

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE LUZERNE FOUNDATION		D Employer identification number 23-2765498
	Doing business as		E Telephone number (570)822-2065
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	34 SOUTH RIVER STREET		G Gross receipts \$ 15,875,498.
City or town, state or province, country, and ZIP or foreign postal code WILKES-BARRE, PA 18702			
F Name and address of principal officer: C. DAVID PEDRI 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) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			H(b) Are all subordinates included? Yes No
J Website: ▶ WWW.LUZFDN.ORG			If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			H(c) Group exemption number ▶
L Year of formation: 1994			M State of legal domicile: PA

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 24
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6
	6 Total number of volunteers (estimate if necessary) 6 24
	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, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 16,756,109. Prior Year 2,736,469. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,641,891. 986,061.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -42,787. 10,760.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,355,213. 3,733,290.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,685,862. 2,974,760.
Expenses	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) 420,391. 474,852.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 235,786.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 573,482. 402,948.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,679,735. 3,852,560.
19 Revenue less expenses. Subtract line 18 from line 12 1,675,478. -119,270.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 43,359,080. Beginning of Current Year 46,875,033. End of Year
	21 Total liabilities (Part X, line 26) 8,871,113. 9,756,563.
	22 Net assets or fund balances. Subtract line 21 from line 20 34,487,967. 37,118,470.

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			
	C. DAVID PEDRI, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KERRI N. BOGDA, CPA	Preparer's signature <i>Kerri Bogda</i>	Date 10/27/21	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00760402
	Firm's name ▶ BAKER TILLY US, LLP	Firm's EIN ▶ 39-0859910	Phone no. 717.740.4863		
Firm's address ▶ 1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601					

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 \$ 3,119,723. including grants of \$ 2,974,760.) (Revenue \$ 0.)

THE LUZERNE FOUNDATION IS A COMMUNITY FOUNDATION SERVING THE NEEDS OF INDIVIDUALS AND ORGANIZATIONS WITHIN LUZERNE COUNTY, PENNSYLVANIA. AS A COMMUNITY FOUNDATION WE PROMOTE PHILANTHROPY AND SERVE AS STEWARDS OF THE RESOURCES OUR DONORS INVEST THROUGH US TO SUPPORT THE COMMUNITY PROGRAMS WHICH THEY FUND.

OUR GOAL IS TO DEVELOP AND MANAGE FUNDS THROUGH PHILANTHROPIC SUPPORT BY AREA DONORS THAT MEET EMERGING COMMUNITY NEEDS AND WILL CONTINUE TO ADDRESS THOSE NEEDS THROUGH FUTURE GENERATIONS.

THE MISSION OF THE LUZERNE FOUNDATION IS TO WORK TO ENHANCE THE LIVES OF LUZERNE COUNTY RESIDENTS BY EVALUATING AND ADDRESSING COMMUNITY

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

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

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

4e Total program service expenses 3,119,723.

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 donor-restricted endowments or in 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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 on Schedule O.		
	1a	24	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	24	
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, 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 on 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?		
10b			
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	
12c		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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			X
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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA, CA, FL, IL, MD, MA, NC, NJ, NY, VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **▶**
C. DAVID PEDRI, PRESIDENT & CEO - (570) 822-2065
34 SOUTH RIVER STREET, WILKES-BARRE, PA 18702

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES M. BARBER PRESIDENT AND CEO	45.00			X			148,995.	0.	16,581.	
(2) ROBERT KORJESKI CHIEF FINANCIAL OFFICER	3.00			X			8,000.	0.	0.	
(3) JOHN DOWD CHAIRMAN	0.10	X		X			0.	0.	0.	
(4) TARA WILSON VICE CHAIRMAN	0.10	X		X			0.	0.	0.	
(5) ROBERT GILL TREASURER	0.10	X		X			0.	0.	0.	
(6) ROB NEHER SECRETARY	0.10	X		X			0.	0.	0.	
(7) JACKIE BROZENA DIRECTOR	0.10	X					0.	0.	0.	
(8) JOHN LOYACK DIRECTOR	0.10	X					0.	0.	0.	
(9) MICHAEL JONES SR DIRECTOR	0.10	X					0.	0.	0.	
(10) LAUREN ALLEN DIRECTOR	0.10	X					0.	0.	0.	
(11) DEBBIE EASTWOOD DIRECTOR	0.10	X					0.	0.	0.	
(12) ALEX FLACK DIRECTOR	0.10	X					0.	0.	0.	
(13) DAVID HOURIGAN DIRECTOR	0.10	X					0.	0.	0.	
(14) THOMAS MACNEELY DIRECTOR	0.10	X					0.	0.	0.	
(15) MALORIE MCLAUGHLIN DIRECTOR	0.10	X					0.	0.	0.	
(16) BRIAN STAHL DIRECTOR	0.10	X					0.	0.	0.	
(17) MICHELLE BURRELL DIRECTOR	0.10	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAYNE CROTHERS DIRECTOR	0.10	X						0.	0.	0.
(19) ALEXANDER SLOOT DIRECTOR	0.10	X						0.	0.	0.
(20) GREG WEAVER DIRECTOR	0.10	X						0.	0.	0.
(21) LARRY KAPLAN DIRECTOR	0.10	X						0.	0.	0.
(22) MEGAN KENNEDY DIRECTOR	0.10	X						0.	0.	0.
(23) MIKE LOMBARDO DIRECTOR	0.10	X						0.	0.	0.
(24) WILL BEEKMAN DIRECTOR	0.10	X						0.	0.	0.
(25) MAUREEN METZ DIRECTOR	0.10	X						0.	0.	0.
(26) LOGSDON REYNA DIRECTOR	0.10	X						0.	0.	0.
1b Subtotal								156,995.	0.	16,581.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								156,995.	0.	16,581.

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, 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	16,786.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,719,683.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 606,409.				
	h Total. Add lines 1a-1f		2,736,469.				
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)		709,039.			709,039.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	12,415,016.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	12,137,994.				
	c Gain or (loss)	7c	277,022.				
	d Net gain or (loss)		277,022.			277,022.	
8 a Gross income from fundraising events (not including \$ 16,786. of contributions reported on line 1c). See Part IV, line 18	8a		4,214.				
			4,214.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OFFICE ADMIN REVENUE	Business Code	900099	10,760.		10,760.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			10,760.			
12 Total revenue. See instructions			3,733,290.	0.	0.	996,821.	

