

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2016
Open to Public Inspection

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LUZERNE FOUNDATION		D Employer identification number 23-2765498
	Doing business as		E Telephone number (570) 714-1570
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	140 MAIN STREET		G Gross receipts \$ 22,652,832.
	City or town, state or province, country, and ZIP or foreign postal code LUZERNE, PA 18709		
F Name and address of principal officer: CHARLES M. BARBER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: ▶ WWW.LUZFDN.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: PA	
H(c) Group exemption number ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RAISES CONTRIBUTIONS FROM THE COMMUNITY TO SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,919,592.	Current Year 15,366,533.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,611,614.	766,615.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,810.	-71,886.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,518,396.	16,061,262.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,242,350.
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)		286,554.	304,199.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 282,883.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		785,978.	396,328.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,314,882.	16,362,041.	
19 Revenue less expenses. Subtract line 18 from line 12	2,203,514.	-300,779.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 33,639,938.	End of Year 35,531,922.
	21 Total liabilities (Part X, line 26)	6,611,530.	7,742,519.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,028,408.	27,789,403.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	▶ CHARLES M. BARBER, PRESIDENT & CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JULIUS GREEN, CPA	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> PTIN P00350393
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN ▶ 39-0859910		Phone no. 570.820.0100
	Firm's address ▶ 46 PUBLIC SQUARE WILKES-BARRE, PA 18701-2681			

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE LUZERNE FOUNDATION (THE FOUNDATION) IS A COMMUNITY FOUNDATION RECOGNIZED AS A PENNSYLVANIA NON-PROFIT, NON-STOCK CORPORATION THAT HAS BEEN RECOGNIZED BY THE IRS AS A TAX-EXEMPT PUBLIC CHARITY, BY REASON OF BEING AN ORGANIZATION THAT EXISTS TO MAKE OUR REGION A

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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 15,661,514. including grants of \$ 15,661,514.) (Revenue \$) THE LUZERNE FOUNDATION, YOUR COMMUNITY FOUNDATION, EXISTS TO MAKE OUR REGION A BETTER PLACE TO LIVE, WORK AND PLAY. THROUGH THE GENEROSITY OF OUR DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS. THE LUZERNE FOUNDATION IS PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS, EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS. FOR 22 YEARS, THE LUZERNE FOUNDATION HAS ASSISTED INDIVIDUALS AND FAMILIES, BUSINESSES, CIVIC

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

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

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

4e Total program service expenses 15,661,514.

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 <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		19
b	Enter the number of voting members included in line 1a, above, who are independent		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CHARLES M. BARBER - (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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL D. WEAVER CHAIRMAN	0.10	X		X				0.	0.	0.
(2) JOSEPH E. KLUGER, ESQUIRE VICE CHAIRMAN	0.10	X		X				0.	0.	0.
(3) THOMAS L. KENNEDY, ESQ. SECRETARY /PAST CHAIR	0.10	X		X				0.	0.	0.
(4) ROBERT GILL TREASURER	0.10	X		X				0.	0.	0.
(5) MIKE HIRTHLER DIRECTOR	0.10	X						0.	0.	0.
(6) WILLIAM M. JONES DIRECTOR	0.10	X						0.	0.	0.
(7) WILLIAM JOYCE DIRECTOR	0.10	X						0.	0.	0.
(8) SCOTT W. WILLIAMS DIRECTOR	0.10	X						0.	0.	0.
(9) SENATOR JOHN YUDICHAK DIRECTOR	0.10	X						0.	0.	0.
(10) JACKIE BROZENA DIRECTOR	0.10	X						0.	0.	0.
(11) JOHN DOWD DIRECTOR	0.10	X						0.	0.	0.
(12) SCOTT HENRY DIRECTOR	0.10	X						0.	0.	0.
(13) JOHN LOYACK DIRECTOR	0.10	X						0.	0.	0.
(14) MIKE JONES SR DIRECTOR	0.10	X						0.	0.	0.
(15) TARA WILSON DIRECTOR	0.10	X						0.	0.	0.
(16) LAUREN ALLEN DIRECTOR (TERM BEGAN 7-1-2016)	0.10	X						0.	0.	0.
(17) DEBBIE EASTWOOD DIRECTOR (TERM BEGAN 7-1-2016)	0.10	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROB NEHER DIRECTOR (TERM BEGAN 7-1-2016)	0.10	X						0.	0.	0.
(19) ROBERT BEE DIRECTOR	0.10	X						0.	0.	0.
(20) KEVIN FOLEY TREASURER (TERM END 6-30-16)	0.10	X						0.	0.	0.
(21) GERTRUDE C. MCGOWAN, ESQ. SECRETARY (TERM END 6-30-16)	0.10	X						0.	0.	0.
(22) TERRENCE W. CASEY DIRECTOR (TERM END 6-30-16)	0.10	X						0.	0.	0.
(23) PETER J. DANCHAK DIRECTOR (TERM END 6-30-16)	0.10	X						0.	0.	0.
(24) KATHI FLACK DIRECTOR (RESIGNED)	0.10	X						0.	0.	0.
(25) AUGUST F. GENETTI, JR. DIRECTOR (TERM END 6-30-16)	0.10	X						0.	0.	0.
(26) R. CLEMENTS GOVER DIRECTOR (RESIGNED)	0.10	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								132,500.	0.	25,048.
d Total (add lines 1b and 1c)								132,500.	0.	25,048.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	23,840.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,342,693.				
	g	Noncash contributions included in lines 1a-1f: \$		229,115.				
	h	Total. Add lines 1a-1f		15,366,533.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		503,574.			503,574.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	2,500.				
			(ii) Personal					
			b	Less: rental expenses	53,345.			
			c	Rental income or (loss)	-50,845.			
	d	Net rental income or (loss)		-50,845.			-50,845.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	6,766,050.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	6,503,009.			
			c	Gain or (loss)	263,041.			
d	Net gain or (loss)		263,041.			263,041.		
8 a	Gross income from fundraising events (not including \$ 23,840. of contributions reported on line 1c). See Part IV, line 18	a	14,175.					
		b	Less: direct expenses	35,216.				
		c	Net income or (loss) from fundraising events		-21,041.			-21,041.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	_____							
		b	_____					
		c	_____					
		d	All other revenue					
		e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.			16,061,262.	0.	0.	694,729.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,661,514.	15,661,514.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	157,548.		126,039.	31,509.
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	114,454.		103,009.	11,445.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,083.		11,775.	1,308.
10 Payroll taxes	19,114.		16,177.	2,937.
11 Fees for services (non-employees):				
a Management				
b Legal	15,000.		15,000.	
c Accounting	20,050.		20,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,322.		39,322.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,996.		3,996.	
12 Advertising and promotion	4,692.		4,692.	
13 Office expenses	15,133.		15,133.	
14 Information technology	9,746.		9,746.	
15 Royalties				
16 Occupancy	13,188.		13,188.	
17 Travel	8,783.		8,783.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,397.		6,397.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,144.		5,144.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL ACTIVITIES EXP	235,684.			235,684.
b AUTO EXPENSES	9,177.		9,177.	
c DUES & SUBSCRIPTIONS	4,070.		4,070.	
d TEMPORARY SERVICES	1,959.		1,959.	
e All other expenses	3,987.		3,987.	
25 Total functional expenses. Add lines 1 through 24e	16,362,041.	15,661,514.	417,644.	282,883.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	100.	1	100.
	2 Savings and temporary cash investments	3,028,295.	2	2,702,293.
	3 Pledges and grants receivable, net	1,561,979.	3	1,660,147.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,112,612.		
	b Less: accumulated depreciation	10b 42,612.	1,070,000.	10c 1,070,000.
	11 Investments - publicly traded securities	27,979,564.	11	30,099,382.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,639,938.	16	35,531,922.	
Liabilities	17 Accounts payable and accrued expenses	1,533.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,609,997.	25	7,742,519.
	26 Total liabilities. Add lines 17 through 25	6,611,530.	26	7,742,519.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	25,265,262.	27	25,943,992.
	28 Temporarily restricted net assets	1,763,146.	28	1,845,411.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	27,028,408.	33	27,789,403.	
34 Total liabilities and net assets/fund balances	33,639,938.	34	35,531,922.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,061,262.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,362,041.
3	Revenue less expenses. Subtract line 2 from line 1	3	-300,779.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,028,408.
5	Net unrealized gains (losses) on investments	5	979,509.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	82,265.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,789,403.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 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.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11808207.	17202950.	17873865.	17919592.	15366533.	80171147.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11808207.	17202950.	17873865.	17919592.	15366533.	80171147.
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)						59916752.
6 Public support. Subtract line 5 from line 4.						20254395.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	11808207.	17202950.	17873865.	17919592.	15366533.	80171147.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	560,805.	651,791.	803,008.	796,875.	506,074.	3318553.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						83489700.
12 Gross receipts from related activities, etc. (see instructions)					12	97,767.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	24.26 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	25.21 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

