			

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 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? **Yes**	**No**	**(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
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 ANNUAL GOLF TOURNAMENT (event type)	(b) Event #2 25TH ANNIVERSARY (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	40,490	283,149		323,639
	2 Less: Contributions	24,448	256,424		280,872
	3 Gross income (line 1 minus line 2)	16,042	26,725		42,767
Direct Expenses	4 Cash prizes	10,075			10,075
	5 Noncash prizes		2,334		2,334
	6 Rent/facility costs	5,775	5,398		11,173
	7 Food and beverages	13,233	23,434		36,667
	8 Entertainment				
	9 Other direct expenses	221	36,072		36,293
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				96,542
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-53,775

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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 provide any additional information. See instructions.

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to 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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 125

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

Part III **Grants 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental 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 ENSURE 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
ALL SAINTS CHURCH 17 NORTH CLEVELAND STREET MCADOO, PA 18237	26-3064945	501(C)(3)	5,000				PROGRAM SUPPORT
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	23-2523682	501(C)(3)	22,000				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
ALLONE CHARITIES 83 E UNION STREET WILKESBARRE, PA 18701	47-3715226	501(C)(3)	42,000				MULTIPLE PROGRAM SUPPORT
AMERICAN RED CROSS- WYOMING VALLEY CHAPTER 256 NORTH SHERMAN STREET WILKESBARRE, PA 187025316	24-0803079	501(C)(3)	6,850				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
AMERICA'S KIDS BELONG 1540 MAIN STREET UNIT 218 331 WINDSOR, CO 80550	45-5558052	501(C)(3)	120,000				"I BELONG" FOSTER CARE PROJECT
AWAKENING FOUNDATION 1025 FRONT STREET SUITE 1 CONWAY, AK 72032	46-2611720	501(C)(3)	160,000				WORSHIP CONFERENCE

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
BACK MOUNTAIN RECREATION INC PO BOX 244 LEHMAN, PA 18627	23-2986991	501(C)(3)	10,000				PROGRAM SUPPORT
BENTLEY UNIVERSITY 175 FOREST STREET RAUCH 123 WALTHAM, MA 024524705	04-1081650	501(C)(3)	5,000				VARIOUS SCHOLARSHIP AWARDS

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
BETHANY CHRISTIAN SERVICES GREATER DELAWARE VALLEY BRANCH OFFICE 7827 OLD YORK ROAD ELKINS PARK, PA 190272508	38-1405282	501(C)(3)	30,000				ADOPTION SERVICES AND PREGNANCY COUNSELING
BOYS & GIRLS CLUBS OF NORTHEASTERN PENNSYLVANIA 609 ASH STREET SCRANTON, PA 18510	24-0796420	501(C)(3)	5,325				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
CAMP CADET TROOP P WYOMING 475 WYOMING AVENUE WYOMING, PA 18644	03-0509931	501(C)(3)	12,500				PROGRAM SUPPORT
CAMP ORCHARD HILL INC 640 ORANGE ROAD DALLAS, PA 18612	23-2265574	501(C)(3)	83,146				CAMP RENOVATIONS AND CAMPERSHIP SCHOLARSHIPS

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
CANDY'S PLACE 190 WELLES STREET SUITE 120 FORTY FORT, PA 18704	23-2973385	501(C)(3)	12,000				PROGRAM SUPPORT
CARE NET 44180 RIVERSIDE PARKWAY SUITE 200 LANSDOWNE, VA 20176	54-1382723	501(C)(3)	150,000				PROGRAM SUPPORT/EQUIPMENT

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
CASA OF LUZERNE COUNTY 667 NORTH RIVER STREET PLAINS, PA 18705	46-2279058	501(C)(3)	33,550				PROGRAM SUPPORT
CATALYST MINISTRIES INC PO BOX 368141 BONITA SPRINGS, FL 34136	39-2060789	501(C)(3)	80,000				PERMON THOMAS PRISON MINISTRIES