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 ...	2,974,760.	2,974,760.		
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	173,576.	54,814.	65,473.	53,289.
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	243,483.	72,204.	135,157.	36,122.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,907.	1,524.	2,311.	1,072.
9 Other employee benefits	22,677.	7,041.	10,679.	4,957.
10 Payroll taxes	30,209.	9,380.	14,226.	6,603.
11 Fees for services (nonemployees):				
a Management				
b Legal	16,322.		16,322.	
c Accounting	19,325.		19,325.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	60,744.		60,744.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,691.		9,691.	
12 Advertising and promotion	8,481.		8,481.	
13 Office expenses	22,802.		22,802.	
14 Information technology	51,499.		51,499.	
15 Royalties				
16 Occupancy	22,331.		22,331.	
17 Travel	7,932.		7,932.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	554.		554.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,003.		19,003.	
23 Insurance	14,824.		14,824.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	133,743.			133,743.
b DUES & SUBSCRIPTIONS	7,859.		7,859.	
c ADVANCEMENT & DEVELOP.	6,936.		6,936.	
d MINOR EQUIPMENT	902.		902.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,852,560.	3,119,723.	497,051.	235,786.
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	2,711,522.	2	1,486,170.		
	3 Pledges and grants receivable, net	1,836,988.	3	1,809,004.		
	4 Accounts receivable, net		4			
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 746,349.				
	b Less: accumulated depreciation	10b 76,548.	688,803.	10c	669,801.	
	11 Investments - publicly traded securities	38,121,667.	11	42,909,958.		
	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 33)	43,359,080.	16	46,875,033.			
Liabilities	17 Accounts payable and accrued expenses		17			
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24	63,299.		
	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	8,871,113.	25	9,693,264.		
	26 Total liabilities. Add lines 17 through 25	8,871,113.	26	9,756,563.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	33,448,996.	27	36,060,081.		
	28 Net assets with donor restrictions	1,038,971.	28	1,058,389.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	34,487,967.	32	37,118,470.		
	33 Total liabilities and net assets/fund balances	43,359,080.	33	46,875,033.		

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	3,733,290.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,852,560.
3	Revenue less expenses. Subtract line 2 from line 1	3	-119,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,487,967.
5	Net unrealized gains (losses) on investments	5	2,730,355.
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 on Schedule O)	9	19,418.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,118,470.

Part XII Financial Statements and Reporting

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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15366533.	18268836.	17074218.	16756109.	2736469.	70202165.
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	15366533.	18268836.	17074218.	16756109.	2736469.	70202165.
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)						52470214.
6 Public support. Subtract line 5 from line 4.						17731951.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	15366533.	18268836.	17074218.	16756109.	2736469.	70202165.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	506,074.	559,858.	628,967.	686,207.	709,039.	3090145.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		779.		10,988.	10,760.	22,527.
11 Total support. Add lines 7 through 10						73314837.
12 Gross receipts from related activities, etc. (see instructions)					12	18,580.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	24.19 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	21.53 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No
2a		
b Did the activities described in line 2a, above, 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2017 AMOUNT: \$ 779.

2019 AMOUNT: \$ 61.

OFFICE ADMIN REVENUE

2019 AMOUNT: \$ 10,927.

2020 AMOUNT: \$ 10,760.

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

ESTABLISHED IN 1994 AS A "COMMUNITY FOUNDATION", THE LUZERNE FOUNDATION ("TLF") IS A FORCE FOR PHILANTHROPY IN NORTHEAST PENNSYLVANIA AND BEYOND. TLF'S PRIMARY MISSION IS TO ENHANCE THE LIVES OF PEOPLE LIVING IN LUZERNE COUNTY, PENNSYLVANIA, AND SURROUNDING COUNTIES. IT SEEKS TO ACCOMPLISH ITS MISSION BY SUPPORTING THE FOLLOWING SEVEN KEY AREAS OF NEED THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY: SOCIAL SERVICES; EDUCATION AND SCHOLARSHIPS; ARTS AND CULTURE; NEIGHBORHOODS AND COMMUNITY DEVELOPMENT; YOUTH ISSUES; HISTORIC PRESERVATION AND THE ENVIRONMENT; AND HEALTH AND WELLNESS. SINCE ITS INCEPTION THROUGH 2020, TLF PURSUED ITS MISSION BY MAKING FINANCIAL GRANTS TOTALING IN EXCESS OF \$170 MILLION TO ACCOMPLISH A WIDE-VARIETY OF PROJECTS AND TO SUPPORT MOSTLY SMALL NONPROFIT, TAX EXEMPT COMMUNITY-BASED ORGANIZATIONS, LOCATED IN AND SERVING THE RESIDENTS OF LUZERNE COUNTY AND SURROUNDING COUNTIES LOCATED IN NORTHEAST PENNSYLVANIA. TLF MAINTAINS OVER 365 DONOR ESTABLISHED MISSION-DIRECTED FUNDS THAT IN THE AGGREGATE HAVE A CURRENT FAIR MARKET VALUE IN EXCESS OF \$50 MILLION. SUPPORT FOR TLF AND ITS MISSION IS

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.)

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 2020 CALENDAR YEAR, TLF'S PUBLIC
SUPPORT PERCENTAGE WAS 24.19%. 2014 WAS THE FIRST YEAR SINCE TLF WAS
ESTABLISHED THAT ITS PUBLIC SUPPORT PERCENTAGE DID NOT EXCEED 33 1/3 %.

- BROAD BASE OF TLF'S SUPPORT. IN 2020, TLF RECEIVED MORE THAN 1,887
CONTRIBUTIONS FROM 1126 DIFFERENT INDIVIDUALS AND BUSINESSES.
SUBSTANTIALLY, ALL OF THE CONTRIBUTIONS THAT TLF RECEIVED IN 2020 WERE
FROM INDIVIDUALS RESIDING IN AND BUSINESSES LOCATED IN LUZERNE COUNTY,
PENNSYLVANIA AND COUNTIES IMMEDIATELY SURROUNDING IT. LUZERNE COUNTY HAS A
TOTAL OF APPROXIMATELY 330,000 RESIDENTS, MANY OF WHOM ARE CHILDREN. THUS,
TLF PROUDLY BOASTS THAT IT IS BROADLY SUPPORTED BY A SIGNIFICANT
PERCENTAGE OF THE ADULT MEMBERS OF ITS IMMEDIATE COMMUNITY.

-TLF'S GOVERNING BODY HAS BROAD COMMUNITY PERSPECTIVE AND REPRESENTATION.
TLF IS A NONPROFIT, NON-STOCK PENNSYLVANIA 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

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.)

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 2020, TLF'S BOARD WAS COMPRISED OF 24 VOTING MEMBERS, EACH OF WHOM SATISFIES THE PROFILE OF AND QUALIFICATIONS FOR BEING A DIRECTOR AS SET FORTH IN TLF'S BYLAWS.

-REGULAR AND CONTINUOUS EFFORTS TO SOLICIT PUBLIC SUPPORT. TLF MAINTAINS ACTIVE AND CONTINUOUS EFFORTS AND PROGRAMS TO SOLICIT AND OBTAIN CONTRIBUTIONS AND BEQUESTS FROM THE PUBLIC. TLF'S EFFORTS IN THIS REGARD BEGIN WITH ITS EFFORTS TO ESTABLISH ITS COMMUNITY IDENTITY AND TO MAKE THE PUBLIC POSITIVELY AWARE OF AND FAMILIAR WITH ITS NAME, LOGO, MISSION AND VALUES. MUCH OF TLF'S PROFESSIONALLY DESIGNED WEBSITE IS DEDICATED TO EDUCATING AND FAMILIARIZING THE PUBLIC AT LARGE, AS WELL AS PROSPECTIVE DONORS IN PARTICULAR, ABOUT TLF, ITS MISSION AS A ROBUST COMMUNITY FOUNDATION AND THE NUMEROUS, ATTRACTIVE AND FLEXIBLE WAYS TO CONTRIBUTE BOTH FINANCIAL AND OTHER RESOURCES TO SUPPORT TLF AND ITS MISSION. AS ONE OF ITS REQUIRED AND IMPORTANT FUNCTIONS AND RESPONSIBILITIES, THE STAFF OF TLF REGULARLY ORGANIZES AND ENGAGES IN ACTIVITIES AND PROGRAMS (E.G., SEMINARS AND OTHER EDUCATIONAL PROGRAMS AND LECTURES BY PROMINENT PROFESSIONALS IN SUCH FIELDS AS ESTATE AND TAX PLANNING THAT ARE OPEN TO THE PUBLIC) DESIGNED TO INCREASE PUBLIC AWARENESS OF THE BENEFITS OF SUPPORTING TLF AND OTHERWISE TO ATTRACT AND ENCOURAGE CONTRIBUTIONS AND BEQUESTS FROM THE PUBLIC. TLF REGULARLY USES ELECTRONIC AND REGULAR MAIL TO SOLICIT SUPPORT FROM THE PUBLIC. TLF ALSO REGULARLY UTILIZES LOCAL MEDIA ADVERTISEMENTS TO ATTRACT AND SOLICIT SUPPORT FROM THE PUBLIC AND

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.)