ESTABLISHED IN 1994 AS A CLASSIC "COMMUNITY FOUNDATION", THE LUZERNE FOUNDATION ("TLF") IS A FORCE FOR PHILANTHROPY IN NORTHEAST PENNSYLVANIA AND BEYOND. TLF'S PRIMARY MISSION IS TO ENHANCE THE LIVES OF PEOPLE LIVING IN LUZERNE COUNTY, PENNSYLVANIA, AND SURROUNDING COUNTIES. IT SEEKS TO ACCOMPLISH ITS MISSION BY SUPPORTING THE FOLLOWING SEVEN KEY AREAS OF NEED THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY: SOCIAL SERVICES; EDUCATION AND SCHOLARSHIPS; ARTS AND CULTURE; NEIGHBORHOODS AND COMMUNITY DEVELOPMENT; YOUTH ISSUES; HISTORIC PRESERVATION AND THE ENVIRONMENT; AND, HEALTH AND WELLNESS. SINCE ITS INCEPTION THROUGH 2016, TLF MADE FINANCIAL GRANTS TOTALING IN EXCESS OF \$111 MILLION TO SUPPORT ITS MISSION THROUGH THE ACCOMPLISHMENT OF A WIDE VARIETY OF DIFFERENT PROJECTS AND MISSIONS, OF MOSTLY SMALL NONPROFIT, TAX EXEMPT COMMUNITY-BASED ORGANIZATIONS, LOCATED IN AND SERVING THE RESIDENTS OF LUZERNE COUNTY AND SURROUNDING COUNTIES LOCATED IN NORTHEAST PENNSYLVANIA. TLF MAINTAINS OVER 303 DONOR ESTABLISHED MISSION-DIRECTED FUNDS THAT IN THE AGGREGATE HAVE A CURRENT FAIR MARKET VALUE IN EXCESS OF \$35 MILLION. SUPPORT FOR TLF AND ITS MISSION IS OBTAINED PRIMARILY THROUGH DIRECT SOLICITATION OF INDIVIDUALS, BUSINESSES AND THE COMMUNITY AT LARGE.

THE FOLLOWING FACTS AND CIRCUMSTANCES OVERWHELMINGLY SUPPORT THE CONCLUSION THAT TLF SATISFIES THE "10% FACTS & CIRCUMSTANCES TEST" SET FORTH IN TREASURY REGULATION SECTION 1.170A-9(E)(3):

" PERCENTAGE OF "PUBLIC SUPPORT". FOR THE 2015 CALENDAR YEAR TLF'S PUBLIC SUPPORT PERCENTAGE WAS 25.21%. 2014 WAS THE FIRST YEAR SINCE TLF WAS ESTABLISHED THAT ITS PUBLIC SUPPORT PERCENTAGE DID NOT EXCEED 33-1/3RD %.

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

" BROAD BASE OF TLF'S SUPPORT". IN 2016, TLF RECEIVED MORE THAN 2,659 CONTRIBUTIONS FROM 2,131 DIFFERENT INDIVIDUALS AND BUSINESSES. SUBSTANTIALLY, ALL OF THE CONTRIBUTIONS THAT TLF RECEIVED IN 2016 WERE FROM INDIVIDUALS RESIDING IN AND BUSINESSES LOCATED IN LUZERNE COUNTY, PENNSYLVANIA AND COUNTIES IMMEDIATELY SURROUNDING IT. LUZERNE COUNTY HAS A TOTAL OF APPROXIMATELY 325,000 RESIDENTS, MANY OF WHOM ARE CHILDREN. THUS, TLF PROUDLY BOASTS THAT IT IS BROADLY SUPPORTED BY A SIGNIFICANT PERCENTAGE OF THE ADULT MEMBERS OF ITS IMMEDIATE COMMUNITY.

" TLF'S GOVERNING BODY HAS BROAD COMMUNITY PERSPECTIVE AND REPRESENTATION." TLF IS A NONPROFIT, NON-STOCK PENNSYLVANIA NONPROFIT CORPORATION. IT IS GOVERNED BY A SELF-PERPETUATING BOARD OF DIRECTORS, EACH OF WHOM HAS ONE VOTE. TLF'S BYLAWS PROVIDE THAT ITS DIRECTORS BE ADULTS " RESIDING IN OR NEAR, OR OTHERWISE BE CLOSELY IDENTIFIED WITH, LUZERNE COUNTY, PENNSYLVANIA". TLF'S BYLAWS FURTHER PROVIDE THAT DIRECTORS " SHOULD BE KNOWLEDGEABLE REGARDING THE CHARITABLE NEEDS AND INTERESTS OF THE COMMUNITIES SERVED AND HAVE STANDING IN THOSE COMMUNITIES AND ACCESS TO BUSINESSES, GROUPS AND INDIVIDUALS INTERESTED IN PROMOTING, ENCOURAGING AND SUPPORTING THE CHARITABLE PURPOSES AND FUNCTIONS OF THE CORPORATION, AND BE ACTIVE IN OR OTHERWISE INVOLVED WITH THE CHARITABLE NEEDS OF THOSE COMMUNITIES " IN 2016, TLF'S BOARD WAS COMPRISED OF 19 VOTING MEMBERS, EACH OF WHOM SATISFIES THE PROFILE OF AND QUALIFICATIONS FOR BEING A DIRECTOR AS SET FORTH IN TLF'S BYLAWS.

" REGULAR AND CONTINUOUS EFFORTS TO SOLICIT PUBLIC SUPPORT." TLF MAINTAINS ACTIVE AND CONTINUOUS EFFORTS AND PROGRAMS TO SOLICIT AND OBTAIN CONTRIBUTIONS AND BEQUESTS FROM THE PUBLIC. TLF'S EFFORTS IN THIS REGARD BEGIN WITH ITS EFFORTS TO ESTABLISH ITS COMMUNITY IDENTITY AND TO MAKE THE

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

PUBLIC POSITIVELY AWARE OF AND FAMILIAR WITH ITS NAME, LOGO, MISSION AND VALUES. MUCH OF TLF'S PROFESSIONALLY DESIGNED WEBSITE IS DEDICATED TO EDUCATING AND FAMILIARIZING THE PUBLIC AT LARGE, AS WELL AS PROSPECTIVE DONORS IN PARTICULAR, ABOUT TLF, ITS MISSION AS A ROBUST COMMUNITY FOUNDATION AND THE NUMEROUS, ATTRACTIVE AND FLEXIBLE WAYS TO CONTRIBUTE BOTH FINANCIAL AND OTHER RESOURCES TO SUPPORT TLF AND ITS MISSION. AS ONE OF ITS REQUIRED AND IMPORTANT FUNCTIONS AND RESPONSIBILITIES, THE STAFF OF TLF REGULARLY ORGANIZES AND ENGAGES IN ACTIVITIES AND PROGRAMS (E.G., SEMINARS AND OTHER EDUCATIONAL PROGRAMS AND LECTURES BY PROMINENT PROFESSIONALS IN SUCH FIELDS AS ESTATE AND TAX PLANNING THAT ARE OPEN TO THE PUBLIC) DESIGNED TO INCREASE PUBLIC AWARENESS OF THE BENEFITS OF SUPPORTING TLF AND OTHERWISE TO ATTRACT AND ENCOURAGE CONTRIBUTIONS AND REQUESTS FROM THE PUBLIC. TLF REGULARLY USES ELECTRONIC AND REGULAR MAIL TO SOLICIT SUPPORT FROM THE PUBLIC. TLF ALSO REGULARLY UTILIZES LOCAL MEDIA ADVERTISEMENTS TO ATTRACT AND SOLICIT SUPPORT FROM THE PUBLIC AND SEEKS TO OBTAIN PUBLIC SUPPORT THROUGH PERSUADING LOCAL MEDIA TO PROVIDE UNPAID COVERAGE ABOUT TLF, ITS MISSION, ACCOMPLISHMENTS AND ACHIEVEMENTS. IN ADDITION, EACH MEMBER OF TLF'S BOARD ACCEPTS THE ROLE OF GOODWILL AMBASSADOR AND AS A SOLICITOR OF PUBLIC SUPPORT AS A DIRECTOR'S SIGNIFICANT DUTY AND RESPONSIBILITY.