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 SOCIAL SERVICES 214 W WALNUT STREET HAZLETON, PA 18201	24-0818341	501(C)(3)	5,100				PROGRAM SUPPORT
COMMISSION ON ECONOMIC OPPORTUNITY OF LUZERNE COUNTY 165 AMBER LANE WILKESBARRE, PA 18702	23-1653093	501(C)(3)	10,800				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
COMMONWEALTH FOUNDATION 225 STATE STREET SUITE 302 HARRISBURG, PA 17101	23-2473845	501(C)(3)	5,000				PROGRAM SUPPORT
COMMUNITY PREGNANCY CLINIC 940 FIFTH AVENUE NAPLES, FL 34012	51-0204833	501(C)(3)	40,000				LIFESAVER PROGRAM

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
CONGRESSIONAL COALITION ON ADOPTION INSTITUTE (CCAI) 311 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002	54-2035617	501(C)(3)	80,000				PROGRAM SUPPORT
COUNCIL ON FOUNDATIONS INC P O BOX 75661 BALTIMORE, MD 21275	13-6068327	501(C)(3)	5,500				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
COUNTRY HEART FARM 311 HANNA STREET SUGARLOAF, PA 18249	81-4215209	501(C)(3)	10,000				PROGRAM SUPPORT
CURE INTERNATIONAL P O BOX 207 NEW CUMBERLAND, PA 17070	58-2248383	501(C)(3)	17,500				HAIT CLUB FOOT PROGRAM/HOSPITAL RENOVATIONS

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
DELAWARE AND LEHIGH NATIONAL HERITAGE CORRIDOR 2750 HIGH MOORE PARK ROAD EASTON, PA 18042	23-2977618	501(C)(3)	25,500				PROGRAM SUPPORT
DIAMOND CITY PARTNERSHIP INC TWO PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18701	23-3094874	501(C)(3)	21,675				PROJECT 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
DOMESTIC VIOLENCE SERVICE CENTER INC P O BOX 2177 WILKESBARRE, PA 18703	23-2070668	501(C)(3)	10,050				PROGRAM SUPPORT
DOWNTOWN HAZLETON ALLIANCE FOR PROGRESS 8 WEST BROAD STREET MEZZANINE SUITE 1490 HAZLETON, PA 18201	46-4210453		20,000				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
EAGLES NEST REGENERATION 148 REHOBOTH LANE NE FLOYD, VA 24091	46-3340123	501(C)(3)	40,000				PROGRAM SUPPORT
EPCAMR 101 S MAIN STREET ASHLEY, PA 18706	23-2859500		10,000				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
ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD SIMSBURY, CT 06070	06-0689699	501(C)(3)	71,230				PROGRAM SUPPORT
F M KIRBY CENTER FOR THE PERFORMING ARTS 71 PUBLIC SQUARE WILKESBARRE, PA 187012577	22-2697004	501(C)(3)	58,250				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
FAMILY SERVICE ASSOCIATION OF WYOMING VALLEY 31 WEST MARKET STREET WILKESBARRE, PA 18701	24-0795415	501(C)(3)	17,805				PROGRAM SUPPORT
FELLOWSHIP ADVENTURES OPPORTUNITIES PO BOX 994 FAIRVIEW, TN 37062	47-2059130	501(C)(3)	162,500				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
FINE ARTS FIESTA INC PO BOX 2053 WILKESBARRE, PA 187032053	23-6295765	501(C)(3)	11,000				FIESTA SUPPORT
FOUNDATION FOR ADVANCED CRANIOFACIAL EDUCATION INC 5201 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53217	39-1944105	501(C)(3)	5,900				CRANIOFACIAL CARE FOR THE HAITIAN PEOPLE

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
GABRIEL HOUSE 6900 DANIELS PARKWAY SUITE 29 FORT MYERS, FL 33912	65-0308014	501(C)(3)	10,000				PROGRAM SUPPORT
GEISINGER COMMONWEALTH SCHOOL OF MEDICINE 525 PINE STREET SCRANTON, PA 18509	26-0812968	501(C)(3)	83,800				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
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA 17822	23-1995911	501(C)(3)	245,000				PROGRAM SUPPORT
GLOBAL ADVANCE PO BOX 742077 DALLAS, TX 75374	75-2332727	501(C)(3)	34,500				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
GRACE COMMUNITY CHURCH 5182 US 70 WEST MARION, NC 28752	95-4896863	501(C)(3)	100,000				MATCHING GIFT FULFILLMENT
GRACE EPISCOPAL CHURCH 30 BUTLER STREET KINGSTON, PA 18704	24-0816493	501(C)(3)	6,000				PROGRAM SUPPORT