SEEKS TO OBTAIN PUBLIC SUPPORT THROUGH PERSUADING LOCAL MEDIA TO PROVIDE UNPAID COVERAGE ABOUT TLF, ITS MISSION, ACCOMPLISHMENTS AND ACHIEVEMENTS. IN ADDITION, EACH MEMBER OF TLF'S BOARD ACCEPTS THE ROLE OF GOODWILL AMBASSADOR AND AS A SOLICITOR OF PUBLIC SUPPORT AS A DIRECTOR'S SIGNIFICANT DUTY AND RESPONSIBILITY.

-NO MEMBER OF TLF'S GOVERNING BODY IS A "SUBSTANTIAL CONTRIBUTOR". NOT ONLY DOES TLF ENGAGE IN AND MAINTAIN NUMEROUS PROGRAMS AND WAYS TO ACTIVELY AND CONTINUOUSLY SOLICIT SUPPORT FROM THE GENERAL PUBLIC, MOST OF THE SUPPORT THAT IT DOES OBTAIN IS CONTRIBUTED BY MEMBERS OF THE GENERAL PUBLIC AS EVIDENCED BY THE FACT THAT NO MEMBER OF TLF'S BOARD OF DIRECTORS IS A "SUBSTANTIAL CONTRIBUTOR" TO TLF WITHIN THE MEANING OF IRC SECTION 507(D)(2). MOREOVER, NO MEMBER OF TLF'S BOARD OF DIRECTORS, NOR ANY TLF OFFICER OR EMPLOYEE, NOR ANY OF THEIR RELATIVES [WITHIN THE MEANING OF IRC SECTION 507(D)(2)(C)(II)] HAS CONTRIBUTED OR BEQUEATHED, IN THE AGGREGATE, MORE THAN 2% OF THE TOTAL CONTRIBUTIONS AND BEQUESTS RECEIVED BY TLF FROM ITS INCEPTION THROUGH AND INCLUDING DECEMBER 31, 2020.

-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

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.)

RESOURCES AS WELL AS BETTER AWARE OF HOW TLF CAN BETTER SUPPORT ITS MISSION AND PURPOSES. ON A CONTINUOUS BASIS, TLF COLLABORATES WITH OTHER LARGE REGIONAL NONPROFIT PROVIDERS OF GOODS AND SERVICES TO MORE EFFICIENTLY AND EXPEDITIOUSLY ADDRESS REGIONAL CONCERNS, NEEDS AND DISASTERS. AND, TLF MAINTAINS A CONTINUOUS AND OPEN DIALOGUE WITH THOSE WHO HAVE ESTABLISHED WITH TLF DONOR ADVISED OR RESTRICTED FUNDS AS WELL AS WITH OTHER CONTRIBUTORS TO BETTER INSURE THAT TLF'S FUNDS ARE BEING DISBURSED APPROPRIATELY AND AS REQUESTED. TLF REGULARLY POSTS ON ITS WEBSITE AND FURNISHES, TO ANYONE WHO SUBSCRIBES, NEWS AND OTHER INFORMATION ABOUT ITS OPERATIONS AND THE STATUS OF PARTICULAR PROJECTS AND NEEDS OF THE COMMUNITIES THAT IT SERVES.

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

-ACTIVE AND CONTINUOUS COLLABORATION WITH AND PARTICIPATION BY COMMUNITY LEADERS AND PUBLIC OFFICIALS. THE STAFF AND BOARD OF TLF MAINTAIN RELATIONSHIPS AND A CONTINUOUS DIALOGUE WITH BOTH COMMUNITY LEADERS AND PUBLIC OFFICIALS OF THE COMMUNITIES THAT TLF SERVES. DUE TO THE NATURE AND SIZE OF THE COMMUNITIES THAT TLF SERVES, MANY CURRENT AND FORMER COMMUNITY

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.)

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

Horizontal lines for supplemental information.

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

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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	<hr/> <hr/> <hr/>	\$ <u>334,368.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>211,639.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>96,510.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>132,285.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>7,490.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>6,704.</u>	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
7	<hr/> <hr/> <hr/>	\$ <u>6,770.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>275,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>35,152.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>6,625.</u>	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	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>36,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>10,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>8,124.</u>	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	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 5,513.	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	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 348,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 21,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 18,000.	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	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 12,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 5,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 11,073.	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	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 8,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 7,500.	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/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 19,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 10,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 25,000.	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
49	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 74,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 7,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 9,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 500,000.	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
55	<hr/> <hr/> <hr/>	\$ 77,000.	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.)
_____	<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
<u>1</u>	830 SHARES AAPL	\$ <u>334,368.</u>	<u>12/23/20</u>
<u>3</u>	891 SHARES AAPL	\$ <u>96,510.</u>	<u>12/31/20</u>
<u>4</u>	54 SHARES CE, 412 SHARES WM, 439 SHARES MFST	\$ <u>132,285.</u>	<u>06/12/19</u>
<u>5</u>	100 SHARES PSX	\$ <u>7,490.</u>	<u>12/23/20</u>
<u>6</u>	200 SHARES XOM	\$ <u>6,704.</u>	<u>09/19/20</u>
<u>10</u>	100 SHARES IBM, 400 SHARES HESS CORPORATION	\$ <u>29,052.</u>	<u>12/31/20</u>

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	
(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	
(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	
(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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	103	212
2 Aggregate value of contributions to (during year)	1,333,875.	1,538,446.
3 Aggregate value of grants from (during year)	2,131,222.	843,538.
4 Aggregate value at end of year	17,277,707.	16,617,586.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|------------|
| c Beginning balance | 1,996,175. |
| d Additions during the year | 238,186. |
| e Distributions during the year | 113,598. |
| f Ending balance | 2,120,763. |
- 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	38,121,667.	29,340,478.	31,780,789.	30,099,382.	27,977,014.
b Contributions	2,060,363.	2,829,577.	1,164,804.	1,647,851.	1,571,866.
c Net investment earnings, gains, and losses	4,666,257.	7,505,953.	-1,531,385.	4,079,439.	2,261,017.
d Grants or scholarships	1,471,059.	1,094,328.	1,619,971.	3,600,747.	1,310,427.
e Other expenditures for facilities and programs					
f Administrative expenses	467,270.	460,013.	453,759.	445,136.	400,088.
g End of year balance	42,909,958.	38,121,667.	29,340,478.	31,780,789.	30,099,382.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 40.0000 %
 - b Permanent endowment 60.0000 %
 - c Term endowment .0000 %
- 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		31,000.		31,000.
b Buildings		682,086.	43,285.	638,801.
c Leasehold improvements				
d Equipment		33,263.	33,263.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				669,801.