" NO MEMBER OF TLF'S GOVERNING BODY IS A "SUBSTANTIAL CONTRIBUTOR". NOT ONLY DOES TLF ENGAGE IN AND MAINTAIN NUMEROUS PROGRAMS AND WAYS TO ACTIVELY AND CONTINUOUSLY SOLICIT SUPPORT FROM THE GENERAL PUBLIC, MOST OF THE SUPPORT THAT IT DOES OBTAIN IS CONTRIBUTED BY MEMBERS OF THE GENERAL PUBLIC AS EVIDENCED BY THE FACT THAT NO MEMBER OF TLF'S BOARD OF DIRECTORS IS A "SUBSTANTIAL CONTRIBUTOR" TO TLF WITHIN THE MEANING OF IRC SECTION 507(D)(2). MOREOVER, AND WITH THE EXCEPTION OF CHARLES D. FLACK, BOARD

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

MEMBER (NOW DECEASED) AND HIS BROTHER, HAROLD FLACK, EACH OF WHOM STARTED A CHARITABLE FUND FROM THE PROCEEDS OF A BUSINESS SALE, NO MEMBER OF TLF'S BOARD OF DIRECTORS, NOR ANY TLF OFFICER OR EMPLOYEE, NOR ANY OF THEIR RELATIVES [WITHIN THE MEANING OF IRC SECTION 507(D)(2)(C)(II)] HAS CONTRIBUTED OR BEQUEATHED, IN THE AGGREGATE, MORE THAN 2% OF THE TOTAL CONTRIBUTIONS AND BEQUESTS RECEIVED BY TLF FROM ITS INCEPTION THROUGH AND INCLUDING DECEMBER 31, 2016.

" PUBLIC ACCESS TO TLF AND ITS RESOURCES." BY DESIGN, THE PUBLIC HAS ACCESS TO THE ACTIVITIES AND RESOURCES OF TLF. THE WEBSITE OF TLF MAINTAINS A LINK TO ITS MOST RECENT AUDITED FINANCIAL STATEMENTS AS WELL AS A LINK TO ITS CURRENT AND SEVERAL PRIOR YEARS IRS FORMS 990. IN ADDITION, TLF'S WEBSITE PROVIDES AN EASILY COMPLETED APPLICATION FOR NONPROFITS WHO WISH TO APPLY FOR A GRANT. TLF MAINTAINS A DATA BASE FOR EACH NONPROFIT THAT APPLIES FOR A GRANT AND STRIVES TO KEEP THE DATA IT COLLECTS CURRENT. ANNUALLY, TLF HOSTS FORUMS AND SEMINARS FOR NONPROFITS THAT HELP THE COMMUNITIES THAT IT SERVES TO MAKE OTHER NONPROFITS AWARE OF THEIR RESOURCES AS WELL AS BETTER AWARE OF HOW TLF CAN BETTER SUPPORT ITS MISSION AND PURPOSES. ON A CONTINUOUS BASIS, TLF COLLABORATES WITH OTHER LARGE REGIONAL NONPROFIT PROVIDERS OF GOODS AND SERVICES TO MORE EFFICIENTLY AND EXPEDITIOUSLY ADDRESS REGIONAL CONCERNS, NEEDS AND DISASTERS. TLF MAINTAINS A CONTINUOUS AND OPEN DIALOGUE WITH THOSE WHO HAVE ESTABLISHED WITH TLF DONOR ADVISED OR RESTRICTED FUNDS AS WELL AS WITH OTHER CONTRIBUTORS TO BETTER INSURE THAT TLF'S FUNDS ARE BEING DISBURSED APPROPRIATELY AND AS REQUESTED. TLF REGULARLY POSTS ON ITS WEBSITE AND FURNISHES, TO ANYONE WHO SUBSCRIBES, NEWS AND OTHER INFORMATION ABOUT ITS OPERATIONS AND THE STATUS OF PARTICULAR PROJECTS AND NEEDS OF THE COMMUNITIES THAT IT SERVES.

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

" TLF'S EDUCATIONAL PROGRAMS AND MATERIALS." TLF REGULARLY CONDUCTS/SPONSORS EDUCATIONAL PROGRAMS AND PRODUCES INFORMATIONAL MATERIALS/REPORTS FOR DONORS, GRANTEE NONPROFITS AND FOR PROFESSIONAL ADVISORS. IN EACH CASE, SUCH PROGRAMS, MATERIALS AND REPORTS ARE DESIGNED TO ASSIST AND EDUCATE OTHERS IN THE COMMUNITIES THAT TLF SERVES ABOUT THE COMMUNITIES' NEEDS AND BEST METHODS AND WAYS TO ADDRESS SUCH NEEDS. THROUGH ITS WEBSITE, MEDIA ADVERTISEMENTS AND THROUGH MORE DIRECT ELECTRONIC AND REGULAR MAIL CONTACT, TLF ADVERTISES AND OTHERWISE INFORMS OTHERS ABOUT THE OPEN AND FREE AVAILABILITY OF ITS EDUCATIONAL PROGRAMS AND MATERIALS.

" ACTIVE AND CONTINUOUS COLLABORATION WITH AND PARTICIPATION BY COMMUNITY LEADERS AND PUBLIC OFFICIALS." THE STAFF AND BOARD OF TLF MAINTAIN RELATIONSHIPS AND A CONTINUOUS DIALOGUE WITH BOTH COMMUNITY LEADERS AND PUBLIC OFFICIALS OF THE COMMUNITIES THAT TLF SERVES. DUE TO THE NATURE AND SIZE OF THE COMMUNITIES THAT TLF SERVES, MANY CURRENT AND FORMER COMMUNITY LEADERS AND SOME FORMER PUBLIC OFFICIALS SERVE FROM TIME TO TIME AS A TLF DIRECTOR OR ARE MEMBERS OF ITS FOUNDERS' BOARD (THAT SERVES TLF IN AN ADVISORY CAPACITY). CURRENTLY, TLF DIRECTOR JOHN T. YUDICHAK ALSO SERVES AS A PENNSYLVANIA STATE SENATOR AND TLF'S REMAINING DIRECTORS SERVE THE PUBLIC IN VARIOUS CAPACITIES SUCH AS CPAS, ATTORNEYS, BUSINESS ENTREPRENEURS, FINANCIAL SERVICES AND/OR COMMUNITY ADVOCATES. IN ADDITION, THE OFFICERS OF TLF'S BOARD AND ITS PRESIDENT/CEO ARE IN REGULAR CONTACT WITH THE PUBLIC OFFICIALS OF LUZERNE COUNTY, SEVERAL NEIGHBORING COUNTIES AND MANY OF THE PUBLIC OFFICIALS OF CITIES AND MUNICIPALITIES LOCATED IN THOSE COUNTIES.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 18,602.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 184,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 11,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 163,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 37,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 2,340,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 8,814,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 2,262,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 21,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 73,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 7,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 5,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 11,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 19,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 15,660.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 25,931.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 105,039.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 71,055.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 11,781.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
44	214 SHARES WISDOM TREE	\$ 15,660.	05/03/16
45	465 SHARES COMMUNITY BANK	\$ 25,931.	11/18/16
46	1500 SHARES COMCAST CORPORATION A	\$ 105,039.	12/16/16
47	1090 SHARES COMMUNITY BANK	\$ 65,596.	12/12/16
47	129 SHARES COMMUNITY BANK + CASH OF \$350	\$ 5,459.	05/20/16
48	100 SHARES M&T BANK	\$ 11,781.	01/04/16

Name of organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for 2a-2d, and yes/no questions about monitoring and reporting.

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

Form with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including checkboxes and dollar amount fields.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,977,014.	26,318,158.	23,900,129.	20,345,858.	18,852,284.
b Contributions	1,571,866.	3,086,710.	1,791,479.	815,260.	680,125.
c Net investment earnings, gains, and losses	2,261,017.	125,050.	2,211,892.	4,146,970.	2,169,489.
d Grants or scholarships	1,310,427.	1,184,535.	1,242,494.	1,105,652.	977,262.
e Other expenditures for facilities and programs					120,000.
f Administrative expenses	400,088.	368,369.	342,847.	302,307.	258,778.
g End of year balance	30,099,382.	27,977,014.	26,318,158.	23,900,129.	20,345,858.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNITRUST	706,653.
(3) SECURITY DEPOSIT	20,000.
(4) FUNDS HELD AS AGENCY ENDOWMENT	7,015,866.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,742,519.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,236,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	979,509.	
b	Donated services and use of facilities	2b	25,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	82,265.	
e	Add lines 2a through 2d	2e		1,086,774.
3	Subtract line 2e from line 1		3	16,149,824.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-88,562.	
c	Add lines 4a and 4b	4c		-88,562.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	16,061,262.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	16,475,603.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	25,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	88,562.	
e	Add lines 2a through 2d	2e		113,562.
3	Subtract line 2e from line 1		3	16,362,041.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	16,362,041.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS HELD AT THE LUZERNE FOUNDATION MAY BE ESTABLISHED TO BENEFIT A PARTICULAR INSTITUTION OR AGENCY, TO PROVIDE ONGOING SUPPORT TO A FAVORITE CHARITY, AWARD SCHOLARSHIPS IN THE NAME OF A LOVED ONE, OR OTHERWISE SUPPORT SEVEN KEY AREAS: SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS, IN THE NAME OF A PERSON OR OTHER ENTITY.