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

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GREATER HAZLETON AREA CIVIC PARTNERSHIP 8 WEST BROAD STREET M-1490 HAZLETON, PA 18201	23-2980894	501(C)(3)	13,000				PROGRAM SUPPORT
GREATER HAZLETON PHILHARMONIC SOCIETY 959 LATTIMER ROAD HAZLE TOWNSHIP, PA 18202	23-7282088	501(C)(3)	7,600				PROGRAM SUPPORT

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

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GREATER WILKES-BARRE CHAMBER OF COMMERCE 2 PUBLIC SQUARE WILKESBARRE, PA 18702	24-0751080	501(C)(3)	7,400				SPONSORSHIP
HANDS AND FEET PROJECT P O BOX 682105 FRANKLIN, TN 37068	20-1368997	501(C)(3)	12,570				HUMANITARIAN AID

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

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HARMINIOUS ENDEAVORS 100 WEST MARKET STREET DANVILLE, PA 17821	75-3019918	501(C)(3)	10,000				PROGRAM SUPPORT
HAZLETON AREA REGIONAL PROGRAM 601 SOUTH POPLAR STREET HAZLETON, PA 18201	47-2599694		10,000				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
HEALING WATERS INTERNATIONAL INC 15000 W 6TH AVENUE SUITE 404 GOLDEN, CO 80401	46-0472149	501(C)(3)	5,000				HUMANITARIAN AID
HEALTH NETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALLS, OH 44022	04-3804600		5,000				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
HOYT LIBRARY 284 WYOMING AVE KINGSTON, PA 187043597	23-6392122	501(C)(3)	5,100				PROGRAM SUPPORT
HUMAN TRAFFICKING INSTITUTE 8400 WESTPARK DRIVE SUITE 100 MCLEAN, VA 22102	47-4573685	501(C)(3)	75,000				HUMAN TRAFFICKING

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

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HUNTS FOR HEALING INC 3 COBURN HILL ROAD LACEYVILLE, PA 18623	23-2765498	501(C)(3)	10,000				PROGRAM SUPPORT
IMMANUEL CHRISTIAN SCHOOL 725 N LOCUST STREET HAZLETON, PA 18201	23-2242547	501(C)(3)	10,000				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
INNER-CITY MOVEMENT INC (IC MOVEMENT) 7000 TERMINAL SQUARE UPPER DARBY, PA 19082	14-1966666	501(C)(3)	50,000				MATCHING GIFT
INTERNATIONAL DOCUMENTARY ASSOCIATION 3470 WILSHIRE BLD SUITE 980 LOS ANGELES, CA 90010	95-3911227	501(C)(3)	5,100				PROJECT 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
KEYSTONE RESCUE MISSION ALLIANCE 8 W OLIVE STREET SCRANTON, PA 18508	34-2042921	501(C)(3)	40,000				PROGRAM SUPPORT
KING'S COLLEGE 133 NORTH RIVER STREET WILKESBARRE, PA 18711	24-0804602	501(C)(3)	39,220				SCHOLARSHIPS

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

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LEADERSHIP WILKES-BARRE 4 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 187105340	23-2205981	501(C)(3)	5,605				PROGRAM SUPPORT
LESSONS FOR LIFE MINISTRIES PO BOX 1996 ALLENTOWN, PA 181051996	22-3110904	501(C)(3)	18,000				SCALE UP PROJECT

