

AMENDED RETURN

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE LUZERNE FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 140 MAIN STREET, SECOND FLOOR City or town, state or country, and ZIP + 4 LUZERNE, PA 18709 <b>F Name and address of principal officer:</b> CHARLES M. BARBER SAME AS C ABOVE	<b>D Employer identification number</b> 23-2765498 <b>E Telephone number</b> (570) 714-1570 <b>G Gross receipts \$</b> 14,157,136. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.LUZFDN.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1994 <b>M State of legal domicile:</b> PA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>RAISES CONTRIBUTIONS FROM THE COMMUNITY TO SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES.</b> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 25 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 25 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> 5 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 27 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.		
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
8 Contributions and grants (Part VIII, line 1h) .....		7,514,474.	13,318,257.
9 Program service revenue (Part VIII, line 2g) .....		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		248,087.	423,256.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		-32,059.	-61,148.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		7,730,502.	13,680,365.
<b>Expenses</b>		<b>Prior Year</b>	<b>Current Year</b>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		6,848,069.	6,178,783.
14 Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		203,199.	200,857.
16a Professional fundraising fees (Part IX, column (A), line 11e) .....		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 290,094.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....		530,609.	573,040.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		7,581,877.	6,952,680.
19 Revenue less expenses. Subtract line 18 from line 12 .....		148,625.	6,727,685.
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
20 Total assets (Part X, line 16) .....		14,014,554.	22,092,737.
21 Total liabilities (Part X, line 26) .....		2,302,787.	2,500,446.
22 Net assets or fund balances. Subtract line 21 from line 20 .....		11,711,767.	19,592,291.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer CHARLES M. BARBER, PRESIDENT & CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JULIUS GREEN, CPA Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN	Firm's name ▶ PARENTEBEARD, LLC Firm's address ▶ 46 PUBLIC SQUARE, SUITE 400 WILKES-BARRE, PA 18701 Firm's EIN ▶ Phone no. (570) 820-0100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE LUZERNE FOUNDATION IS A COMMUNITY FOUNDATION LOCATED IN LUZERNE, PENNSYLVANIA. THE FOUNDATION WAS FORMED TO SERVE THE INTERESTS AND NEEDS OF LUZERNE COUNTY, PENNSYLVANIA AND THE SURROUNDING AREAS BY ENHANCING THE QUALITY OF LIFE FOR RESIDENTS OF THOSE COMMUNITIES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 6,178,783. including grants of \$ 6,178,783. ) (Revenue \$ ) THE LUZERNE FOUNDATION, YOUR COMMUNITY FOUNDATION, EXISTS TO MAKE OUR REGION A BETTER PLACE TO LIVE. THROUGH THE GENEROSITY OF OUR DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS. THE LUZERNE FOUNDATION IS PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS, EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS. FOR 17 YEARS, THE LUZERNE FOUNDATION HAS ASSISTED INDIVIDUALS AND FAMILIES, BUSINESSES, CIVIC GROUPS, AND OTHER

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

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

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

4e Total program service expenses 6,178,783.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No responses. Includes rows 1a-14a with various tax-related questions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		25
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		25
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHARLES BARBER - (570) 714-1570**  
**140 MAIN STREET, 2ND FLOOR, LUZERNE, PA 18709**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARIE K. APONICK DIRECTOR	0.10	X					0.	0.	0.	
STUART M. BELL DIRECTOR	0.10	X					0.	0.	0.	
FRANK H. BEVEVINO FOUNDERS BOARD/DIRECTOR	0.10	X					0.	0.	0.	
JOHN R. BEVEVINO DIRECTOR	0.10	X					0.	0.	0.	
DAYLENE T. BURNSIDE DIRECTOR	0.10	X					0.	0.	0.	
JOSEPH F. BUTCHER DIRECTOR	0.10	X					0.	0.	0.	
CHARLES D. FLACK, JR. FOUNDERS BOARD/DIRECTOR	0.10	X					0.	0.	0.	
KEVIN FOLEY DIRECTOR	0.10	X					0.	0.	0.	
AUGUST F. GENETTI, JR. DIRECTOR	0.10	X					0.	0.	0.	
LOUIS F. GOERINGER DIRECTOR	0.10	X					0.	0.	0.	
SCOTT HENRY DIRECTOR	0.10	X					0.	0.	0.	
RICHARD M. HUGHES, III DIRECTOR	0.10	X					0.	0.	0.	
WILLIAM JOYCE DIRECTOR	0.10	X					0.	0.	0.	
JOSEPH E. KLUGER, ESQ. DIRECTOR	0.10	X					0.	0.	0.	
DAVID LEE DIRECTOR	0.10	X					0.	0.	0.	
MELANIE M. LUMIA DIRECTOR	0.10	X					0.	0.	0.	
GERTRUDE C. MCGOWAN, ESQ. 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
A. EDWARD NORK DIRECTOR	0.10	X					0.	0.	0.	
JOSEPH L. PERSICO, ESQ. DIRECTOR	0.10	X					0.	0.	0.	
ALEXANDER SLOOT DIRECTOR	0.10	X					0.	0.	0.	
JOHN T. YUDICHAK DIRECTOR	0.10	X					0.	0.	0.	
TERRENCE W. CASEY CHAIRMAN	0.10	X		X			0.	0.	0.	
PHILIP G. DECKER VICE CHAIRMAN	0.10	X		X			0.	0.	0.	
KENNETH J. KROGULSKI SECRETARY	0.10	X		X			0.	0.	0.	
THOMAS L. KENNEDY TREASURER	0.10	X		X			0.	0.	0.	
CHARLES M. BARBER PRESIDENT & CEO	45.00			X			105,615.	0.	16,398.	
<b>1b Sub-total</b>							105,615.	0.	16,398.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							105,615.	0.	16,398.	