ENDOWMENT FUNDS CAN BE ESTABLISHED BY GIFT OR BY A BEQUEST AND ARE ADDITIONALLY SUPPORTED BY THE EARNINGS ON THOSE CONTRIBUTIONS AS WELL AS PERIODIC CONTRIBUTIONS. MOST ENDOWMENT FUNDS ARE PERMANENT WITH THE REQUIREMENT THAT THE PRINCIPAL IS NEVER DEPLETED. THE BALANCE IN THE

Part XIII Supplemental Information (continued)

ENDOWMENT FUND IS INVESTED IN A POOL WITH LONG-TERM ASSETS AND OVERSIGHT IS PROVIDED BY AN INFORMAL YET QUALIFIED INVESTMENT COMMITTEE.

DONORS CAN ESTABLISH A FUND IN THEIR NAME, IN A FAMILY'S NAME, OR IN THE NAME OF ANY PERSON OR ORGANIZATION THEY WISH TO HONOR. GRANTS DISTRIBUTED FROM A DONOR'S FUND ARE AWARDED IN THE NAME OF ANY PERSON OR ORGANIZATION THEY WISH TO HONOR. GRANTS DISTRIBUTED FROM A DONOR'S FUND ARE AWARDED IN THE NAME OF THEIR FUND. THIS PERSON OR ORGANIZATION WILL ALWAYS BE REMEMBERED AND LINKED TO GOOD WORKS IN OUR COMMUNITY.

PART 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 2016 AND 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF REMAINDER TRUST	82,265.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-53,345.
SPECIAL EVENTS EXPENSES	-35,217.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-88,562.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES	35,217.
RENTAL EXPENSES	53,345.

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 2D 88,562.

Multiple horizontal lines for supplemental information.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT FOR PROGRAMS AND LAND ACQUISITION	370,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT INCLUDING PROGRAMS AND "TEEN CHALLENGE"	143,400.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT INCLUDING ORPHANAGES, PROGRAMS, FARMING	3113550.	CHECK	0.		
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	25,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT FOR PROGRAMS AND SCHOOLS	97,000.	CHECK	0.		

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

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

SCHEDULE F, PART II,

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL MTG & RECEPTION (event type)	ANNUAL GOLF TOURNAMENT (event type)	NONE (total number)		
Revenue	1	Gross receipts	2,175.	35,840.		38,015.
	2	Less: Contributions	2,175.	21,665.		23,840.
	3	Gross income (line 1 minus line 2)		14,175.		14,175.
Direct Expenses	4	Cash prizes	195.	8,470.		8,665.
	5	Noncash prizes				
	6	Rent/facility costs	3,318.	5,356.		8,674.
	7	Food and beverages	6,210.	6,426.		12,636.
	8	Entertainment				
	9	Other direct expenses	5,069.	172.		5,241.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-21,041.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALL SAINTS CHURCH 17 NORTH CLEVELAND STREET MCADOO, PA 18237	26-3064945	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	23-2523682	501(C)(3)	141,500.	0.			PROGRAM SUPPORT
ALLONE CHARITIES 70 NORTH MAIN STREET WILKES-BARRE, PA 18711	47-3715226	501(C)(3)	17,000.	0.			COLLABORATIVE MATCHING GIFTS PROGRAM
ALPHA OMEGA RELIEF NETWORK 6547 N. ACADEMY BLVD. NO 632 COLORADO SPRINGS, CO 80918	84-1532991	501(C)(3)	72,000.	0.			MATCHING GIFT PROGRAM SUPPORT
ALPHA USA 2275 HALF DAY ROAD BANNOCKBURN, IL 60015	13-3962840	501(C)(3)	25,000.	0.			FILM SERIES TO SPANISH FOR ALPHA INTERNATIONAL
ALZHEIMER'S ASSOCIATION 57 NORTH FRANKLIN STREET WILKES-BARRE, PA 18701	25-1510692	501(C)(3)	8,675.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **173.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

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
AMERICA WORLD ADOPTION 6723 WHITTIER AVENUE MCLEAN, VA 22101	54-1720006	501(C)(3)	75,000.	0.			MATCHING GIFT CHALLENGE
AMERICAN BIBLE SOCIETY 101 N. INDEPENDENCE MALL E FLOOR 8 PHILADELPHIA, PA 19106-2155	13-1623885	501(C)(3)	11,000.	0.			BIBLES FOR TROOPS
AMERICAN RED CROSS-WYOMING VALLEY CHAPTER - 256 NORTH SHERMAN STREET - WILKES-BARRE, PA 18702-5316	24-0803079	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
ART HOUSE NORTH 781 ARMSTONG AVENUE SAINT PAUL, MN 55102	41-1881303	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ASHEVILLE CHRISTIAN ACADEMY 74 RIVERWOOD ROAD SWANNANOVA, NC 28778	56-1891323	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
AWAKENING FOUNDATION 1025 FRONT STREET STE 1 CONWAY, AK 72032	46-2611720	501(C)(3)	250,000.	0.			PROGRAM SUPPPORT-WNA
BEAR CREEK CAMP 3601 BEAR CREEK BOULEVARD WILKES-BARRE TWP., PA 18702	23-1726320	501(C)(3)	110,000.	0.			CABIN RENOVATIONS PROJECT/MATCHING GIFT
BEAR CREEK TOWNSHIP VOLUNTEER HOSE CO. - PO BOX 156 - BEAR CREEK, PA 18602	23-6295911	501(C)(4)	180,000.	0.			PROGRAM SUPPORT/EQUIPMENT
BETHANY CHRISTIAN SERVICES GREATER DELAWARE VALLEY BRANCH OFFICE - 7827 OLD YORK ROAD - ELKINS PARK,, PA 19027-2508	38-1405282	501(C)(3)	40,000.	0.			HUB CHURCH PROGRAM

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.)

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BIBLICAL HISTORY CENTER 130 GORDON COMMERCIAL DRIVE LAGRANGE, GA 30240	20-3514441	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
BLOOMSBURG CHRISTIAN CHURCH 107 DEUSSAN DRIVE BLOOMSBURG, PA 17815	23-2155852	501(C)(3)	70,000.	0.			RWANDA LAND ACQUISITION
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA - 400 EAST SECOND STREET - BLOOMSBURG, PA 17815-1301	23-2738930	501(C)(3)	7,750.	0.			SCHOLARSHIPS
BRANDON'S FOREVER HOME PO BOX 1247 CONYNGHAM, PA 18219	47-1066145	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BRIDGES OF PEACE INTERNATIONAL, INC. - 6611 HANNAH ROSE ROAD - COLORADO SPRINGS, CO 80923	52-1973072	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CALVARY CHAPEL FELLOWSHIP OF MELBOURNE INC - 2955 MINTON ROAD - WEST MELBOURNE, FL 32904-6624	59-3163220	501(C)(3)	50,000.	0.			CALVARY CHAPEL HAITI: POVERTY ALLEVIATION INITIATIVE
CAMP ASTHMACADABRA PO BOX 1536 WILKES-BARRE, PA 18703	25-1825116	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CAMP ORCHARD HILL, INC. 640 ORANGE ROAD DALLAS, PA 18612	23-2265574	501(C)(3)	36,500.	0.			PROGRAM SUPPORT
CANOPY LIFE ACADEMY PO BOX 500942 ATLANTA, GA 31150	47-2207010	501(C)(3)	25,000.	0.			TEACHER TRAINING AND CAPACITY/BUILDING

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
CARE NET 44180 RIVERSIDE PARKWAY, SUITE 200 LANSLOWNE, VA 20176	54-1382723	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
CASA OF LUZERNE COUNTY 667 NORTH RIVER STREET PLAINS, PA 18705	46-2279058	501(C)(3)	33,000.	0.			CASABLANCA GALA SPONSORSHIP
CATHOLIC YOUTH CENTER OF WILKES-BARRE - 36 SOUTH WASHINGTON STREET - WILKES-BARRE, PA 18701-3026	23-7227221	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
CHARITY WATER 40 WORTH STREET, SUITE 330 NEW YORK, NY 10013	22-3936753	501(C)(3)	20,000.	0.			PROGRAM SUPPPORT
CHILDREN'S SERVICE CENTER OF WYOMING VALLEY, INC. - 335 SOUTH FRANKLIN STREET - WILKES-BARRE, PA 18702-3897	24-0795404	501(C)(3)	7,235.	0.			PROGRAM SUPPORT
CHOICE MINISTRIES, INC. P. O. BOX 5 ROSWELL, GA 30077	74-2439414	501(C)(3)	450,000.	0.			PASSION CONFERENCE/PASSION CONFERENCE MATCH
CHRIST COMMUNITY CHURCH 1215 HILLSBORO ROAD FRANKLIN, TN 37069	62-1296156	501(C)(3)	40,000.	0.			COUNSELING CENTER AT CHRIST COMMUNITY CHURCH
CHRIST WESLEYAN CHURCH 363 STAMM ROAD MILTON, PA 17847	23-2220822	501(C)(3)	120,000.	0.			CASA MATERNA PROJECT
CHRISTIAN FAITH MINISTRIES P. O. BOX 50538 DENTON, TX 76206	23-7424817	501(C)(3)	140,000.	0.			PROGRAM SUPPORT

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.)