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	678,598.
(3) FUNDS HELD AS AGENCY ENDOWMENT	9,014,666.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,693,264.

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 FASB 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	6,426,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,730,355.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-41,326.	
e	Add lines 2a through 2d	2e		2,689,029.
3	Subtract line 2e from line 1		3	3,737,504.
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	-4,214.	
c	Add lines 4a and 4b	4c		-4,214.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,733,290.

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	3,796,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	4,214.	
e	Add lines 2a through 2d	2e		4,214.
3	Subtract line 2e from line 1		3	3,791,816.
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	60,744.	
c	Add lines 4a and 4b	4c		60,744.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,852,560.

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 IV, LINE 1B:

ACCORDING TO PENNSYLVANIA NONPROFIT CODE 15 PA. C.S. 5547(A), COMMUNITY FOUNDATIONS MAY TAKE AND HOLD TRUST FUNDS AS NORMAL RELATED ACTIVITY. OUR BOARD OF DIRECTORS, AS TRUSTEES OF SUCH PROPERTY, ARE HELD TO THE SAME DEGREE OF RESPONSIBILITY AND ACCOUNTABILITY AS IF NOT INCORPORATED, UNLESS A LESSER DEGREE, PARTICULAR DEGREE OF RESPONSIBILITY AND/OR ACCOUNTABILITY IS PRESCRIBED IN THE TRUST INSTRUMENT, OR UNLESS THE BOARD OF DIRECTORS OR SUCH OTHER BODY REMAIN UNDER THE CONTROL OF THE MEMBERS OF THE CORPORATION OR THIRD PERSONS WHO RETAIN THE RIGHT TO DIRECT, AND DO DIRECT, THE ACTIONS OF THE BOARD OR OTHER BODY AS TO THE USE OF THE TRUST PROPERTY FROM TIME TO TIME.

Part XIII Supplemental Information *(continued)*

PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO LAST INTO PERPETUITY. TO PRESERVE THE DONOR'S ORIGINAL INVESTMENT, THE LUZERNE FOUNDATION RECOMMENDS THAT 4.25% OF A ROLLING 16 QUARTER AVERAGE BE USED AS THE RULE OF THUMB FOR INCOME THAT IS AVAILABLE FOR DISTRIBUTION ANNUALLY. ENDOWMENT FUNDS MAY FUNCTION AS ORGANIZATIONAL, DESIGNATED, DONOR ADVISED, SCHOLARSHIP AND FIELD OF INTEREST.

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 2020 AND 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF REMAINDER TRUST	19,418.
INVESTMENT FEES	-60,744.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-41,326.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-4,214.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	4,214.
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Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES	60,744.
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GOLF TOURNAMENT		NONE	
	Revenue	(event type)	(event type)	(total number)	
	1 Gross receipts	21,000.			21,000.
	2 Less: Contributions	16,786.			16,786.
	3 Gross income (line 1 minus line 2)	4,214.			4,214.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,214.			4,214.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				4,214.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**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)	14,500.	0.			PROGRAM SUPPORT AND AUTISM SERVICES
ALLONE CHARITIES 83 E. UNION STREET WILKES-BARRE, PA 18701	47-3715226	501(C)(3)	11,000.	0.			MATCHING INCENTIVE PROGRAM
ALZHEIMER'S ASSOCIATION 57 NORTH FRANKLIN STREET WILKES-BARRE, PA 18701	25-1510692	501(C)(3)	10,000.	0.			MATCHING GRANT AND PROGRAM SUPPORT
BACK MOUNTAIN RECREATION PO BOX 244 LEHMAN, PA 18627	23-2986991	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
BERKSHIRE SCHOOL 245 N UNDERMOUNTAIN RD SHEFFIELD, MA 01257	04-2121313	501(C)(3)	7,500.	0.			ANNUAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 112.**

3 Enter total number of other organizations listed in the line 1 table **▶ 4.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BIG BROTHERS BIG SISTERS OF NEPA 190 WELLES STREET KINGSTON, PA 18704	24-0818341	501(C)(3)	5,270.	0.			PROGRAM AND MATCHING INCENTIVE SUPPORT
BLUE CHIP FARMS ANIMAL RESCUE 974 LOCKVILLE ROAD DALLAS, PA 18612	84-1641355	501(C)(3)	12,895.	0.			PROGRAM AND MATCHING INCENTIVE SUPPORT
BRANDON'S FOREVER HOME 187 NORTH CHURCH STREET HAZLETON, PA 18201	47-1066145	501(C)(3)	13,270.	0.			PROGRAM AND MATCHING INCENTIVE SUPPORT
BUCKNELL UNIVERSITY 701 MOORE AVENUE LEWISBURG, PA 17837	24-0772407	501(C)(3)	12,000.	0.			BUCKNELL LEADERS (BPALC) AND ANNUAL SUPPORT
CAMP CADET TROOP "P" WYOMING PA STATE POLICE WYOMING, PA 18644	03-0509931	501(C)(3)	5,000.	0.			ANNUAL SUPPORT
CAN DO COMMUNITY FOUNDATION 1 SOUTH CHURCH ST HAZLETON, PA 18201	25-1698583	501(C)(3)	5,000.	0.			FERRWOOD MUSIC CAMP
CANDY'S PLACE 190 WELLES STREET, SUITE 166 FORTY FORT, PA 18704	23-2973385	501(C)(3)	14,240.	0.			SPONSORSHIP, PROGRAM SUPPORT
CASA OF LUZERNE COUNTY 667 NORTH RIVER STREET PLAINS, PA 18705	46-2279058	501(C)(3)	27,880.	0.			PROGRAM SUPPORT AND MATCHING INCENTIVE PROGRAM
CATHOLIC SOCIAL SERVICES 214 W. WALNUT STREET HAZLETON, PA 18201	24-0818341	501(C)(3)	7,950.	0.			ACTIVE RESPONSE RECOVERY, MATCHING INCENTIVES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHILDREN'S SERVICE CENTER OF WYOMING VALLEY, INC. - 335 SOUTH FRANKLIN STREET - WILKES-BARRE, PA 18702	24-0795404	501(C)(3)	11,110.	0.			ANNUAL SUPPORT
COASTAL CAROLINA UNIVERSITY PO BOX 261954 CONWAY, SC 29528	57-0977955	501(C)(3)	7,750.	0.			SCHOLARSHIPS
COMMISSION ON ECONOMIC OPPORTUNITY OF LUZERNE COUNTY - 165 AMBER LANE - WILKES-BARRE, PA 18702	23-1653093	501(C)(3)	141,000.	0.			MATCHING GIFTS, COVID, WEINBERG FOOD BNK
CONCERN 100 N. WILKES BARRE BLVD. SUITE 212 WILKES-BARRE, PA 18072	23-2052170	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CONGRESSIONAL COALITION ON ADOPTION INSTITUTE (CCAI) - 311 MASSACHUSETTS AVENUE NE - WASHINGTON, DC 20002	54-2035617	501(C)(3)	20,000.	0.			MATCHING GRANT PROGRAM
COUNCIL ON FOUNDATIONS INC. 1255 23RD ST, NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	7,750.	0.			ANNUAL SUPPORT
CRESCENT COVE 3440 BELTLINE BLVD., STE 207 ST. LOUIS PARK, MN 55416	27-1035515	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
DIAMOND CITY PARTNERSHIP, INC. TWO PUBLIC SQUARE - P. O. BOX 5340 - WILKES-BARRE, PA 18701	23-3094874	501(C)(3)	5,400.	0.			PROGRAM SUPPORT
DINNERS FOR KIDS, INC. 84 S. WYOMING AVE. EDWARDSVILLE, PA 18704	82-1028939	501(C)(3)	10,350.	0.			SPONSORSHIP AND PROGRAM SUPPORT