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

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

**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. **NONE**

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

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



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	98,055.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13220202.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		13318257.				
	Program Service Revenue	2 a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		353,634.			353,634.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			69,622.			69,622.
	8 a	Gross income from fundraising events (not including \$ 98,055. of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events			-61,148.			-61,148.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	_____							
	b	_____						
	c	_____						
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.			13680365.	0.	0.	362,108.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	6,178,783.	6,178,783.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	122,013.		97,610.	24,403.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	57,810.		52,029.	5,781.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	6,838.		6,838.	
10 Payroll taxes .....	14,196.		14,196.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	15,051.		15,051.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	129,167.		129,167.	
g Other .....	25,399.		25,399.	
12 Advertising and promotion .....	14,595.		14,595.	
13 Office expenses .....	22,284.		22,284.	
14 Information technology .....	7,137.		7,137.	
15 Royalties .....				
16 Occupancy .....	5,200.		5,200.	
17 Travel .....	2,205.		2,205.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	49,543.		49,543.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	8,522.		8,522.	
23 Insurance .....	2,578.		2,578.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>SPECIAL ACTIVITIES EXP</b> .....	259,910.			259,910.
b <b>BAD DEBT EXPENSE</b> .....	14,700.		14,700.	
c <b>AUTO EXPENSES</b> .....	9,001.		9,001.	
d <b>MINOR EQUIPMENT</b> .....	4,031.		4,031.	
e <b>DUES &amp; SUBSCRIPTIONS</b> .....	3,166.		3,166.	
f All other expenses .....	551.		551.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	6,952,680.	6,178,783.	483,803.	290,094.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	100.	<b>1</b>	100.		
	<b>2</b> Savings and temporary cash investments .....	2,444,659.	<b>2</b>	2,796,158.		
	<b>3</b> Pledges and grants receivable, net .....	289,834.	<b>3</b>	280,334.		
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 42,612.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 24,916.	26,219.	<b>10c</b>	17,696.	
	<b>11</b> Investments - publicly traded securities .....	11,253,742.	<b>11</b>	18,998,449.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		14,014,554.	<b>16</b>	22,092,737.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	17,525.	<b>17</b>	21,492.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	2,285,262.	<b>25</b>	2,478,954.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,302,787.	<b>26</b>	2,500,446.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	11,540,240.	<b>27</b>	19,389,794.		
	<b>28</b> Temporarily restricted net assets .....	171,527.	<b>28</b>	202,497.		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
	<b>33</b> Total net assets or fund balances .....	11,711,767.	<b>33</b>	19,592,291.		
<b>34</b> Total liabilities and net assets/fund balances .....	14,014,554.	<b>34</b>	22,092,737.			

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1903672.	4690433.	6637682.	7514474.	13318257.	34064518.
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 <b>Total.</b> Add lines 1 through 3 .....	1903672.	4690433.	6637682.	7514474.	13318257.	34064518.
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) .....						15897632.
6 <b>Public support.</b> Subtract line 5 from line 4.						18166886.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	1903672.	4690433.	6637682.	7514474.	13318257.	34064518.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	156,851.	192,475.	333,632.	299,911.	353,634.	1336503.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			713.	100.		813.
11 <b>Total support.</b> Add lines 7 through 10						35401834.
12 Gross receipts from related activities, etc. (see instructions) .....					12	75,333.
13 <b>First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	51.32	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	57.36	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



Name of organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>337,875.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>3,095,238.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>3,092,363.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>760,915.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>3,021,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  <b>THE LUZERNE FOUNDATION</b>	<b>Employer identification number</b>  <b>23-2765498</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 838,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2,800 SH MEDTRONIC, 1,675 SH COCA COLA, 1,077 SH PRAXAIR, 1,230 SH MERK, 1,035 SH PFEIZER	\$ 337,875.	10/29/10
2	10,000 SH COMMUNIT BANK SYSTEMS, 6,750 SH RELIANCE STEEL, 700 SH MERK	\$ 636,218.	12/08/10
3	10,000 SH SIRIUS, 4,989 SHRS M&T BANK, 2,500 SH GIBRALTAR INDUSTRIES, 20,000 SH COMMUNITY BANK SYS.	\$ 953,587.	12/21/10
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>	<b>Employer identification number</b>
<b>THE LUZERNE FOUNDATION</b>	<b>23-2765498</b>

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

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" to Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes       No

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

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

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

Yes       No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's 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 XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  8.00 %
- b Permanent endowment  80.00 %
- c Term endowment  12.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	9,349.		5,471.	3,878.
d Equipment	33,263.		19,445.	13,818.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,696.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENT	2,478,954.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,478,954.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,680,365.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,952,680.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,727,685.
4	Net unrealized gains (losses) on investments	4	1,146,869.
5	Donated services and use of facilities	5	-25,000.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	30,970.
9	Total adjustments (net). Add lines 4 through 8	9	1,152,839.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7,880,524.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	14,813,950.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,146,869.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	30,970.
e	Add lines 2a through 2d	2e	1,177,839.
3	Subtract line 2e from line 1	3	13,636,111.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	44,254.
c	Add lines 4a and 4b	4c	44,254.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,680,365.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	6,933,426.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	25,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-44,254.
e	Add lines 2a through 2d	2e	-19,254.
3	Subtract line 2e from line 1	3	6,952,680.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,952,680.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2010.