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CHRISTIAN FELLOWSHIP CHURCH 21673 BEAUMEADE CIRCLE ASHBURN, VA 20147	51-0211209	501(C)(3)	10,000.	0.			NICA WATER PROJECT
CHRISTIAN VETERINARY MISSION CRISTA MINISTRIES - 19303 FREMONT AVENUE NORTH - SEATTLE, WA 98133	91-6012289	501(C)(3)	50,000.	0.			PROGRAM SUPPORT-HAITI
CITY LIFE CHURCH 770 SOUTH 13TH STREET, 1ST FLOOR PHILADELPHIA, PA 19147	46-4181393	501(C)(3)	8,000.	0.			PROGRAM SUPPORT FOR "SERVOLUTION"
COMMISSION ON ECONOMIC OPPORTUNITY OF LUZERNE COUNTY - 163 AMBER LANE - WILKES-BARRE, PA 18702	23-1653093	501(C)(3)	35,500.	0.			PROGRAM SUPPORT
COMMUNITY PREGNANCY CLINIC 940 FIFTH AVENUE NAPLES, FL 34012	51-0204833	501(C)(3)	195,000.	0.			PROGRAM SUPPORT
CONGRESSIONAL COALITION ON ADOPTION INSTITUTE (CCAI) - 311 MASSACHUSETTS AVENUE NE - WASHINGTON, DC 20002	54-2035617	501(C)(3)	76,000.	0.			HAITI 20/20 TRIP/PROGRAM SUPPORT
CONVOY OF HOPE 330 SOUTH PATTERSON AVENUE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	90,000.	0.			PROGRAM SUPPORT-HAITI FARMING
COUNCIL ON FOUNDATIONS INC. PO BOX 75661 BALTIMORE, MD 21275-5661	13-6068327	501(C)(3)	11,300.	0.			ANNUAL MEMBERSHIP DUES FOR
CURE INTERNATIONAL 701 BOSLER AVENUE LEMOYNE, PA 17043	58-2248383	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

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.)

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DANVILLE CHILD DEVELOPMENT CENTER 398 WALL STREET DANVILLE, PA 17821	23-1915333	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
DAYSRING INTERNATIONAL, INC. 1062 LASKIN ROAD NUMBER 21A VIRGINIA BEACH, VA 23451	51-0237239	501(C)(3)	25,000.	0.			CHURCH PLANTING IN INDIA
DIAMOND CITY PARTNERSHIP, INC. TWO PUBLIC SQUARE P. O. BOX 5340 WILKES-BARRE, PA 18710-5340	23-3094874	501(C)(3)	6,775.	0.			PROGRAM SUPPORT
DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503	24-0798640	501(C)(3)	6,865.	0.			DESIGNATED: ST. THERESA
DISASTER ACCOUNTABILITY PROJECT C/O CULI 4402 BESTOR DRIVE ROCKVILLE, MD 20853	26-1270154	501(C)(3)	65,000.	0.			MATCHING GIFT/PROGRAM SUPPORT
DOWNTOWN HAZLETON ALLIANCE FOR PROGRESS - 20 WEST BROAD STREET - HAZLETON, PA 18201	46-4210453	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ECHOCUBA - EVANGELICAL CHRISTIAN HUMANITARIAN OUTREACH FOR CUBA, - P.O. BOX 546135 - MIAMI, FL 33154	65-0510432	501(C)(3)	215,000.	0.			PROGRAM SUPPORT
ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD SIMSBURY, CT 06070	06-0689699	501(C)(3)	66,640.	0.			CONSTANCE L. BELL LIBRARY RENOVATIONS/PROG SUPPORT
F. M. KIRBY CENTER FOR THE PERFORMING ARTS - 71 PUBLIC SQUARE - WILKES-BARRE, PA 18701-2577	22-2697004	501(C)(3)	16,450.	0.			PROGRAM SUPPORT

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
FAMILY PROMISE OF CARBON COUNTY 167 SOUTH THIRD STREET LEHIGHTON, PA 18235	27-0763520	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
FAMILY SERVICE ASSOCIATION OF WYOMING VALLEY - 31 WEST MARKET STREET - WILKES-BARRE, PA 18701-1304	24-0795415	501(C)(3)	15,846.	0.			PROGRAM SUPPORT
FAR REACHING MINISTRIES, INC. 38615 CALISTOGA DRIVE, STE 100 MURRIETA, CA 92563	33-0776828	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
FINE ARTS FIESTA, INC. P. O. BOX 2053 WILKES-BARRE, PA 18703-2053	23-6295765	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
FIRST COAST WOMEN'S SERVICES 11215 SAN JOSE BLVD. JACKSONVILLE, FL 32223	59-3200240	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	120,000.	0.			PROGRAM SUPPORT
FORT MYERS SYMPHONIC CHORUS 6900 DANIELS PARKWAY FORT MYERS, FL 33912	65-1131571	501(C)(3)	5,000.	0.			SUPPORT-FORT MYERS SYMPHONIC MASTERSINGERS
FORWARD EDGE INTERNATIONAL 15121-A NE 72 AVE VANCOUVER, WA 98686	91-1646598	501(C)(3)	120,000.	0.			PROGRAM SUPPORT
FRACTURED ATLAS PRODUCTIONS, INC. 248 WEST 35TH STREET, SUITE 1202 NEW YORK, NY 10001	11-3451703	501(C)(3)	10,000.	0.			DRAWN TO HELP

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

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FRIENDS OF HAITI PROVIDENCE UNIVERSITY - PO BOX 64719 - ROCHESTER, NY 14624	47-2184718	501(C)(3)	20,000.	0.			SOLAR PANEL PROJECT
FRONTIERS PO BOX 60670 PHOENIX, AZ 85082	95-3731505	501(C)(3)	30,000.	0.			YEAR END MATCH
GEISINGER COMMONWEALTH SCHOOL OF MEDICINE - 525 PINE STREET - SCRANTON, PA 18509	26-0812968	501(C)(3)	72,800.	0.			2016-PROGRAM SUPPORT
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA 17822	23-1995911	501(C)(3)	105,500.	0.			SUPPORT FOR JANET WEISS
GLOBAL ADVANCE PO BOX 742077 DALLAS, TX 75374	75-2332727	501(C)(3)	50,000.	0.			PROGRAM SUPPORT-RED ZONE
GOD'S WORLD PUBLICATIONS, INC. P. O. BOX 20002 ASHEVILLE, NC 28802	56-0538016	501(C)(3)	145,000.	0.			MATCHING GIFT/PROGRAM SUPPORT
GRACE COMMUNITY CHURCH 5182 US 70 WEST MARION, NC 28752	95-4896863	501(C)(3)	1,200,000.	0.			TO SUPPORT MONTREAT COLLEGE
GRACE EPISCOPAL CHURCH 30 BUTLER STREET KINGSTON, PA 18704	24-0816493	501(C)(3)	33,100.	0.			PROGRAM SUPPORT
GREAT COMMISSION RESOURCES INTERNATIONAL - 3441 ARCHER CT. - VIRGINIA BEACH, VA 23452	52-2438113	501(C)(3)	73,000.	0.			BUZBEE/OPEN HEART MINISTRIES

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

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GREATER HAZLETON CHAMBER OF COMMERCE CITISCAPE - 20 WEST BROAD STREET - HAZLETON, PA 18201	24-0607160	501(C)(3)	33,910.	0.			BOY SCOUT TROOP 790 COMMUNITY PROGRAM SUPPORT
GREATER HAZLETON PHILHARMONIC SOCIETY - 959 LATTIMER ROAD - HAZLE TOWNSHIP, PA 18202	23-7282088	501(C)(6)	9,720.	0.			PROGRAM SUPPORT
GREATER PIKE COMMUNITY FOUNDATION PO BOX 992 MILFORD, PA 18337	45-4672905	501(C)(3)	5,963.	0.			PROGRAM SUPPORT
HAITI TEEN CHALLENGE 1619 PORTLAND AVENUE SOUTH MINNEAPOLIS, MN 55404	37-1578706	501(C)(3)	150,000.	0.			HAITI OPERATIONS
HANDS AND FEET PROJECT P.O. BOX 682105 FRANKLIN, TN 37068	20-1368997	501(C)(3)	120,000.	0.			PROGRAM SUPPORT
HEAVEN'S FAMILY P. O. BOX 12854 PITTSBURGH, PA 15241-2542	16-1739329	501(C)(3)	30,000.	0.			DESIGNATED FOR SYRIAN REFUGEES
HELPING HANDS SOCIETY 301 ROCKY ROAD HAZLETON, PA 18201	31-1623348	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HOLY FAMILY ACADEMY 601 NORTH LAUREL STREET HAZLETON, PA 18201	47-2111865	501(C)(3)	5,600.	0.			SCHOLARSHIP FUND
HOPE INTERNATIONAL 227 GRANITE HILL DRIVE, SUITE 250 LANCASTER, PA 17601	23-2836648	501(C)(3)	200,000.	0.			MATCHING GIFT CHALLENGE - SUPPORT OF HAITI