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

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DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503	24-0798640	501(C)(3)	18,150.	0.			SCHOLARSHIPS AND MATCHING GIFT INCENTIVES
DOMESTIC VIOLENCE SERVICE CENTER, INC. - P. O. BOX 2177 - WILKES-BARRE, PA 18703	23-2070668	501(C)(3)	14,844.	0.			PROGRAM SUPPORT AND ENHANCEMENTS
DOWNTOWN HAZLETON ALLIANCE FOR PROGRESS HAYDEN TOWER AT THE MARKLE BLDG. - 8 WEST BROAD STREET-MEZZANINE SUITE 1490 -	46-4210453	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
EAGLES NEST REGENERATION 148 REHOBOTH LANE NE FLOYD, VA 24091	46-3340123	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
EPCAMR 101 S. MAIN STREET ASHLEY, PA 18706	23-2859500	501(C)(3)	5,000.	0.			DRONE MAPPING PROGRAM
ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD SIMSBURY, CT 06070	06-0689699	501(C)(3)	72,680.	0.			CONSTANCE BELL LIBRARY SUPPORT
F. M. KIRBY CENTER FOR THE PERFORMING ARTS - 71 PUBLIC SQUARE - WILKES-BARRE, PA 18701	22-2697004	501(C)(3)	16,600.	0.			SPONSORSHIP AND PROGRAM SUPPORT
FAMILY PROMISE OF CARBON COUNTY 167 SOUTH THIRD STREET LEIGHTON, PA 18235	27-0763520	501(C)(3)	11,800.	0.			PROGRAM SUPPORT
FAMILY SERVICE ASSOCIATION OF NEPA 31 WEST MARKET STREET WILKES-BARRE, PA 18701	20-0795415	501(C)(3)	40,996.	0.			PROGRAM SUPPORT, SPONSORSHIP, 211

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

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GEISINGER COMMONWEALTH SCHOOL OF MEDICINE - 525 PINE STREET - SCRANTON, PA 18509	20-0812968	501(C)(3)	90,000.	0.			SCHOLARSHIP AWARDS, PROGRAM SUPPORT
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA 17822	21-1995911	501(C)(3)	392,500.	0.			SCRANTON PROJECT; PROGRAM SUPPORT
GRACE EPISCOPAL CHURCH 30 BUTLER STREET KINGSTON, PA 18704	24-0816493	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GREATER HAZLETON PHILHARMONIC SOCIETY - 959 LATTIMER ROAD - HAZLE TOWNSHIP, PA 18202	23-7282088	501(C)(3)	5,670.	0.			ANNUAL SUPPORT
GREATER NANTICOKE SCHOOL DISTRICT 427 KOSCIUSZKO STREET NANTICOKE, PA 18634	23-2765498		24,246.	0.			SCOREBOARD PROJECT
GREATER WILKES-BARRE GROWTH PARTNERSHIP - 2 PUBLIC SQUARE - WILKES-BARRE, PA 18701	26-3345028	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
GREATER WYOMING VALLEY AREA YMCA 40 WEST NORTHAMPTON STREET WILKES-BARRE, PA 18701	24-0795638	501(C)(3)	13,020.	0.			PROGRAM SUPPORT, MATCHING GRANT INCENTIVE
HARP HAZLETON AREA RECREATION PROGRAM - 601 SOUTH POPLAR STREET - HAZLETON, PA 18201	47-2599694	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HAZLETON INTEGRATION PROJECT, INC. 225 EAST 4TH STREET HAZLETON, PA 18201	45-3444683	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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HEALTH NETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALLS, OH 44022	04-3804600		7,000.	0.			PROGRAM SUPPORT
HEAVEN'S FAMILY P. O. BOX 12854 PITTSBURGH, PA 15241	16-1739329	501(C)(3)	80,000.	0.			MICROLOAN PROGRAM
HUNTS FOR HEALING, INC. 3 COBURN HILL ROAD LACEYVILLE, PA 18623	23-2765498	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
KENT SCHOOL PO BOX 2006 KENT, CT 06757	06-0646687	501(C)(3)	6,000.	0.			ANNUAL GIFTS
KEYSTONE COLLEGE ONE COLLEGE GREEN LA PLUME, PA 18440	24-0795441	501(C)(3)	5,500.	0.			SCHOLARSHIP SUPPORT
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	36,288.	0.			SCHOLARSHIP SUPPORT; ANNUAL GIFTS
KISS THEATRE COMPANY 400 EAST END CENTRE WILKES-BARRE, PA 18702	51-0618680	501(C)(3)	13,215.	0.			PROGRAM SUPPORT
LOVE LINK, INC. 7654 CYPRESS COURT NORTH RICHLAND HILLS, TX 76132	75-2556797	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
LUZERNE COUNTY COMMUNITY COLLEGE ASSOCIATION OF HIGHER EDUCATION - 1333 SOUTH PROSPECT STREET - NANTICOKE, PA 18634	23-2268047	501(C)(3)	13,950.	0.			SCHOLARSHIP AWARDS

Schedule I (Form 990)

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

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LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	24-0811758	501(C)(3)	28,295.	0.			DESIGNATED SUPPORT
LUZERNE INTERMEDIATE UNIT 368 TIOGA AVENUE KINGSTON, PA 18704	23-2765498	501(C)(3)	5,628.	0.			DESIGNATED SUPPORT
MARIAN CATHOLIC 166 MARIAN AVE TAMAQUA, PA 18252	23-3046452	501(C)(3)	13,000.	0.			EDUCATIONAL SUPPORT AND SCHOLARSHIPS
MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 18509	24-0795453	501(C)(3)	8,700.	0.			EDUCATIONAL SUPPORT AND SCHOLARSHIPS
MATERNAL & FAMILY HEALTH SERVICES, INC. - 15 PUBLIC SQUARE, SUITE 600 - WILKES-BARRE, PA 18701	23-1856766	501(C)(3)	8,225.	0.			SPONSORSHIP AND PROGRAM SUPPORT
MCGLYNN CENTER 72 MIDLAND COURT WILKES-BARRE, PA 18702	46-3067291	501(C)(3)	11,080.	0.			PROGRAM SUPPORT AND MATCHING GIFT INCENTIVES
MILES FOR MICHAEL FAMILY PROJECT C/O 34 SOUTH STREET WILKES-BARRE, PA 18702	23-2765498	501(C)(3)	35,200.	0.			PROGRAM SUPPORT PROJECTS
MILLER-KEYSTONE BLOOD CENTER 1465 VALLEY CENTER PARKWAY BETHLEHEM, PA 18017	23-1731796	501(C)(3)	5,000.	0.			COVID RESPONSE RECOVERY
MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612	24-0795406	501(C)(3)	52,875.	0.			SCHOLARSHIPS, EDUCATIONAL EQUIPMENT, ANNUAL GIFTS