**Part XIV** Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF REMAINDER TRUST 30,970.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF REMAINDER TRUST 30,970.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) 105,402.

SPECIAL EVENTS EXPENSES -61,148.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 44,254.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) -105,402.

SPECIAL EVENTS EXPENSES 61,148.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D -44,254.

Multiple horizontal lines for additional entries.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL MTG & RECEPTION (event type)	ANNUAL GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	83,880.	28,200.		112,080.
	<b>2</b> Less: Charitable contributions .....	83,880.	14,175.		98,055.
	<b>3</b> Gross income (line 1 minus line 2) .....		14,025.		14,025.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	5,058.	2,959.		8,017.
	<b>7</b> Food and beverages .....	7,044.	4,579.		11,623.
	<b>8</b> Entertainment .....	3,460.			3,460.
	<b>9</b> Other direct expenses .....	45,287.	6,786.		52,073.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 75,173 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-61,148.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**THE LUZERNE FOUNDATION**

**Employer identification number  
23-2765498**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABINGTON CHRISTIAN ACADEMY 204 SOUTH ABINGTON ROAD CLARKS SUMMIT, PA 18411	44-0577787	501(C)(3)	55,000.	0.	N/A	N/A	GENERAL SUPPORT
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	23-2523682	501(C)(3)	7,500.	0.	N/A	N/A	SUPPORT, SPONSORSHIP, GOLF
ALPHA RELIEF P.O. BOX 63343 COLORADO SPRINGS, CO 80962-3343	84-1532991	501(C)(3)	60,000.	0.	N/A	N/A	GENERAL SUPPORT
AMER-HAITIAN BON ZAMI 11146 MORROW DRIVE ST. ANN, MO 63074	43-1202008	501(C)(3)	7,000.	0.	N/A	N/A	PROGRAM SUPPORT
AMERICAN FRIENDS OF PARENT'S CIRCLE - 301 EAST 57TH STREET, 4TH FLOOR - NEW YORK, NY 10022	95-4869142	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
WYOMING VALLEY CHAPTER, AMERICAN RED CROSS - 256 NORTH SHERMAN STREET - WILKES-BARRE, PA 18702	53-0196605	501(C)(3)	9,750.	0.	N/A	N/A	SUPPORT, COUNSELOR TRAINING, HAITI RELIEF, INFANT CPR, FIRST AID TRAINING, BABYSITTING

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ASSOCIATION FOR THE BLIND 1825 WYOMING AVENUE EXETER, PA 18643	23-2660272	501(C)(3)	9,700.	0.	N/A	N/A	SUPPORT, CAMPAIGN, IN MEMORY OF
BACK MOUNTAIN RECREATION, INC. P.O. BOX 244 LEHMAN, PA 18627	23-2986991	501(C)(3)	120,000.	0.	N/A	N/A	SUPPORT
BEAR CREEK CAMP P.O. BOX 278 BEAR CREEK, PA 18602	23-1726320	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT
BETHANY CHRISTIAN SERVICES 7827 OLD YORKE ROAD ELKINS PARK, PA 19027	38-1405282	501(C)(3)	20,000.	0.	N/A	N/A	ADOPTION RELIEF
BIBLE LEAGUE 3801 EAGLE NEST DRIVE CRETE, IL 60417	36-2037761	501(C)(3)	11,000.	0.	N/A	N/A	HAITI RELIEF
CALVARY CHAPEL OF MELBOURNE 2955 MINTON ROAD WEST MELBOURNE, FL 32904	20-2293653	501(C)(3)	360,000.	0.	N/A	N/A	SUPPORT, LAND PURCHASE
CALVARY COMMISSION P.O. BOX 100 LINDALE, TX 75771	75-1566201	501(C)(3)	17,000.	0.	N/A	N/A	SUPPORT
CAMP ASTHMACADABRA 2300 ADAMS AVENUE SCRANTON, PA 18509	13-4331339	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT
CAMP ORCHARD HILL RR 3 BOX 275 DALLAS, PA 18612	23-2265574	501(C)(3)	56,300.	0.	N/A	N/A	CAMPSHIPS FOR DOWN SYNDROME CHILDREN, AUTISM SUMMER CAMP, SUPPORT