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

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LIFECHURCH PO BOX 1996 ALLENTOWN, PA 181051996	22-3110904	501(C)(3)	42,000				HAITI, LIFE CHURCH MATCHING
LIU GENERAL FUND 368 TIOGA AVE KINGSTON, PA 18704	23-1741699		6,584				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
LIU PROGRAM FOR EXCEPTIONAL CHILDREN 368 TIOGA AVE KINGSTON, PA 18704	23-1741699		9,789				PROGRAM SUPPORT
LUZERNE COUNTY CHILD ADVOCACY CENTER 187 HANOVER STREET WILKESBARRE, PA 18702	46-4517112	501(C)(3)	9,500				PROGRAM SUPPORT

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

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LUZERNE COUNTY COMMUNITY COLLEGE ASSOCIATION OF HIGHER EDUCATION 1333 SOUTH PROSPECT STREET NANTICOKE, PA 186343899	23-2268047	501(C)(3)	11,750				PROGRAM SUPPORT
LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKESBARRE, PA 18701	24-0811758	501(C)(3)	29,500				PROGRAM SUPPORT

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

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MARIAN CATHOLIC 166 MARIAN AVE TAMAQUA, PA 18252	23-3046452	501(C)(3)	15,000				PROGRAM SUPPORT
MCGLYNN CENTER 72 MIDLAND COURT WILKESBARRE, PA 18702	46-3067291	501(C)(3)	10,900				PROGRAM SUPPORT

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

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MILES FOR MICHAEL FAMILY ASSISTANCE PROJECT 34 SOUTH RIVER STREET WILKESBARRE, PA 18510	23-2765498	501(C)(3)	15,000				PROGRAM SUPPORT
MILES FOR MICHAEL FAMILY TRAVEL ASSISTANCE PROJECT 664 WYOMING AVENUE KINGSTON, PA 18704	23-2765498	501(C)(3)	30,000				PROGRAM SUPPORT

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MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 186121090	24-0795406	501(C)(3)	125,150				ANNUAL FUND SUPPORT
MISSION E4 39 BURNSHIRT ROAD SUITE N HUBBARDSTON, MA 01452	20-2383319	501(C)(3)	6,000				PROGRAM SUPPORT

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

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MMI PREPARATORY SCHOOL 154 CENTRE STREET FREELAND, PA 182240089	24-0795967	501(C)(3)	145,097				PERSONNEL EXPENSES
MOM-N-PA 489 MARKET STREET SWOYERSVILLE, PA 18704	45-4645257	501(C)(3)	15,000				PROGRAM SUPPORT

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MONTREAT COLLEGE 310 GAITHER CIRCLE MONTREAT, NC 28757	56-1324199	501(C)(3)	1,300,000				PROGRAM SUPPORT
MT GILEAD CAMP AND CONFERENCE CENTER 440 RINKER ROAD STROUDSBURG, PA 18360	23-1673125	501(C)(3)	8,000				PROGRAM SUPPORT

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

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NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	886,006				PROGRAM SUPPORT
NEPA PHILHARMONIC P O BOX 4525 SCRANTON, PA 18505	23-1855655	501(C)(3)	16,840				PROGRAM SUPPORT

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NEW ENGLAND COLLEGE 98 BRIDGE STREET HENNIKER, NH 03242	02-0223955	501(C)(3)	5,000				PROGRAM SUPPORT
NORTH BRANCH LAND TRUST 251 HUNTSVILLE IDETOWN ROAD DALLAS, PA 18612	23-7755642	501(C)(3)	14,150				PROGRAM SUPPORT

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NORTHEAST REGIONAL CANCER INSTITUTE 334 JEFFERSON AVENUE SCRANTON, PA 18510	23-2662214	501(C)(3)	11,000				PROGRAM SUPPORT
NORTHEAST SIGHT SERVICES 1825 WYOMING AVENUE EXETER, PA 18643	23-2660272	501(C)(3)	20,100				PROGRAM SUPPORT

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

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NORTHMORELAND TOWNSHIP VOLUNTEER FIRE COMPANY 1618 DEMUNDS ROAD DALLAS, PA 18612	23-2204025	501(C)(3)	5,000				ANNUAL FUND SUPPORT
PARKER HILL COMMUNITY CHURCH 933 SCRANTON CARBONDALE HIGHWAY SCRANTON, PA 18508	23-2601749	501(C)(3)	1,019,500				PROGRAM SUPPORT