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
HOPE OUTREACH INTERNATIONAL PO BOX 29 ONECO, FL 34264	20-8403144	501(C)(3)	200,000.	0.			SCHOLARSHIPS/LAND ACQUISITION
HOPELAND 575 MADISON AVENUE 24TH FLOOR NEW YORK, NY 10022	47-1203150	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
HOUSE OF HIS CREATION 541 WEST 28TH DIVISION HWY. LITITZ, PA 17543	23-1910987	501(C)(3)	200,000.	0.			IN SUPPORT OF PROPERTY ACQUISITION
HOUSING DEVELOPMENT CORP. 163 AMBER LANE WILKES-BARRE, PA 18702-6545	23-2322175	501(C)(3)	30,000.	0.			SAINT GABRIEL HOUSE - RESTORATION AND RENOVATION
HUNTS FOR HEALING, INC. 3 COBURN HILL ROAD LACEYVILLE, PA 18623	27-2034894	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
IMPACT FOUNDATION PO BOX 25277 OVERLAND PARK, KS 66225-5277	20-0520386	501(C)(3)	153,000.	0.			PROGRAM SUPPORT FOR FUND O. 5050
KEYSTONE RESCUE MISSION ALLIANCE 8 W. OLIVE ST. SCRANTON, PA 18508	34-2042921	501(C)(3)	70,000.	0.			MATCHING GIFT/PROGRAM SUPPORT
KIDS FOR THE KINGDOM, INC. PO BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	25,000.	0.			DESIGNATED FOR NUEVA GINEA
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	40,000.	0.			2016 ANNUAL SUPPORT

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

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KISS THEATRE COMPANY 400 EAST END CENTRE WILKES-BARRE, PA 18702	51-0618680	501(C)(3)	5,000.	0.			TO SUPPORT WORKSHOPS FOR CHILDREN WITH DOWN SYNDROME
KORE FOUNDATION, INC. 695 NASHVILLE PIKE #101 GALLATIN, TN 37066	26-3196544	501(C)(3)	504,000.	0.			PROGRAM SUPPORT
LIBRARY FOR ALL 164 WEST 25TH STREET, 10TH FLOOR NEW YORK, NY 10001	90-0888570	501(C)(3)	145,000.	0.			HAITI DIGITAL LIBRARY
LIFECHURCH P.O. BOX 1996 ALLEN TOWN, PA 18105-1996	22-3110904	501(C)(3)	300,000.	0.			DESIGNATED FOR PLAYGROUNDS
LOVE A CHILD, INC. 12411 COMMERCE LAKES DRIVE FORT MYERS, FL 33913	59-2672303	501(C)(3)	595,000.	0.			PROGRAM SUPPORT/HURRICANE RELIEF
LOVE LINK, INC. 7654 CYPRESS COURT NORTH RICHLAND HILLS, TX 76132-2053	75-2556797	501(C)(3)	30,000.	0.			ORPHAN CARE IN EL SALVADOR-SUPPORT GREATEST NEED
LUZERNE COUNTY COMMUNITY COLLEGE ASSOCIATION OF HIGHER EDUCATION - 1333 SOUTH PROSPECT STREET - NANTICOKE, PA 18634-3899	23-2268047	501(C)(3)	6,750.	0.			SPONSORSHIPS
LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	24-0811758	501(C)(3)	28,198.	0.			PROGRAM SUPPORT
MACK AVENUE COMMUNITY CHURCH PO BOX 15692 DETROIT, MI 48215	27-2810691	501(C)(3)	30,000.	0.			PROGRAM SUPPORT

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
MARIAN CATHOLIC 166 MARIAN AVE TAMAQUA, PA 18252	23-3046452	501(C)(3)	15,500.	0.			PROGRAM SUPPORT
MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 18509-1598	24-0795453	501(C)(3)	7,280.	0.			SCHOLARSHIPS
MATERNAL & FAMILY HEALTH SERVICES, INC. - 15 PUBLIC SQUARE, SUITE 600 - WILKES-BARRE, PA 18701-1700	23-1856766	501(C)(3)	6,100.	0.			PROGRAM SUPPORT
MERCY SMILES INTERNATIONAL OUTREACH - 21019 GLIDDENS ROAD - WAVERLY, MO 64096	77-0588337	501(C)(3)	5,000.	0.			VEHICLE PURCHASE
MERLIN'S KIDS, INC. PO BOX 21 MIDLAND PARK, NJ 07432	26-3493804	501(C)(3)	8,650.	0.			PROGRAM - SERVICE DOG TRAINING FOR AUTISTIC CHILDREN
MILES FOR MICHAEL 140 MAIN STREET, 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	29,900.	0.			MILES FOR MICHAEL PROGRAM SUPPORT
MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612-1090	24-0795406	501(C)(3)	139,550.	0.			PROGRAM SUPPORT/SCHOLARSHIPS
MMI PREPARATORY SCHOOL 154 CENTRE STREET FREELAND, PA 18224-0089	24-0795967	501(C)(3)	29,935.	0.			PROGRAM SUPPORT
MODELS FOR CHRIST PO BOX 3080 NEW YORK, NY 10163	13-3320422	501(C)(3)	5,000.	0.			MICHAEL SMITH PROJECT

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
MONADNOCK BIBLE CONFERENCE CENTER 257 DUBLIN ROAD P.O. BOX 70 JAFFREY, NH 03452	02-0268537	501(C)(3)	81,000.	0.			PROGRAM SUPPORT
MT. GILEAD CAMP AND CONFERENCE CENTER - 440 RINKER ROAD - STROUDSBURG, PA 18360	23-1673125	501(C)(3)	63,000.	0.			CAMP SCHOLARSHIPS AND MAINTENANCE
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	175,000.	0.			FINDING GOD PROJECT/AMERICAN CONSERVANCY
NATIONAL VACCINE INFORMATION CENTER - 21525 RIDGETOP CIRCLE SUITE 100 - STERLING, VA 20166	54-1951769	501(C)(3)	70,000.	0.			PROGRAM SUPPORT
NEPA PHILHARMONIC PO BOX 4525 SCRANTON, PA 18505	23-1855655	501(C)(3)	31,800.	0.			PROGRAM SUPPORT
NEPA RAINBOW ALLIANCE PO BOX 1032 PITTSSTON, PA 18640	27-3965572	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
NICHOLAS WOLFF FOUNDATION, INC. PO BOX 810 MILLVILLE, PA 17846	23-2481065	501(C)(3)	5,000.	0.			DESIGNATED FOR CAMP VICTORY
NORTH BRANCH LAND TRUST 251 HUNTSVILLE-IDETOWN ROAD DALLAS, PA 18612	23-7755642	501(C)(3)	71,035.	0.			ANNUAL APPEAL/PROGRAM SUPPORT
NORTHEAST REGIONAL CANCER INSTITUTE - 334 JEFFERSON AVENUE - SCRANTON, PA 18510	23-2662214	501(C)(3)	7,000.	0.			PROGRAM SUPPORT

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
NORTHMORELAND TOWNSHIP VOLUNTEER FIRE COMPANY - 1618 DEMUNDS ROAD - DALLAS, PA 18612	23-2204025	501(C)(3)	11,000.	0.			BUILDING FUND/PROGRAM SUPPORT
OC INTERNATIONAL (DBA ONE CHALLENGE) - PO BOX 36900 - COLORADO SPRINGS, CO 80918	94-1501634	501(C)(3)	25,000.	0.			PROGRAM CODE: ACADE
OPERATION KIDS FOUNDATION 193 EAST FORT UNION BLVD SUITE 100 MIDVALE, UT 84047	87-0643214	501(C)(3)	100,000.	0.			PURE CREATIVE ARTS
PARTNERS IN DEVELOPMENT 55 MARKET STREET SUITE 201 IPSWICH, MA 01938	22-2536583	501(C)(3)	50,000.	0.			DESIGNATED FOR THE MIDWIFERY PROGRAM IN HAITI
PENN STATE WILKES-BARRE OLD ROUTE 115, P.O. BOX PSU LEHMAN, PA 18627	24-6000376	501(C)(3)	7,200.	0.			ANNUAL CAMPAIGN/SCHOLARSHIPS
PERMANENT ENDOWMENT FOR MARTHA'S VINEYARD - P.O. BOX 1182 - OAK BLUFFS, MA 02557	04-2774790	501(C)(3)	10,000.	0.			I/M/O RUSTY FLACK - TO BENEFIT ST. ANDREW'S CHURCH
PROVIDING HOPE MINISTRIES PO BOX 2103 KINGSTON, PA 18704	23-2070710	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
PSALMS 82.3 MINISTRIES 148 EDINBURGH ROAD SAN ANGELO, TX 76901	27-5121814	501(C)(3)	57,000.	0.			PROGRAM SUPPORT
REACH PREGNANCY CENTER OF NORTHERN NY - PO BOX 126 - POTSDAM, NY 13676	27-4281672	501(C)(3)	100,000.	0.			PROGRAM SUPPORT