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CARE NET 109 CARPENTER DRIVE STERLING, VA 20164	54-1372036	501(C)(3)	50,000.	0.	N/A	N/A	SUPPORT
CATHOLIC YOUTH CENTER OF WILKES-BARRE - 36 SOUTH WASHINGTON STREET - WILKES-BARRE, PA 18701	23-7227221	501(C)(3)	20,050.	0.	N/A	N/A	SUPPORT, CAMPAIGN
CELEBRATION CENTER FOR CONSCIENCE LIVING - 5820 OBERLIN DRIVE #108 - SAN DIEGO, CA 92121	52-2337798	501(C)(3)	315,000.	0.	N/A	N/A	SUPPORT
CHESTERTON HOUSE 604 EAST BUFFALO STREET ITHACA, NY 14850	16-1600224	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT
CHICAGO HOPE ACADEMY 2109 WEST BOWLER STREET CHICAGO, IL 60612	36-4244054	501(C)(3)	40,000.	0.	N/A	N/A	SUPPORT
CHOICE MINISTRIES P.O. BOX 5 ROSWELL, NM 88202	74-2439414	501(C)(3)	180,000.	0.	N/A	N/A	SUPPORT
CHOP POINT SCHOOL 420 CHOP POINT ROAD WOOLRICH, ME 04579	23-7027179	501(C)(3)	18,000.	0.	N/A	N/A	CAMP ALGERIA DIRECTOR PROGRAM
CHRISTIAN ALLIANCE FOR ORPHANS 6723 WHITTIER AVENUE MCLEAN, VA 22101	26-1492375	501(C)(3)	8,000.	0.	N/A	N/A	SUPPORT
CHRISTIAN FAITH MINISTRIES P.O. BOX 50538 DENTON, TX 76206	23-7424817	501(C)(3)	20,000.	0.	N/A	N/A	THAILAND/MCCARTY MINISTRY

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CITY OF HAZLETON 40 NORTH CHURCH STREET HAZLETON, PA 18201	23-2308197	501(C)(3)	12,172.	0.	N/A	N/A	COMMUNITY IMPROVEMENTS
COMMONWEALTH MEDICAL COLLEGE 150 NORTH WASHINGTON AVENUE SCRANTON, PA 18503	26-0812968	501(C)(3)	47,500.	0.	N/A	N/A	SCHOLARSHIPS, SUPPORT
CONO CHRISTIAN SCHOOL 3269 QUASQUETON AVENUE WALKER, IA 52352	42-0956882	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	200,000.	0.	N/A	N/A	HAITI FOOD WAREHOUSE
CROSS CREEK COMMUNITY CHURCH 370 CARVERTON ROAD TRUCKSVILLE, PA 18708	23-3011345	501(C)(3)	8,000.	0.	N/A	N/A	MISSIONS, SUPPORT
DAVIS & ELKINS COLLEGE 100 CAMPUS DRIVE ELKINS, WV 26241	55-0357021	501(C)(3)	22,000.	0.	N/A	N/A	ATHLETICS, CHAPEL, SCHOLARSHIPS
DAYSRING INTERNATIONAL PO BOX 3309 VIRGINIA BEACH, VA 23454	51-0237239	501(C)(3)	85,000.	0.	N/A	N/A	SUPPORT
DIAMOND CITY PARTNERSHIP PO BOX 5340, PUBLIC SQUARE WILKES-BARRE, PA 18701	23-3094874	501(C)(3)	37,583.	0.	N/A	N/A	SUPPORT
DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503	24-0798640	501(C)(3)	11,750.	0.	N/A	N/A	CATHOLIC EDUCATION, SCHOLARSHIPS

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Schedule I (Form 990)



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EPARCHY OF SAINT MARON 109 REMSEN STREET BROOKLYN, NY 11201	11-3233189	501(C)(3)	13,000.	0.	N/A	N/A	SUPPORT
F.M. KIRBY CENTER 71 PUBLIC SQUARE WILKES-BARRE, PA 18701	22-2697004	501(C)(3)	13,500.	0.	N/A	N/A	SUPPORT
FAMILY ASSISTANCE PROJECT 140 MAIN ST., 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	60,035.	0.	N/A	N/A	ASSISTANCE FOR FAMILIES, TRAVEL & LODGING, FOOD
FAMILY HARVEST CHURCH FBO TOUCH MINISTRIES - 18500 92ND AVENUE - TINELY PARK, IL 60477-9511	36-3240676	501(C)(3)	50,000.	0.	N/A	N/A	EARTHQUAKE DISASTER RELIEF
FAMILY SERVICE ASSOCIATION 31 WEST MARKET STREET WILKES-BARRE, PA 18702	24-0795415	501(C)(3)	10,950.	0.	N/A	N/A	SUPPORT, CAMPAIGN, MILITARY CONFERENCE
FAR REACHING MINISTRIES PMB 137, 40335 WINCHESTER ROAD, SUITE TEMECULA, CA 92591	33-0776828	501(C)(3)	70,000.	0.	N/A	N/A	SUPPORT
FIRST ASSEMBLY 424 STANTON STREET WILKES-BARRE, PA 18702	23-2151009	501(C)(3)	8,000.	0.	N/A	N/A	MISSIONS, SUPPORT
FISHHOOK INTERNATIONAL PO BOX 910691 LEXINGTON, KY 40591	61-0620425	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT
FORGOTTEN VOICES INTERNATIONAL FOR ZIMBABWE - PO BOX 1368 - MECHANICSBURG, PA 17055	20-4002786	501(C)(3)	31,000.	0.	N/A	N/A	SUPPORT

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Schedule I (Form 990)