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PATRIOTS COVE OF HUNTS HEALING 644 DIMMICK HILL ROAD NOXEN, PA 18636	23-2765498	501(C)(3)	68,400				PROGRAM SUPPORT
PENN STATE - HAZLETON 76 UNIVERSITY DRIVE - ROOM 217 HAZLETON, PA 18202	24-6000376	501(C)(3)	5,000				PROGRAM SUPPORT

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PENN STATE WILKES-BARRE P O BOX PSU LEHMAN, PA 18627	24-6000376	501(C)(3)	6,000				PROGRAM SUPPORT
PENNSYLVANIA ENVIRONMENTAL COUNCIL - NORTHEAST OFFICE 175 MAIN STREET LUZERNE, PA 18709	23-7286159	501(C)(3)	5,500				PROGRAM SUPPORT

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PLANNED PARENTHOOD OF NORTHEAST AND MID-PENN P O BOX 813 TREXLERTOWN, PA 180870813	23-2450112	501(C)(3)	10,000				PROGRAM SUPPORT
PP&L SUSTAINABLE ENERGY 4110 INDEPENDENCE DRIVE SUITE 100 SCHNECKSVILLE, PA 18078	23-3045491	501(C)(3)	5,000				PROGRAM SUPPORT

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RESTAVEK FREEDOM FOUNDATION 11160 KENWOOD ROAD CINCINNATI, OH 45242	20-8334578	501(C)(3)	200,000				HATIAN RELIEF EFFORTS
ROCK SOLID ACADEMY 1919 MOUNTAIN ROAD LARKSVILLE, PA 18651	27-2392471	501(C)(3)	60,000				WATER TESTING REQUIREMENTS

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

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RONALD MCDONALD HOUSE OF SCRANTON INC 332 WHEELER AVENUE SCRANTON, PA 18510	23-2400153	501(C)(3)	15,000				PROGRAM SUPPORT
SAFE INC 275 MUNDY ST SUITE 201 WILKESBARRE, PA 18702	23-2856059	501(C)(3)	10,000				STEPS - SAFE TARGETING EDUC. POSSIBILITIES

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

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SANIBEL-CAPTIVA CONSERVATION FOUNDATION 3333 SANIBEL-CAPTIVA ROAD SANIBEL, FL 33957	59-1205087	501(C)(3)	50,000				PROGRAM SUPPORT
SCRANTON PRIMARY HEALTH CARE CENTER INC 959 WYOMING AVE SCRANTON, PA 18509	23-2024511	501(C)(3)	5,000				PROGRAM SUPPORT

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

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SCRIPTURES IN USE 101 SOUTH LA CANADA SUITE 49 D GREEN VALLEY, AZ 85614	86-0578728	501(C)(3)	10,000				PROGRAM SUPPORT
SHAOHANNAH'S HOPE INC 230 FRANKLIN ROAD 11JJ PO BOX 647 FRANKLIN, TN 37065	32-0011220	501(C)(3)	160,000				PRE AND POST ADOPTION PROGRAM

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

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SOCIAL FABRIC COLLECTIVE 312 WYOMING AVENUE WEST WYOMING, PA 18644	47-4786815	501(C)(3)	15,050				PROGRAM SUPPORT
SPECIAL OLYMPICS P O BOX 1832 SHAVERTOWN, PA 18708	23-2078543	501(C)(3)	10,000				PROGRAM SUPPORT

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ST JOHN THE BAPTIST ROMAN CATHOLIC CHURCH 126 NESBITT STREET LARKSVILLE, PA 18651	23-1666202	501(C)(3)	5,000				PROGRAM SUPPORT
ST JOSEPH'S CENTER 2010 ADAMS AVENUE SCRANTON, PA 18509	23-2286365	501(C)(3)	5,000				PROGRAM SUPPORT