Schedule I (Form 990)

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

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MISSION E4 39 BURNSHIRT ROAD, SUITE N HUBBARDSTON, MA 01452	20-2383319	501(C)(3)	7,164.	0.			PROGRAM SUPPORT AND MATCHING GIFT INCENTIVES
MMI PREPARATORY SCHOOL 154 CENTRE STREET FREELAND, PA 18224	24-0795967	501(C)(3)	96,624.	0.			EDUCATIONAL ENHANCEMENTS; PROGRAM SUPPORT
MONTREAT COLLEGE 310 GAITHER CIRCLE MONTREAT, NC 28757	56-1324199	501(C)(3)	150,000.	0.			EDUCATIONAL AND BUILDING ENHANCEMENTS
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	114,623.	0.			THE VISION FUND
NEPA INCLUSIVE P.O. BOX 964 22 EAST ST. - SUITE 3 PITTSSTON, PA 18640	46-4377579	501(C)(3)	8,065.	0.			PROGRAM SUPPORT AND MATCHING GIFT INCENTIVE
NEPA PHILHARMONIC PO BOX 4525 SCRANTON, PA 18505	23-1855655	501(C)(3)	16,105.	0.			PROGRAM AND ANNUAL SUPPORT
NEW ENGLAND COLLEGE 98 BRIDGE STREET HENNIKER, NH 03242	02-0223955	501(C)(3)	5,000.	0.			BUILDING PROGRAM ANNUAL GIFT
NORTHEAST SIGHT SERVICES 1825 WYOMING AVENUE EXETER, PA 18643	23-2660272	501(C)(3)	17,225.	0.			PROGRAM SUPPORT AND SERVICE EQUIPMENT
NORTHMORELAND TOWNSHIP VOLUNTEER FIRE COMPANY - 1618 DEMUNDS ROAD - DALLAS, PA 18612	23-2204025	501(C)(3)	5,000.	0.			ANNUAL SUPPORT

Schedule I (Form 990)

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

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NORTHWESTERN UNIVERSITY 555 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	5,750.	0.			SCHOLARSHIP SUPPORT
PANCREATIC CANCER ACTION NETWORK 1500 ROSENCRANS AVE SUITE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
PATRIOTS COVE OF HUNTS FOR HEALING 644 DIMMICK HILL ROAD NOXEN, PA 18636	23-2765498	501(C)(3)	101,000.	0.			PROGRAM SUPPORT- BUILDING ENHANCEMENTS
PURE CREATIVE ARTS PO BOX 107 LARCHMONT, NY 10538	47-5434951	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PUSH THE ROCK PO BOX 95 EMMAUS, PA 18049	23-2990640	501(C)(3)	5,000.	0.			YOUTH PROGRAMS
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL PA - 745 W GOVERNOR ROAD - HERSHEY, PA 17033	23-2204761	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
RURAL HEALTH CORPORATION OF NEPA 1084 ROUTE 315 WILKES-BARRE, PA 18702	23-1729755	501(C)(3)	15,000.	0.			PROGRAM SUPPORT; COVID RECOVERY
ST. JOHN THE BAPTIST ROMAN CATHOLIC CHURCH - 126 NESBITT STREET - LARKSVILLE, PA 18651	23-1666202	501(C)(3)	10,000.	0.			PROGRAM AND GENERAL OPERATIONAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - PO BOX 1000 DEPT 142 - MEMPHIS, TN 38148	62-0646012	501(C)(3)	8,300.	0.			SUPPORT TO QUALIFIED FAMILIES