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FOUNDATION FOR FREE ENTERPRISE EDUCATION - 3076 WEST 12TH STREET - ERIE , PA 16505	25-1394365	501(C)(3)	5,990.	0.	N/A	N/A	SUPPORT
FRACTURED ATLAS 248 WEST 35TH ST., RM. 1202 NEW YORK, NY 10001-2510	11-3451703	501(C)(3)	7,500.	0.	N/A	N/A	FILM FOR THE FALLEN
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-1995911	501(C)(3)	107,250.	0.	N/A	N/A	SUPPORT
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 NORTH BOONVILLE AVENUE - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	42,000.	0.	N/A	N/A	LIGHTHOUSE SCHOOL
GOD'S WORLD PUBLICATIONS 85 TUNNEL ROAD, SUITE 12 ASHEVILLE, NC 28805	36-0538016	501(C)(3)	20,000.	0.	N/A	N/A	WORLD MOVERS
GREATER WILKES-BARRE CHAMBER OF COMMERCE - 2 PUBLIC SQUARE #2 - WILKES-BARRE, PA 18701-1998	24-0751080	501(C)(3)	6,300.	0.	N/A	N/A	SUPPORT
GREATER WILKES-BARRE YMCA 10 NORTH MAIN STREET PITTSBURGH, PA 18640	24-0796039	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT
HAZLETON AREA SCHOOL DISTRICT 1515 WEST 23RD. STREET HAZLETON, PA 18202-1647	23-2765498	501(C)(3)	80,000.	0.	N/A	N/A	CONSTRUCTION PROJECT
HEAVEN'S FAMILY P.O. BOX 12854 PITTSBURGH, PA 15241	16-1739329	501(C)(3)	60,000.	0.	N/A	N/A	HAITI RELIEF

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HIGH POINT BAPTIST CHURCH 1919 MOUNTAIN ROAD LARKSVILLE, PA 18651	23-0806062	501(C)(3)	12,000.	0.	N/A	N/A	MISSIONS, SUPPORT
HKQ SAFETY PROJECT 600 THIRD AVENUE KINGSTON, PA 18704	23-2765498	501(C)(3)	10,638.	0.	N/A	N/A	KIDS SAFETY PROGRAM
HOYT LIBRARY 284 WYOMING AVENUE KINGSTON, PA 18704	23-6392122	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT, TABLES, COMPUTERS
JEWISH COMMUNITY CENTER 60 SOUTH RIVER STREET WILKES-BARRE, PA 18702	24-0795437	501(C)(3)	25,050.	0.	N/A	N/A	AUTISM CAMP, DAY CAMP, AUTISM MUSIC & DANCE
JOHN HEINZ INSTITUTE 150 MUNDY STREET, SUITE 4 WILKES-BARRE, PA 18411	23-2262852	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT
KEYSTONE COLLEGE P.O. BOX 50 LAPLUME, PA 18440	24-0795441	501(C)(3)	11,000.	0.	N/A	N/A	LECTURE SERIES, SUPPORT
KIDS FOR THE KINGDOM P.O. BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	170,000.	0.	N/A	N/A	NICARAGUA, ELSALVADOR, ZIMBABWE, HIS RESTING PLACE
KINGS COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	32,446.	0.	N/A	N/A	SCHOLARSHIPS, CAMPAIGN, SUPPORT, YOUTH PROJECT
LEADERSHIP WILKES-BARRE 4 PUBLIC SQUARE WILKES-BARRE, PA 18701	23-2205981	501(C)(3)	8,205.	0.	N/A	N/A	SHARE FAIR, SPONSORSHIP, ETHICS LEADERSHIP, TEAMBUILDING, MOO-SEUM MAKEOVER

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LOVE BASKET, INC. 10306 HIGHWAY 21 HILLSBORO, PA 63050	43-1259309	501(C)(3)	45,000.	0.	N/A	N/A	SUPPORT, ADOPTION ASSISTANCE
LOVE LINK, INC. 7654 CYPRESS COURT FORT WORTH, TX 76116	75-2556797	501(C)(3)	80,000.	0.	N/A	N/A	SUPPORT
LOXAFAMOSITY MINISTRIES, INC. P.O. BOX 9291 MOSCOW, ID 83843	52-2400448	501(C)(3)	30,000.	0.	N/A	N/A	SUPPORT
LUZERNE COUNTY COMMUNITY COLLEGE 1333 SOUTH PROSPECT STREET NANTICOKE, PA 18634-3899	22-2482796	501(C)(3)	21,745.	0.	N/A	N/A	SCHOLARSHIP, ANNUAL DINNER, EMERGENCY ASSISTANCE TRAINING FACILITY
LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	24-0811758	501(C)(3)	27,335.	0.	N/A	N/A	SUPPORT
MCADOO CATHOLIC ELEMENTARY SCHOOL 35 NORTH CLEVELAND STREET MCADOO, PA 18237	23-2091672	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT
MILES FOR MICHAEL ASSISTANCE PROJECT - 9 NORTH MAIN STREET - PITTSBURGH, PA 15201	23-2765498	501(C)(3)	6,000.	0.	N/A	N/A	ASSISTANCE FOR FAMILIES
MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612	24-0795406	501(C)(3)	49,825.	0.	N/A	N/A	SUPPORT, SCHOLARSHIP, ANNUAL FUND, EARLY INTERVENTION, ELDER ABUSE,
MT. GILEAD CAMP RD #8, BOX 8162 STROUDSBURG, PA 18630-9210	23-1673125	501(C)(3)	120,000.	0.	N/A	N/A	COMPLETION OF LLOYD'S