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ST LUKE'S UNIVERSITY HEALTH NETWORK 801 OSTRUM STREET BETHLEHEM, PA 18015	23-2384282	501(C)(3)	30,000				PROGRAM SUPPORT
STORM WARRIORS INTERNATIONAL INC 27 LINDEN LANE CAMDEN, ME 04843	27-0201059	501(C)(3)	515,181				PROGRAM SUPPORT

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

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SUGARLOAF FIRE COMPANY 95 W COUNTY ROAD SUGARLOAF, PA 18249	23-7324943	501(C)(3)	10,000				PROGRAM SUPPORT
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGSGROVE HALL 3RD FLOOR SELINGSGROVE, PA 178701164	23-1353385	501(C)(3)	52,500				PROGRAM SUPPORT

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TEEN CHALLENGE - UNITED TO RESCUE 11095 MOLLY LANE NEOSHO, MO 64850	20-3459311	501(C)(3)	10,600				TEEN EFFORTS
TEMPLE UNIVERSITY 1803 NORTH BROAD STREET 115 CARNELL HALL PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	8,700				PROGRAM SUPPORT

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THE ARC OF LUZERNE COUNTY 519 NORTHAMPTON STREET EDWARDSVILLE, PA 18704	23-1634316	501(C)(3)	10,500				PROGRAM SUPPORT
THE CATHERINE MCAULEY CENTER 430 PITTSTON AVENUE SCRANTON, PA 18505	23-2311889	501(C)(3)	11,100				PROGRAM SUPPORT

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

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THE JEWISH COMMUNITY ALLIANCE 60 SOUTH RIVER STREET WILKESBARRE, PA 187022405	24-0795437	501(C)(3)	27,370				PROGRAM SUPPORT
THE ORPHAN INSTITUTE 6723 WHITTIER AVENUE SUITE 401 MCLEAN, VA 22101	26-4339070	501(C)(3)	34,000				TRAINING INITIATIVE

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

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THE OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKESBARRE, PA 18701	24-0795971	501(C)(3)	78,358				PROGRAM SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	25,500				PROGRAM SUPPORT

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(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 RABBIT ROOM INC 3321 STEPHENS HIL LANE CANE RIDGE, TN 37013	47-5081441		160,000				PROGRAM SUPPORT
THE UNIVERSITY OF SCRANTON 800 LINDEN STREET SCRANTON, PA 185104694	24-0795495	501(C)(3)	18,500				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
UNITARIAN UNIVERSALIST P O BOX 2608 WILKESBARRE, PA 187032608	23-2664557	501(C)(3)	15,000				PROGRAM SUPPORT
UNITED WAY OF WYOMING VALLEY 100 NORTH PENNSYLVANIA AVENUE 2ND FLOOR WILKESBARRE, PA 18701	24-0831490	501(C)(3)	96,950				ANNUAL CAMPAIGN 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
URBAN HOPE INC 77 ALASKA STREET STATEN ISLAND, NY 10310	27-4637480	501(C)(3)	150,000				PROGRAM SUPPORT
VARIETY- THE CHILDREN'S CHARITY 11279 PERRY HIGHWAY SUITE 512 WESTFORD, PA 15090	25-1098099	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
VASCULAR BIRTHMARK FOUNDATION PO BOX 106 LATHAM, NY 12110	16-1515227	501(C)(3)	14,000				PROGRAM SUPPORT
VICTIMS RESOURCE CENTER 360 EAST END CENTRE WILKESBARRE, PA 18701	23-1973148	501(C)(3)	10,000				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
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVENUE WILKESBARRE, PA 18702	20-3531527	501(C)(3)	61,250				PROGRAM SUPPORT
VOLUNTEERS OF AMERICA OF PENNSYLVANIA INC 25 NORTH RIVER STREET WILKESBARRE, PA 18702	52-2145785	501(C)(3)	5,400				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
WEST SIDE CAREER & TECHNOLOGY CENTER 75 EVANS STREET KINGSTON, PA 18704	23-2686743	501(C)(3)	5,000				PROGRAM SUPPORT
WESTMORELAND CLUB 59 S FRANKLIN STREET WILKESBARRE, PA 18701	47-3233704	501(C)(7)	10,075				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
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKESBARRE, PA 187660999	24-0795506	501(C)(3)	58,075				PROGRAM SUPPORT
WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET WILKESBARRE, PA 187011774	24-0795638	501(C)(3)	75,450				ANNUAL CAMPAIGN