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
REBUILD GLOBALLY 106 EAST CHURCH STREET ORLANDO, FL 32801	27-2403572	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
RESCUE FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 98083	16-1773392	501(C)(3)	750,000.	0.			PROGRAM SUPPORT
RESTAVEK FREEDOM FOUNDATION 11160 KENWOOD ROAD CINCINNATI, OH 45242	20-8334578	501(C)(3)	821,000.	0.			HAITI RELIEF/PROGRAM SUPPORT
ROCK SOLID ACADEMY 106 SOUTH LEHIGH STREET SHAVERTOWN, PA 18708	27-2392471	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
RONALD MCDONALD HOUSE OF DANVILLE, INC. - P. O. BOX 300 100 NORTH ACADEMY AVENUE & CARE LANE - DANVILLE, PA 17821	23-2155803	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
SANIBEL COMMUNITY CENTER 2173 PERIWINKLE WAY SANIBEL, FL 33951	59-1060466	501(C)(3)	50,000.	0.			RENOVATIONS TO THE COMMUNITY HOUSE
SANIBEL-CAPTIVA CONSERVATION FOUNDATION - 3333 SANIBEL-CAPTIVA ROAD - SANIBEL, FL 33957	59-1205087	501(C)(3)	70,000.	0.			PROGRAM SUPPORT
SANTA PARADE, INC. PO BOX 4376 SCRANTON, PA 18505	46-1541146	501(C)(3)	6,500.	0.			ANNUAL PARADE SPONSORSHIP
SANTIAGO CHRISTIAN SCHOOL FOUNDATION - 1016 SCENIC VIEW DRIVE - SCHWENKSVILLE, PA 19473	36-4385849	501(C)(3)	180,000.	0.			DOMINICAN REPUBLIC SEWER PROJECT

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
SAT 7 PO BOX 2770 EASTON, MD 21601	23-2964829	501(C)(3)	25,000.	0.			EDUCATIONAL PROGRAMMING IN THE MIDDLE EAST
SERVENOW 5225 N. ACADEMY BLVD. SUITE 206 COLORADO SPRINGS, CO 80918	46-1522377	501(C)(3)	55,000.	0.			PROGRAM SUPPORT
SHAOHANNAH'S HOPE, INC. 230 FRANKLIN ROAD 11JJ PO BOX 647 FRANKLIN, TN 37065	32-0011220	501(C)(3)	200,000.	0.			ADOPTION ASSISTANCE
SKIDMORE COLLEGE 815 N. BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ST. JOHN THE BAPTIST ROMAN CATHOLIC CHURCH - 126 NESBITT STREET - LARKSVILLE, PA 18651	23-1666202	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
ST. JOSEPH'S CENTER FOUNDATION 2010 ADAMS AVENUE SCRANTON, PA 18509-1599	23-2286365	501(C)(3)	6,610.	0.			PROGRAM SUPPORT
ST. PAUL'S LUTHERAN CHURCH 474 YALICK ROAD DALLAS, PA 18612	41-1568278	501(C)(3)	5,000.	0.			PROGRAM SUPPORT IN MEMORY OF DOTTIE HENRY AND HANK HENRY
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGGOVE HALL, 3RD FLOOR - SELINGGROVE, PA 17870-116	23-1353385	501(C)(3)	75,750.	0.			SCHOLARSHIP/PROGRAM SUPPORT
TAPS (TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS) - 3033 WILSON BLVD. SUITE 630 - ARLINGTON, VA 22201	92-0152268	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

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
TEACH FOR HAITI C/O UNITED CHARITABLE PROGRAMS - 8201 GREENSBORO DRIVE - TYSONS CORNER, VA 22102-3818	20-4286082	501(C)(3)	20,000.	0.			ANSEYE POU AYITI
TEEN CHALLENGE - UNITED TO RESCUE 11095 MOLLY LANE NEOSHO, MO 64850	20-3459311	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
THE 410 BRIDGE C/O CANOPY LIFE ACADEMY - PO BOX 500942 - ATLANTA, GA 31150	20-5534140	501(C)(3)	37,578.	0.			MATCHING GIFT
THE GATHERING 6125 PALUXY DRIVE TYLER, TX 75703	75-2726170	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 NORTH BOONVILLE AVENUE - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	50,000.	0.			GAZA LIGHTHOUSE SCHOOL
THE JEWISH COMMUNITY ALLIANCE 60 SOUTH RIVER STREET WILKES-BARRE, PA 18702-2405	24-0795437	501(C)(3)	5,655.	0.			PROGRAM SUPPORT
THE ORPHAN INSTITUTE 6723 WHITTIER AVENUE SUITE 401 MCLEAN, VA 22101	26-4339070	501(C)(3)	30,500.	0.			PROGRAM SUPPORT
THE OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701-1287	24-0795971	501(C)(3)	65,139.	0.			PROGRAM SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY OFFICE OF THE BURSAR - 103 SHIELDS BUILDING - UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	20,513.	0.			SCHOLARSHIPS

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
THE PORCH LIGHT PO BOX 8190 LAKELAND, FL 33802	59-0657326	501(C)(3)	20,000.	0.			TO SUPPORT ONE GIRL AT THE PORCH LIGHT SAFE HOME FOR A YEAR
THE RABBIT ROOM, INC 940 DAVIDSON DRIVE NASHVILLE, TN 37205-1011	47-5081441	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
THE VERITAS FORUM, INC. ONE BROADWAY, 14TH FLOOR CAMBRIDGE, MA 02142-1187	20-5616941	501(C)(3)	65,000.	0.			RESOURCE DISTRIBUTION PROJECT
TIM TEBOW FOUNDATION 2220 COUNTY ROAD 210 WEST SUITE 108, PMB 317 - JACKSONVILLE, FL 32259	27-4345913	501(C)(3)	2,039,000.	0.			PROGRAM SUPPORT
TOUCH MINISTRIES, INC. PO BOX 386 NEW MARTINSVILLE, WV 26155	30-0600735	501(C)(3)	7,000.	0.			PURCHASE NEW GENERATOR
UNITARIAN UNIVERSALIST CONGREGATION OF WYOMING VALLEY - PO BOX 2608 - WILKES-BARRE, PA 18703-2608	23-2664557	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
UNITED WAY OF WYOMING VALLEY 100 NORTH PENNSYLVANIA AVENUE 2ND F WILKES-BARRE, PA 18701	24-0831490	501(C)(3)	89,935.	0.			PROGRAM SUPPORT
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	17,500.	0.			SCHOLARSHIPS
VALLEY WITH A HEART 140 MAIN STREET, 2ND FLOOR LUUZERNE, PA 18709	23-2765498	501(C)(3)	16,660.	0.			VALLEY WITH A HEART BENEFITS

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
VASCULAR BIRTHMARK FOUNDATION PO BOX 106 LATHAM, NY 12110	16-1515227	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
VISITING ORPHANS PO BOX 100284 NASHVILLE, TN 37224	20-3179796	501(C)(3)	6,394.	0.			PROGRAM SUPPORT
WEATHERLY AREA COMMUNITY LIBRARY P.O. BOX 141 WEATHERLY, PA 18255	23-2770289	501(C)(3)	11,000.	0.			LIBRARY BUILDING PROJECT/PROGRAM SUPPORT
WEDGWOOD CIRCLE INSTITUTE 5272 LYNGATE COURT BURKE, VA 22015	26-3899171	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WESTMORELAND CLUB CHARITABLE FOUNDATION - 59 S. FRANKLIN STREET - WILKES-BARRE, PA 18701	47-3233704	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
WIDOWS GARDEN 15960 DOCKEN DRIVE MILACA, MN 56363	33-0498900	501(C)(3)	102,000.	0.			DOME AND GREENHOUSE PROJECT
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES-BARRE, PA 18766-0999	24-0795506	501(C)(3)	53,875.	0.			SCHOLARSHIPS/PROGRAM SUPPORT
WORLD CONCERN 19303 FREMONT AVENUE N SEATTLE, WA 98133-3800	91-6012289	501(C)(3)	25,000.	0.			PROGRAM SUPPORT FOR WORLD CONCERN
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	266,694.	0.			ANNUAL CAMPAIGN/PROGRAM SUPPORT

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
WYOMING VALLEY CHILDREN'S ASSOCIATION - 1133 WYOMING AVENUE - FORTY FORT, PA 18704	24-0795510	501(C)(3)	12,600.	0.			PROGRAM SUPPORT
WYOMING WEST WYOMING LITTLE LEAGUE 117 WASHINGTON AVENUE WEST WYOMING, PA 18644	23-2669768	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
YMCA OF WILKES-BARRE, INC. 40 WEST NORTHAMPTON STREET WILKES-BARRE, PA 18701-1774	24-0795638	501(C)(3)	69,425.	0.			PROGRAM SUPPORT/ANNUAL CAMPAIGN
YOUNG LIFE 420 NORTH CASCADE AVENUE COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	158,000.	0.			PROGRAM SUPPORT

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

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

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

PART I, LINE 2:

WITH EACH GRANT REQUEST, THE LUZERNE FOUNDATION EXERCISES ITS DUE DILIGENCE TO ASSURE COMPLIANCE WITH IRS STANDARDS. THE FOUNDATION REQUESTS AN IRS DETERMINATION LETTER REGARDING EXEMPT STATUS. EACH NONPROFIT ORGANIZATION'S 501(C)(3) STATUS AND EIN IS VERIFIED THROUGH THE USE OF GUIDESTAR AND CHARITY CHECK, ONLINE RESOURCES SUITED FOR THAT PURPOSE. ADDITIONAL RESEARCH IS DONE VIA THE RECIPIENT ORGANIZATION'S WEBSITE OR VIA DIRECT CONTACT WITH THE EXECUTIVE DIRECTOR OR CEO OF THE ORGANIZATION. THE GOAL IS TO OBTAIN INFORMATION RELATING TO MISSION AND PURPOSE SO THAT WE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARLES M. BARBER PRESIDENT AND CEO	(i)	125,000.	7,500.	0.	3,975.	21,073.	157,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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

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	5	229,115.	QUOTED MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS REPORTED IN COLUMN B, LINE 9, REPRESENT THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES INVESTMENT MANAGERS TO SELL THE PUBLICLY TRADED SECURITIES THAT ARE DONATED TO THE FOUNDATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

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:

BETTER PLACE TO LIVE, WORK, AND PLAY. THROUGH THE GENEROSITY OF OUR

DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER

CONSTITUTE A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL

SERVICES, EDUCATION AND SCHOLARSHIP, ARTS AND CULTURE, NEIGHBORHOODS

AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE

ENVIRONMENT, AND HEALTH AND WELLNESS. THE LUZERNE FOUNDATION IS

PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO

UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT

REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS,

EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS.

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

GROUPS, AND OTHER NONPROFIT ORGANIZATIONS WITH REALIZING THEIR GOALS

FOR CHARITABLE GIVING SO, COLLECTIVELY, THEY CAN IMPROVE THE QUALITY OF

LIFE FOR THOSE LIVING AND WORKING IN LUZERNE COUNTY AND THROUGHOUT THE

REGION. IN ADDITION, THE LUZERNE FOUNDATION SUPPORTS WORTHY CHARITIES

AT A NATIONAL LEVEL. SEE SCHEDULES F AND I FOR GRANTS AWARDED DURING

THE CURRENT YEAR.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE WHICH IS COMPRISED OF THE BOARD CHAIRPERSON,

VICE-CHAIRPERSON, SECRETARY, TREASURER, THREE SELECTED BOARD MEMBERS AND

ONE BOARD MEMBER EMERITUS DEALS WITH CONFIDENTIAL MATTERS SUCH AS SETTING

THE PRESIDENT/CEO SALARY AND CEO ANNUAL REVIEW. THE EXECUTIVE COMMITTEE

ALSO CONDUCTS THE BUDGET REVIEW BEFORE IT IS RATIFIED BY THE FULL BOARD.

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL WEAVER, WHO IS A CURRENT BOARD MEMBER, IS THE STEP-SON OF BOARD EMERITUS, FRANK BEVEVINO. AS EMERITUS, FRANK DOES NOT HAVE VOTING PRIVILEGES.

FORM 990, PART VI, SECTION B, LINE 11B:

CHARLES BARBER, PRESIDENT & CEO, BOB KORJESKI, CFO, AND THE EXECUTIVE COMMITTEE REVIEW THE FULL FORM 990 IN ITS ENTIRETY PRIOR TO FILING. A PUBLIC INSPECTION COPY IS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO THE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE LUZERNE FOUNDATION DISTRIBUTES CONFLICT OF INTEREST FORMS TO THE BOARD OF DIRECTORS SO THAT THE INFORMATION HELD ON FILE IS CURRENT. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS IS REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; HAVE READ AND UNDERSTANDS THE POLICY; HAVE AGREED TO COMPLY WITH THE POLICY; UNDERSTANDS THE DUTY OF EACH OFFICER OR DIRECTOR TO MAINTAIN AND PRESERVE THE CONFIDENTIALITY OF BOARD AND COMMITTEE DISCUSSIONS AND PROTECT PRIVACY AT ALL TIMES; AND UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT TO MAINTAIN ITS TAX-EXEMPT STATUS IT MUST ENGAGE PRIMARLY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THESE FORMS ARE REVIEWED BY THE AUDIT AND GOVERNANCE COMMITTEES. ANY CONFLICT OF INTEREST THAT IS IDENTIFIED IS REVIEWED AT THE BOARD OF DIRECTORS MEETING ON A CASE BY CASE BASIS AND IS DOCUMENTED IN THE BOARD MEETING MINUTES.

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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FORM 990, PART VI, SECTION B, LINE 15:

ANNUAL COMPENSATION REVIEWS ARE CONDUCTED BY THE PRESIDENT & CEO, DIRECTOR OF OPERATIONS AND ADMINISTRATIVE SUPPORT STAFF. IN ADDITION, THE PRESIDENT & CEO, AND THE DIRECTOR OF OPERATIONS ARE ALSO REVIEWED ANNUALLY. AS A MATTER OF PRACTICE, THE FOUNDATION'S EXECUTIVE COMMITTEE SETS THE PRESIDENT'S SALARY AND BENEFITS. THE PRESIDENT AND CEO THEN SET THE SUPPORT STAFF'S SALARY AND BENEFITS.

IN ADVANCE OF THE PRESIDENT AND CEO REVIEW, THE EXECUTIVE COMMITTEE RECEIVES A COMPREHENSIVE CEO REVIEW FORM THAT SURVEYS SEVEN KEY AREAS OF PERFORMANCE: BOARD RELATIONS, STAFF PLANNING AND OVERSIGHT, PUBLIC RELATIONS AND FOUNDATION DEVELOPMENT, GRANTS MANAGEMENT, FISCAL MANAGEMENT, PERSONAL CHARACTERISTICS AND INSTITUTIONAL VISION. EACH EXECUTIVE COMMITTEE MEMBER RATES THE CANDIDATE ON A SCALE OF CONSISTENTLY EXCELLENT TO BELOW EXPECTATIONS, AND IS ENCOURAGED TO PROVIDE ADDITIONAL FEEDBACK IN THE COMMENTS SECTION OF THE REVIEW FORM. IN ADDITION, GENERAL OBSERVATION QUESTIONS ARE POSED TO SOLICIT FEEDBACK AND PROPOSED NEW IDEAS FOR THE FUTURE. THE INFORMATION OBTAINED ON THE FORMS IS COMPILED AND DISCUSSED AMONG THE EXECUTIVE COMMITTEE MEMBERS, AND IS DOCUMENTED IN THE MINUTES. ONCE A COLLECTIVE DECISION IS REACHED BY THE EXECUTIVE COMMITTEE, THE CHAIRMAN OF THE EXECUTIVE COMMITTEE REPORTS AND DISCUSSES THE OUTCOME WITH THE PRESIDENT AND CEO.

TO ASSIST IN THE DETERMINATION OF THE CEO COMPENSATION PACKAGE, ADDITIONAL MATERIALS AND HANDOUTS ARE PROVIDED THROUGH THE COUNCIL ON FOUNDATIONS, (A RESOURCE FOR COMMUNITY FOUNDATIONS AND PHILANTHROPIC ENTITIES.) THESE HANDOUTS INCLUDE COMPARABLE SALARIES FOR OTHER COMMUNITY FOUNDATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST; IN ADDITION, A STATEMENT OF FINANCIAL POSITION IS MADE AVAILABLE IN THE ANNUAL "COMMUNITY GUIDE" OF THE FOUNDATION. THE 990 IS AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE OR UPON REQUEST.

DISCLOSURE REGARDING FEES PAID TO THE CHIEF FINANCIAL OFFICER ROBERT KORJESKI, CPA IS THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION. HE DOES NOT HAVE BOARD VOTING PRIVILEGES. FOR FORM 990 REPORTING PURPOSES, HE HAS BEEN IDENTIFIED AS AN OFFICER ON PART VII OF THIS FORM 990. FEES FOR SERVICES PROVIDED BY MR. KORJESKI FROM THE LUZERNE FOUNDATION ARE PAID TO A CORPORATION OF WHICH MR. KORJESKI IS THE 100% STOCKHOLDER. FEES PAID FOR THESE SERVICES WERE \$6,000 FOR THE 2016 YEAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF REMAINDER TRUST 82,265.

FORM 990 PART XII LINE 2C
THERE WERE NO CHANGES FROM PRIOR YEAR FOR THE OVERSIGHT PROCESS OR SELECTION PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

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Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) 2016

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE LUZERNE FOUNDATION	Employer identification number (EIN) or 23-2765498
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. 140 MAIN STREET	Social security number (SSN)
	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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 M. 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 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** 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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.