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MT. ST. MARY'S UNIVERSITY 16300 OLD EMMITSBURG ROAD EMMITSBURG, MD 21727	52-0591672	501(C)(3)	1,000.	0.	N/A	N/A	SCHOLARSHIP
MT. ZION BAPTIST CHURCH 106 HILL STREET WILKES-BARRE, PA 18702	23-2589907	501(C)(3)	9,000.	0.	N/A	N/A	MISSIONS, SUPPORT, SPONSORSHIP
NORHEASTERN PA PHILHARMONIC 4101 BIRNEY AVENUE MOOSIC, PA 18507	23-1855655	501(C)(3)	15,630.	0.	N/A	N/A	SUPPORT, SCHOLARSHIP, CAMPAIGN
NEPA VETERANS ALLIANCE 216 N. RIVER ST., COURTHOUSE SQ. TOWERS, STE. 210 - WILKES-BARRE, PA 18702	61-1578673	501(C)(3)	6,429.	0.	N/A	N/A	SUPPORT
NEW FOUND FAVOR MINISTRIES 44 BARRISTER LANE PALM COAST, FL 32137	87-0786562	501(C)(3)	8,000.	0.	N/A	N/A	SUPPORT, BOOK PROJECT
NEW MISSIONS PO BOX 2727 ORLANDO, FL 32802	23-7365066	501(C)(3)	50,000.	0.	N/A	N/A	HAITI EARTHQUAKE RELIEF
NORTH BRANCH LAND TRUST 11 CARVERTON ROAD TRUCKSVILLE, PA 18612	23-7755642	501(C)(3)	13,700.	0.	N/A	N/A	SUPPORT
NORTHEAST REGIONAL CANCER INSTITUTE - 63 NORTH FRANKLIN STREET - WILKES-BARRE, PA 18701-1319	94-1393427	501(C)(3)	8,200.	0.	N/A	N/A	SUPPORT
OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18702	24-0795971	501(C)(3)	10,465.	0.	N/A	N/A	SUPPORT

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PARTNERS INTERNATIONAL 1117 EAST WESTVIEW CT. SPOKANE, WA 99218-1319	94-1393427	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
PENN STATE UNIVERSITY UNIVERSITY PARKING UNIVERSITY PARK, PA 16802	25-1554003	501(C)(3)	7,000.	0.	N/A	N/A	SCHOLARSHIP, SUPPORT
POCONO COMMUNITY CHURCH P.O. BOX 817 MOUNT POCONO, PA 18344	45-0497822	501(C)(3)	5,000.	0.	N/A	N/A	DEBT REDUCTION
PROVIDING HOPE MINISTRIES PO BOX 2103 KINGSTON, PA 18704	23-2070710	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT
REAL HOPE FOR HAITI P.O. BOX 23 ELWOOD, IN 46036	20-5603302	501(C)(3)	290,000.	0.	N/A	N/A	EARTHQUAKE DISASTER RELIEF
RESTAVEK FREEDOM FOUNDATION 11160 KENWOOD ROAD CINCINNATI, OH 45227	20-8334578	501(C)(3)	90,000.	0.	N/A	N/A	SUPPORT
RUTH'S PLACE 425 NORTH PENNSYLVANIA AVENUE WILKES-BARRE, PA 18411	26-3976334	501(C)(3)	22,000.	0.	N/A	N/A	SUPPORT
SALVATION ARMY 17 SOUTH PENNSYLVANIA AVENUE WILKES-BARRE, PA 18701	13-5562351	501(C)(3)	9,660.	0.	N/A	N/A	SUPPORT, MISSIONS
SANIBEL SEA SCHOOL 414 LAGOON DRIVE SANIBEL, FL 33957	20-3684133	501(C)(3)	100,000.	0.	N/A	N/A	BUILDING CAMPAIGN

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SISTERS OF MERCY 162 LAKE STREET DALLAS, PA 18612	24-0863396	501(C)(3)	7,000.	0.	N/A	N/A	SUPPORT
SOUTH WILKES-BARRE LITTLE LEAGUE P.O. BOX 2189 WILKES-BARRE, PA 18703	22-2501040	501(C)(3)	6,000.	0.	N/A	N/A	SUPPORT
SPRUCE HILL CHRISTIAN SCHOOL 4115 BALTIMORE AVENUE PHILADELPHIA, PA 19104	23-2073123	501(C)(3)	130,000.	0.	N/A	N/A	SUPPORT
STORM WARRIORS INTERNATIONAL 15141 HUGH MCAULEY ROAD HUNTERVILLE, NC 28078	27-0201059	501(C)(3)	20,000.	0.	N/A	N/A	SUPPORT
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGROVE, PA 17870	23-1353385	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT
THE JEAN CADET RESTAVEK FOUNDATION 11160 KENWOOD ROAD CINCINNATI, OH 45227	20-8334578	501(C)(3)	17,727.	0.	N/A	N/A	HAITI
THE JUVENILE LAW CENTER THE PHILADELPHIA BLDG., 14TH FLOOR, 1315 WALNUT ST. - PHILADELPHIA, PA 19107	23-1976386	501(C)(3)	31,500.	0.	N/A	N/A	SUPPORT
THE KIBO GROUP 604 SOUTH REDWOOD AVENUE BROKEN ARROW, OK 74012-4517	74-3097948	501(C)(3)	15,000.	0.	N/A	N/A	DESIGNATED FOR MANA
THE LANDS AT HILLSIDE FARMS 65 HILLSIDE ROAD SHAVERTOWN, PA 18708	20-2975553	501(C)(3)	933,500.	0.	N/A	N/A	TABLES, GREENHOUSE PROJECT, HEAD START PROGRAM, GAS DRILLING AWARENESS COALITION