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
WVIA 100 WVIA WAY PITTSTON, PA 186406197	23-1663603	501(C)(3)	10,100				PROGRAM SUPPORT
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	158,650				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 VALLEY CATHOLIC YOUTH CENTER 36 SOUTH WASHINGTON STREET WILKESBARRE, PA 187013026	23-7227221	501(C)(3)	21,850				VARIOUS PROJECTS
WYOMING VALLEY CHILDREN'S ASSOCIATION 1133 WYOMING AVENUE FORTY FORT, PA 18704	24-0795510	501(C)(3)	31,750				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 435 WEST 8TH STREET WEST WYOMING, PA 18644	23-2669768	501(C)(3)	8,000				MATCHING GIFT

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**		
2	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 on Line 1a?	**2**		
3	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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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)**	134,077	0	0	4,023	31,382	169,482	0
	(ii)	0	0	0	0	0	0	0

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
PART I, LINE 7	THE LUZERNE FOUNDATION'S EXECUTIVE COMMITTEE, LED BY THE TLF CHAIRMAN OF THE BOARD, CONDUCTS AN ANNUAL REVIEW OF THE PRESIDENT & CEO. THE PROCESS IS INITIATED BY THE PRESIDENT AND CEO WHO PROVIDES A MONTH-BY-MONTH OVERVIEW OF HIS/HER ACCOMPLISHMENTS THROUGHOUT THE YEAR WHICH ARE THEN EVALUATED AGAINST THE OBJECTIVES IN OUR STRATEGIC PLAN. THE EXECUTIVE COMMITTEE USES THE FOLLOWING PERFORMANCE METRICS: GOALS, PROGRAMMING, LEADERSHIP, VISION, STAFF RETENTION, OVERALL MANAGEMENT AND DEVELOPMENT. ADDITIONAL RESOURCES INCLUDE THE GRANTMAKER AND SALARY AND BENEFITS REPORT PROVIDED BY THE COUNCIL ON FOUNDATION IN WASHINGTON, DC. THE RESULTS OF THE COMMITTEE'S EVALUATION ARE COMPILED AND GROUP DISCUSSION ENSUES TO DETERMINE THE BONUS AMOUNT.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	233,899	QUOTED MARKET PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II.		
33	If the organization didn't 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.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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, SE CRETARY, TREASURER, THREE SELECTED BOARD MEMBERS AND ONE BOARD MEMBER EMERITUS, DEALS WITH CONFIDENTIAL MATTERS SUCH AS SETTING THE PRESIDENT/CEO'S SALARY AND HIS ANNUAL REVIEW. TH E EXECUTIVE COMMITTEE ALSO CONDUCTS THE BUDGET REVIEW BEFORE IT IS RATIFIED BY THE FULL BO ARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 THEN IS PROVID ED TO THE FULL BOARD OF DIRECTORS FOR REVIEW. ONCE THE FULL BOARD HAS HAD ACCESS TO THE RE TURN, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE LUZERNE FOUNDATION DISTRIBUTES CONFLICT OF INTEREST FORMS TO THE BOARD OF DI RECTORS SO THAT THE INFORMATION HELD ON FILE IS CURRENT. THE CONFLICT OF INTEREST POLICY E XPLICITLY MENTIONS THAT FAMILY AND BUSINESS RELATIONSHIPS MAY BE A SOURCE OF CONFLICT. EAC H DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS IS REQ UIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; HAVE READ AND UNDERSTAND THE POLICY; HAVE AGREED TO COMPLY WITH THE POLIC Y; UNDERSTAND THE DUTY OF EACH OFFICER OR DIRECTOR TO MAINTAIN AND PRESERVE