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

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ST. LUKE'S UNIVERSITY HEALTH NETWORK - 801 OSTRUM STREET - BETHLEHEM, PA 18015	23-2384282	501(C)(3)	30,500.	0.			HEALTH CARE INITIATIVES
STORM WARRIORS INTERNATIONAL, INC. 27 LINDEN LANE CAMDEN, ME 04843	27-0201059	501(C)(3)	120,000.	0.			PROJECT SUPPORT
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGROVE HALL, 3RD FLOOR - SELINGROVE, PA 17870	23-1353385	501(C)(3)	55,200.	0.			EDUCATIONAL AND SCHOLARSHIP SUPPORT
TEEN CHALLENGE - UNITED TO RESCUE 11095 MOLLY LANE NEOSHO, MO 64850	20-3459311	501(C)(3)	10,000.	0.			MATCHING GIFT SUPPORT
THE ARC OF NORTHEASTERN PENNSYLVANIA FOUNDATION - 115 MEADOW AVENUE - SCRANTON, PA 18505	23-2896933	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
THE CATHERINE MCAULEY CENTER 430 PITTSSTON AVENUE SCRANTON, PA 18505	23-2311889	501(C)(3)	13,705.	0.			PROGRAM SUPPORT
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE NO H-18 CLEVELAND, OH 44195	34-0714585	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 NORTH BOONVILLE AVENUE - SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	34,033.	0.			PROGRAM SUPPORT
THE GLOBAL ORPHAN PROJECT 3161 WYANDOTTE STREET KANSAS CITY, MO 64111	81-6079539	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 INSTITUTE FOR PUBLIC POLICY 85 SOUTH MAIN STREET WILKES-BARRE, PA 18701	24-0795506	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
THE JEWISH COMMUNITY ALLIANCE 613 S.J. STRAUSS LANE KINGSTON, PA 18704	24-0796936	501(C)(3)	23,480.	0.			PROGRAM SUPPORT
THE JUMP START CART 533 LILY LAKE ROAD WAPWALLOPEN, PA 18660	84-3505341		12,270.	0.			PROGRAM/EQUIPMENT SUPPORT
THE ONTRACK EDUCATIONAL FOUNDATION 3165 EAST MILLROCK DRIVE SALT LAKE CITY, UT 84121	82-3486366	501(C)(3)	9,081.	0.			EDUCATIONAL PROGRAM SUPPORT
THE OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	24-0795971	501(C)(3)	63,638.	0.			PROGRAM SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	17,500.	0.			EDUCATION PROGRAM SUPPORT AND SCHOALRSHIPS
THE SALVATION ARMY OF WYOMING VALLEY - 17 SOUTH PENNSYLVANIA AVENUE - WILKES-BARRE, PA 18701	13-5562351	501(C)(3)	12,300.	0.			COVID RELATED ACTIVITIES; KIRBY HOUSE; MATCHING INCENTIVES: CHRISTMAS PROGRAM
THE UNIVERSITY OF SCRANTON 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)	7,250.	0.			SCHOLARSHIP AWARDS
THE WRIGHT CENTER FOR COMMUNITY HEALTH - 501 SOUTH WASHINGTON AVE - COLUMBIA, PA 17512	23-2772504	501(C)(3)	5,500.	0.			VIDEO REMOTE INTERPRETATION APPLICATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THINKBIG PEDIATRIC CANCER FUND INC. - 225 COLUMBIA MALL DRIVE BOX 61 - BLOOMSBURG, PA 17815	47-1955469	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TRINITY PRESBYTERIAN CHURCH 105 IREM ROAD DALLAS, PA 18612	23-2111830		5,000.	0.			SUPPORT FOR THE TRINITY LEARNING CENTER
UNITED WAY OF GREATER HAZLETON, INC. - 134 SOUTH WYOMING STREET - HAZLETON, PA 18201	24-0796034	501(C)(3)	10,675.	0.			COVID RELIEF; ANNUAL CAMPAIGN
UNITED WAY OF LACKAWANNA & WAYNE COUNTIES - 615 JEFFERSON AVENUE P.O. BOX 526 - SCRANTON, PA 18510	24-0824164	501(C)(3)	6,000.	0.			ANNUAL SUPPORT
UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PARKWAY NE SUITE F-120 - ALLENTOWN, PA 18109	24-0824164	501(C)(3)	5,000.	0.			CARBON COUNTY ORGANIZATIONS
UNITED WAY OF WYOMING VALLEY 100 NORTH PENNSYLVANIA AVENUE, 2ND WILKES-BARRE, PA 18701	24-0831490	501(C)(3)	95,510.	0.			MATCHING GRANT INCENTIVE AND ANNUAL CAMPAIGN GIFTS
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	5,450.	0.			SCHOLARSHIP PAYMENTS
VICTIMS RESOURCE CENTER 360 EAST END CENTRE WILKES-BARRE, PA 18701	23-1973148	501(C)(3)	7,870.	0.			COVID RESPONSE GRANT AND PROGRAM SUPPORT
VILLANOVA UNIVERSITY 800 EAST LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688	501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVENUE WILKES-BARRE, PA 18702	20-3531527	501(C)(3)	24,855.	0.			MATCHING GRANT INCENTIVE; PROGRAM SUPPORT
VOLUNTEERS OF AMERICA OF PENNSYLVANIA INC. - 25 NORTH RIVER STREET - WILKES-BARRE, PA 18702	52-2145785	501(C)(3)	5,600.	0.			COVID RESPONSE GRANT
WESTERN UNIVERSITY OF HEALTH SCIENCES - 309 EAST SECOND STREET - POMONA, CA 91766	95-3127273	501(C)(3)	10,000.	0.			SCHOLARSHIP
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES-BARRE, PA 18766	24-0795506	501(C)(3)	27,190.	0.			PROGRAM AND SCHOLARSHIP SUPPORT
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS - 7 EAST BALTIMORE STREET - BALTIMORE, MD 21202	23-6393344	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	88,519.	0.			EDUCATIONAL AND ANNUAL SUPPORT
WYOMING VALLEY ALCOHOL & DRUG SERVICES, INC. - 437 NORTH MAIN STREET - WILKES-BARRE, PA 18705	23-2045690	501(C)(3)	5,500.	0.			COVID RELIEF
WYOMING VALLEY CATHOLIC YOUTH CENTER - 36 SOUTH WASHINGTON STREET - WILKES-BARRE, PA 18701	23-7227221	501(C)(3)	24,080.	0.			ANNUAL AND PROGRAM SUPPORT
WYOMING VALLEY CHALLENGER DIVISION LITTLE LEAGUE - PO BOX 1714 - WILKES-BARRE, PA 18703	01-0714452	501(C)(3)	6,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	19,125.	0.			MATCHING INCENTIVE, PROGRAM SUPPORT, EQUIPMENT
YOUNG LIFE 420 NORTH CASCADE AVENUE COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	5,000.	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 ENSURE COMPLIANCE WITH IRS STANDARDS. THE FOUNDATION REQUESTS AN IRS DETERMINATION LETTER REGARDING EXEMPT STATUS. EACH NONPROFIT ORGANIZATION'S 501(C)(3) STATUS AND EIN IS VERIFIED THROUGH THE USE OF GUIDESTAR AND CHARITY CHECK, ONLINE RESOURCES SUITED FOR THAT PURPOSE. ADDITIONAL RESEARCH IS DONE VIA THE RECIPIENT ORGANIZATION'S WEBSITE OR VIA DIRECT CONTACT WITH THE EXECUTIVE DIRECTOR OR CEO OF THE ORGANIZATION. THE GOAL IS TO OBTAIN INFORMATION RELATING TO MISSION AND PURPOSE SO THAT WE

Part IV Supplemental Information

ASCERTAIN THAT THE DONORS' CHARITABLE INTENTS ARE BEING UPHELD.

IN ADDITION, GRANT RECIPIENTS WHO RECEIVE GRANTS FROM THE UNRESTRICTED FUND ARE PROVIDED WITH A GRANT REPORTING FORM THAT IS REQUIRED TO BE RETURNED TO THE FOUNDATION WHEN THE PROJECT IS COMPLETED. THE RECIPIENTS ARE REQUIRED TO SUBMIT A NARRATIVE ON ACTIVITY RELATED TO THE GRANT. THE GRANTEES WHO RECEIVE GRANTS FROM DONOR ADVISED FUNDS ARE PROVIDED WITH A MORE TAILORED GRANT REPORTING FORM AND ARE ALSO REQUIRED TO PROVIDE NARRATIVES RELATING TO THE PROGRESS AND ACTIVITY RELATED TO THE GRANT. THE REPORTS ARE REVIEWED BY THE FOUNDATION. FOUNDATION STAFF FOLLOW UP IF THERE ARE QUESTIONS OR ISSUES IDENTIFIED DURING THE REVIEW PROCESS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
3 Indicate which, if any, of the following the 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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)	135,405.	5,000.	8,590.	4,381.	12,200.	165,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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

2020

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

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	6	606,409.	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 V, Donee Acknowledgement **29** **0**

- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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:

NEEDS THROUGH STRATEGIC GRANTMAKING, PROMOTING RESPONSIBLE

PHILANTHROPY, AND CONNECTING DONORS TO CAUSES THAT MATTER TO THEM.

TO FULFILL OUR MISSION WE WILL...

ENCOURAGE DONORS TO MAKE EFFECTIVE CHARITABLE DECISIONS THROUGH OUR

DONOR-CENTRIC APPROACH TO PHILANTHROPY.

GROW THE FOUNDATION'S UNRESTRICTED ASSETS TO PROVIDE FOR DIVERSE

COMMUNITY NEEDS FOR GENERATIONS TO COME.

LISTEN TO THE NEEDS OF OUR DONORS, NONPROFITS, AND OUR COMMUNITY AS A

WHOLE.

COLLABORATE TO SUPPORT CREATIVE SOLUTIONS TO BUILD CAPACITY IN OUR

NONPROFITS AND WORK CLOSELY WITH PROFESSIONAL ADVISORS, OTHER

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

NONPROFITS, AND COMMUNITY LEADER

SUPPORTING KEY COMMUNITY AREAS

THROUGH AN INCLUSIVE STRATEGIC INITIATIVE, WE IDENTIFIED SEVEN SPECIFIC AREAS OF SUPPORT THAT OUR COMMUNITY FOUNDATION IS FOCUSED ON TO MEET AND IMPROVE OUR MISSION OF ENSURING A HEALTHY AND SUSTAINABLE COMMUNITY. THOSE SEVEN KEY AREAS OF CONCENTRATION INCLUDE: SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS.

WE ACCOMPLISH THIS MISSION BY ASSISTING DONORS OF ALL SIZES TO CREATE AND ENDOW VARIOUS TYPES OF FUNDS. THESE FUND TYPES INCLUDE: UNRESTRICTED, DONOR-ADVISED, FIELD OF INTEREST, DESIGNATED, SCHOLARSHIP, AS WELL AS ORGANIZATIONAL ENDOWMENTS. BY WORKING WITH INDIVIDUALS, FAMILIES, COMPANIES, NONPROFITS, PROFESSIONAL ADVISORS AND OTHER FOUNDATIONS, WE CONVEY INFORMATION ABOUT EXISTING FUNDS AND LOCAL NONPROFITS AND PROVIDE OPTIONS FOR DONORS TO PHILANTHROPICALLY MEET THEIR CHARITABLE GIVING GOALS.

SCHEDULE I LISTS GRANTS AWARDED DURING THE CURRENT YEAR.

EDUCATION AND RESOURCES

WE BELIEVE EDUCATION IS A KEY TO GROW PHILANTHROPY IN OUR COMMUNITIES AND CONTINUED SUPPORT OF OUR COMMUNITY FOUNDATION. WE PROVIDE EDUCATIONAL SEMINARS TO ASSIST CURRENT AND POTENTIAL DONORS IN

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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UNDERSTANDING AND APPLYING THE BENEFITS OF DONATING THROUGH OUR ORGANIZATION AND TO ASSIST THEM IN MATCHING THEIR INTERESTS TO THE NEEDS OF OUR COMMUNITY. WE CONVEY THE LATEST AND MOST IMPORTANT INFORMATION ABOUT TRENDS AND LEGISLATION, FREE OF CHARGE TO INTERESTED INDIVIDUALS AND ORGANIZATIONS. THROUGH OUR COLLABORATION WITH THE NONPROFIT & COMMUNITY ASSISTANCE CENTER (NCAC) AND THE NORTHEASTERN PENNSYLVANIA CHAPTER OF THE ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) WE HAVE ACCESS TO, AND PROVIDE DISSEMINATION OF, THE RECOMMENDATIONS AND BEST PRACTICES ON THE INDUSTRY.

ADDITIONALLY, WE HAVE A KNOWLEDGEABLE AND PROFESSIONAL STAFF WHO ARE ABLE AND WILLING TO PROVIDE PHILANTHROPIC ASSISTANCE AND GUIDANCE TO INDIVIDUALS AND ORGANIZATIONS IN OUR AREA. THE STAFF'S LONG TENURE AND TRAINING ALONG WITH THE REGIONAL AND NATIONAL RESOURCES AVAILABLE TO THEM ENSURE THAT THE MOST EFFECTIVE INFORMATION IS AT HAND.

CONVERSATIONS AND COLLABORATIONS

A KEY ELEMENT TO ACCOMPLISH THE MISSION OF THE LUZERNE FOUNDATION IS COLLABORATION TO SUPPORT CREATIVE SOLUTIONS TO BUILD CAPACITY IN OUR NONPROFITS AND WORK CLOSELY WITH PROFESSIONAL ADVISORS, OTHER NONPROFITS, AND COMMUNITY LEADERS. OUR FOUNDATION HAS A PROUD HISTORY OF FUNCTIONING AS A CATALYST TO CONVENE DIVERSE GROUPS IN IDENTIFYING AND MEETING COMMUNITY NEEDS THROUGH DIRECTED GIVING.

OUR FOCUS ON ENCOURAGING DONORS TO MAKE EFFECTIVE CHARITABLE DECISIONS THROUGH OUR DONOR-CENTRIC APPROACH TO PHILANTHROPY COMBINED WITH OUR ABILITY TO LISTEN TO THE NEEDS OF DONORS, NONPROFITS AND COMMUNITY

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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LEADERS AND SUPPORTERS LEVERAGES THOSE CONVERSATIONS AND PARTNERSHIPS
FOR COMMUNITY BETTERMENT.

HERE FOR GOOD

WE ARE "HERE FOR GOOD." THE LUZERNE FOUNDATION, ESTABLISHED IN 1994,
HELPS PEOPLE CREATE FUNDS TO DO GOOD FOR TODAY AND GOOD THAT LASTS FOR
TOMORROW. THE LUZERNE FOUNDATION MANAGES OVER 326 FUNDS OF WHICH NO TWO
ARE EXACTLY ALIKE. OVER \$170 MILLION IN GRANTS HAS BEEN DISTRIBUTED TO
MEET COMMUNITY CHALLENGES THROUGH NONPROFIT ORGANIZATIONS. WITH OVER
\$50 MILLION IN ASSETS THE FOUNDATION IS A POSITIVE FORCE FOR GOOD IN
OUR COMMUNITIES. WE UNDERSTAND THAT DONORS HAVE MANY CHARITABLE
INTERESTS, AND WE MAKE IT EASY FOR DONORS TO FIND INFORMATION ABOUT
LOCAL NONPROFITS THAT FIT THEIR CHARITABLE GIVING GOALS, TO FIND
INFORMATION ABOUT VARIOUS WAYS TO GIVE, TO FIND INFORMATION REGARDING
EXISTING FUNDS THAT FIT THEIR CHARITABLE GIVING GOALS, AND TO FIND
INFORMATION ABOUT STARTING THEIR OWN FUND WITHIN THE FOUNDATION.

WE ARE HERE FOR GOOD TO GROW THE FOUNDATION'S UNRESTRICTED ASSETS TO
PROVIDE FOR DIVERSE COMMUNITY NEEDS FOR GENERATIONS TO COME.

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'S SALARY AND HIS 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
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FORM 990, PART VI, SECTION B, LINE 11B:

CHARLES BARBER, PRESIDENT & CEO, BOB KORJESKI, CFO, AND THE EXECUTIVE COMMITTEE REVIEW THE FULL FORM 990 IN ITS ENTIRETY PRIOR TO FILING. A PUBLIC INSPECTION COPY IS THEN IS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW. ONCE THE FULL BOARD HAS HAD ACCESS TO THE RETURN, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

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. THE CONFLICT OF INTEREST POLICY EXPLICITLY MENTIONS THAT FAMILY AND BUSINESS RELATIONSHIPS MAY BE A SOURCE OF CONFLICT. 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 UNDERSTAND THE POLICY; HAVE AGREED TO COMPLY WITH THE POLICY; UNDERSTAND 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 UNDERSTAND 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.

SHOULD A CONFLICT ARISE, THE CONFLICTED PERSON MAY MAKE A PRESENTATION TO THE BOARD, BUT THEN MUST LEAVE THE MEETING DURING DELIBERATIONS.

ALTERNATIVE TRANSACTIONS MAY BE INVESTIGATED. IF A MORE ADVANTAGEOUS

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TRANSACTION CANNOT BE FOUND, THE BOARD, COMPOSED OF ONLY DISINTERESTED PEOPLE, MAY DECIDE WHETHER THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION AND REACH A DECISION BASED UPON THOSE STANDARDS.

FORM 990, PART VI, SECTION B, LINE 15A:

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'S COMPENSATION PACKAGE, ADDITIONAL MATERIALS AND HANDOUTS ARE PROVIDED

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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:

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 TO 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 2019 YEAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF REMAINDER TRUST 19,418.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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Open to Public Inspection

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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) 2020

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

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

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

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

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)				