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THE PHARMACY FUND AT MED ONCOLOGY ASSOCIATES - 382 PIERCE STREET - KINGSTON, PA 18704-5535	23-3092746	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT
THE VERITAS FORUM INC. ONE BROADWAY14TH FLOOR CAMBRIDGE, MA 02142	31-1680953	501(C)(3)	120,000.	0.	N/A	N/A	SUPPORT
TOUCH MINISTRIES, INC. 417 REBECCA STREET NEW MARTINSVILLE, WV 26155	30-0600735	501(C)(3)	40,000.	0.	N/A	N/A	SUPPORT
UNITARIAN UNIVERSALIST CONGREGATION OF WYOMING VALLEY - PO BOX 2608 - WILKES-BARRE, PA 18703-2608	23-2664557	501(C)(3)	18,500.	0.	N/A	N/A	SUPPORT
UNITED WAY OF WYOMING VALLEY WEST MARKET STREET WILKES-BARRE, PA 18701	24-0831490	501(C)(3)	97,528.	0.	N/A	N/A	SUPPORT
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	25,000.	0.	N/A	N/A	SUPPORT
VALLEY WITH A HEART FAMILY ASSISTANCE PROJECT - 140 MAIN ST., 2ND FLOOR - LUZERNE, PA 18709	23-2765498	501(C)(3)	13,607.	0.	N/A	N/A	SUPPORT
VASCULAR BIRTHMARK FOUNDATION PO BOX 106 LATHAM, NY 12110	26-0852817	501(C)(3)	12,000.	0.	N/A	N/A	ANNUAL CONFERENCE
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVENUE WILKES-BARRE, PA 18701	20-3531527	501(C)(3)	34,000.	0.	N/A	N/A	SUPPORT

LHA

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 PITTSTON BOROUGH POOL ACCOUNT 555 EXETER AVENUE WEST PITTSTON, PA 18643	23-2765498	501(C)(3)	11,000.	0.	N/A	N/A	PROGRAM SUPPORT
WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET WILKES-BARRE, PA 18701	24-0795638	501(C)(3)	11,000.	0.	N/A	N/A	SUPPORT, KIDS' CAMP, DOWN SYNDROME, SPONSORSHIP
WILKES-BARRE RIVERFRONT PARKS COMMITTEE - P.O. BOX 2554 - WILKES-BARRE, PA 18703	23-2824928	501(C)(3)	16,120.	0.	N/A	N/A	RIVERFEST 2010
WORLD IMPACT 5141 COLDWATER CANYON AVENUE #1 SHERMAN OAKS, CA 90513	95-2681237	501(C)(3)	90,000.	0.	N/A	N/A	HARMONY HEART CAMP REPAIR & IMPROVEMENT
WORLD RELIEF P.O. BOX 868 BALTIMORE, MD 21203	23-6393344	501(C)(3)	150,000.	0.	N/A	N/A	SUPPORT, HAITI EARTHQUAKE RELIEF
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	50,094.	0.	N/A	N/A	SUPPORT, RENOVATIONS, IMO
WYOMING VALLEY CHAPTER, AMERICAN RED CROSS - 256 NORTH SHERMAN STREET - WILKES-BARRE, PA 18702	53-0196605	501(C)(3)	5,000.	0.	N/A	N/A	COUNSELOR TRAINING
WYOMING VALLEY CHILDREN'S ASSOCIATION - 71 NORTH FRANKLIN STREET - WILKES-BARRE, PA 18701	24-0795510	501(C)(3)	25,600.	0.	N/A	N/A	SUPPORT, SPONSORSHIP
WYOMING VALLEY RESCUE MISSION P.O. BOX 470 SCRANTON, PA 18504	34-2042921	501(C)(3)	60,000.	0.	N/A	N/A	SUPPORT

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CONCERNED PARENTS OF THE HAZLETON AREA - 100 WEST BROAD STREET - HAZLETON, PA 18201	26-3673971	501(C)(3)	7,550.	0.	N/A	N/A	SUPPORT

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

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

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

SCHEDULE I, PART I, LINE 2:

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

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

WYOMING VALLEY CHAPTER, AMERICAN RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT, COUNSELOR TRAINING, HAITI

RELIEF, INFANT CPR, FIRST AID TRAINING, BABYSITTING CLASSES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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	3	2,177,199.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THIS IS ACHIEVED BY RECEIVING, MANAGING, AND DISBURSING FUNDS FOR  
CHARITABLE AND EDUCATIONAL PURPOSES, AS WELL AS ENGAGING IN ACTIVITIES  
AND FUNCTIONS FOR THE BENEFIT OF THOSE COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NONPROFIT ORGANIZATIONS WITH REALIZING THEIR GOALS FOR PHILANTHROPY SO,  
COLLECTIVELY, THEY CAN IMPROVE THE QUALITY OF LIFE FOR THOSE LIVING AND  
WORKING IN LUZERNE COUNTY.

FORM 990, PART VI, SECTION A, LINE 2: FRANK BEVEVINO, FOUNDERS'

BOARD-EMERITUS, IS THE FATHER OF JOHN BEVEVINO, BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 11: CHARLES BARBER, PRESIDENT & CEO,

BOB KORJESKI, CFO, FULL BOARD OF DIRECTORS, AND AUDIT COMMITTEE REVIEW THE  
FULL FORM 990 IN ITS ENTIRETY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE LUZERNE FOUNDATION

DISTRIBUTES CONFLICTS OF INTEREST FORMS TO THE BOARD OF DIRECTORS SO THAT  
THE INFORMATION HELD ON FILE IS CURRENT. EACH DIRECTOR, PRINCIPAL OFFICER  
AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS IS REQUIRED TO SIGN A  
STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF  
INTEREST POLICY; HAVE READ AND UNDERSTANDS THE POLICY; HAVE AGREED TO  
COMPLY WITH THE POLICY; UNDERSTANDS THE DUTY OF EACH OFFICER OR DIRECTOR TO  
MAINTAIN THE PRESERVE CONFIDENTIALITY OF BOARD AND COMMITTEE DISCUSSIONS  
AND PROTECT PRIVACY AT ALL TIMES; AND UNDERSTANDS THAT THE CORPORATION IS

Name of the organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
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A CHARITABLE ORGANIZATION AND THAT TO MAINTAIN ITS TAX-EXEMPT STATUS IT MUST ENGAGE PRIMARLY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THESE FORMS ARE REVIEWED BY THE AUDIT AND GOVERNANCE COMMITTEES. ANY CONFLICT OF INTEREST THAT IS IDENTIFIED IS REVIEWED AT THE BOARD OF DIRECTORS MEETING ON A CASE BY CASE BASIS.

FORM 990, PART VI, SECTION B, LINE 15: ANNUAL REVIEWS ARE CONDUCTED ON THE PRESIDENT & CEO, EXECUTIVE ASSISTANT AND ADMINSTRATIVE SUPPORT STAFF. THE PRESIDENT & CEO, AND EXECUTIVE ASSISTANT WERE REVIEWED IN 2010. THE EXECUTIVE COMMITTEE SETS THE PRESIDENTS SALARY; THE PRESIDENT THEN SETS THE SUPPORT STAFF'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC; HOWEVER A STATEMENT OF FINANCIAL POSITION IS MADE AVAILABLE IN THE ANNUAL "COMMUNITY GUIDE" OF THE FOUNDATION. THE 990 IS AVAILABLE TO THE PUBLIC ON THE WEBSITE OR UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	1,146,869.
DONATED SERVICES AND USE OF FACILITIES:	-25,000.
CHANGE IN VALUE OF REMAINDER TRUST	30,970.
TOTAL TO FORM 990, PART XI, LINE 5	1,152,839.

FORM 990, PART XI, LINE 2C:

THE PROCESSES USED BY THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE

Name of the organization THE LUZERNE FOUNDATION

Employer identification number 23-2765498

PRIOR YEAR.

FORM 990, PAGE 1 PART B

REASON FOR AMENDED RETURN

THE PURPOSE OF FILING THIS AMENDED RETURN IS TO REPORT THE FOLLOWING CHANGES:

1. SCHEDULE A, PAGE 2, LINE 5 - THE PORTION OF CONTRIBUTIONS INCLUDED ON LINE 1 OF PAGE 2, THAT EXCEED 2% OF THE AMOUNT OF LINE 11 WERE INADVERTENTLY OMITTED ON THE RETURN AS ORIGINALLY FILED. AS A RESULT OF THIS CORRECTION, THE PUBLIC SUPPORT PERCENTAGES REFLECTED ON SCHEDULE A, PAGE 2, SECTION C, LINES 14 AND 15 WERE RECALCULATED. THE REVISED PUBLIC SUPPORT PERCENTAGES REMAIN WELL ABOVE THE SAFE HARBOR REQUIRED FOR PUBLIC CHARITY STATUS.

2. SCHEDULE B HAS BEEN REVISED TO IDENTIFY DONORS WHO WERE KNOWN BY THE FOUNDATION BUT REQUESTED ANONYMITY.



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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>140 MAIN STREET, SECOND FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LUZERNE, PA 18709</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CHARLES BARBER**

- The books are in the care of ▶ **140 MAIN STREET, 2ND FLOOR - LUZERNE, PA 18709**  
 Telephone No. ▶ **(570) 714-1570** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  X

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b> <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization	Employer identification number	
	THE LUZERNE FOUNDATION	23-2765498	
	Number, street, and room or suite no. If a P.O. box, see instructions.	140 MAIN STREET, SECOND FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	LUZERNE, PA 18709	

Enter the Return code for the return that this application is for (file a separate application for each return) .....

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

CHARLES BARBER

• The books are in the care of  140 MAIN STREET, 2ND FLOOR - LUZERNE, PA 18709

Telephone No.  (570) 714-1570 FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_

TAXPAYER NEEDS ADDITIONAL TIME TO GATHER INFORMATION

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date