THE CONFIDENTI ALITY OF BOARD AND COMMITTEE DISCUSSIONS AND PROTECT PRIVACY AT ALL TIMES; AND UNDERSTAND THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT TO MAINTAIN ITS TAX-EXEMPT STAT US IT MUST ENGAGE PRIMARLY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PUR POSES. THESE FORMS ARE REVIEWED BY THE AUDIT AND GOVERNANCE COMMITTEES. ANY CONFLICT OF IN TEREST 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. SHOULD A CONFLICT ARISE, THE CONFLIC TED PERSON MAY MAKE A PRESENTATION TO THE BOARD, BUT THEN MUST LEAVE THE MEETING DURING DE LIBERATIONS. ALTERNATIVE TRANSACTIONS MAY BE INVESTIGATED. IF A MORE ADVANTAGEOUS TRANSACT ION CANNOT BE FOUND, THE BOARD, COMPOSED OF ONLY DISINTERESTED PEOPLE, MAY DECIDE WHETHER THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION AND REACH A DECISION BASED UPO N THOSE STANDARDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	ANNUAL COMPENSATION REVIEWS ARE CONDUCTED BY THE PRESIDENT & CEO, DIRECTOR OF OPERATIONS, AND ADMINSTRATIVE SUPPORT STAFF. IN ADDITION, THE PRESIDENT & CEO AND THE DIRECTOR OF OPER ATIONS ARE ALSO REVIEWED ANNUALLY. AS A MATTER OF PRACTICE, THE FOUNDATION'S EXECUTIVE COM MITTEE SETS THE PRESIDENT'S SALARY AND BENEFITS. THE PRESIDENT AND CEO THEN SET THE SUPPOR T STAFF'S SALARY AND BENEFITS. IN ADVANCE OF THE PRESIDENT AND CEO REVIEW, THE EXECUTIVE C OMMITTEE RECEIVES A COMPREHENSIVE CEO REVIEW FORM THAT SURVEYS SEVEN KEY AREAS OF PERFORMA NCE: BOARD RELATIONS, STAFF PLANNING AND OVERSIGHT, PUBLIC RELATIONS AND FOUNDATION DEVELO PMENT, GRANTS MANAGEMENT, FISCAL MANAGEMENT, PERSONAL CHARACTERISTICS, AND INSTITUTIONAL V ISION. EACH EXECUTIVE COMMITTEE MEMBER RATES THE CANDIDATE ON A SCALE OF CONSISTENTLY EXCE LLENT TO BELOW EXPECTATIONS, AND IS ENCOURAGED TO PROVIDE ADDITIONAL FEEDBACK IN THE COMME NTS SECTION OF THE REVIEW FORM. IN ADDITION, GENERAL OBSERVATION QUESTIONS ARE POSED TO SO LICIT FEEDBACK AND PROPOSED NEW IDEAS FOR THE FUTURE. THE INFORMATION OBTAINED ON THE FORM S IS COMPILED AND DISCUSSED AMONG THE EXECUTIVE COMMITTEE MEMBERS, AND IS DOCUMENTED IN TH E 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. T O ASSIST IN THE DETERMINATION OF THE CEO'S COMPENSATION PACKAGE, ADDITIONAL MATERIALS AND HANDOUTS ARE PROVIDED THROUGH THE COUNCIL ON FOUNDATIONS, (A RESOURCE FOR COMMUNITY FOUNDA TIONS AND PHILANTHROPIC ENTITIES). THESE HANDOUTS INCLUDE COMPARABLE SALARIES FOR OTHER CO MMUNITY 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 AVA ILABLE 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 P UBLIC ON THE FOUNDATION'S WEBSITE OR UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 OF FICER ON PART VII OF THIS FORM 990. FEES FOR SERVICES PROVIDED BY MR. KORJESKI TO THE LUZE RNE FOUNDATION ARE PAID TO A CORPORATION OF WHICH MR. KORJESKI IS THE 100% STOCKHOLDER. FE ES PAID FOR THESE SERVICES WERE $6,000 FOR THE 2019 YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF REMAINDER TRUST 204,283. UNCOLLECTIBLE PLEDGES -33,699.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)CHARITABLE REMAINDER 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.

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation