

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization THE LUZERNE FOUNDATION
D Employer identification number 23-2765498
E Telephone number (570)822-2065
G Gross receipts \$ 42,703,063.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.LUZFDN.ORG
K Form of organization: Corporation
L Year of formation: 1994
M State of legal domicile: PA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... RAISES CONTRIBUTIONS FROM THE COMMUNITY TO SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES. 2-7 Governance metrics. 8-12 Revenue (Total: 20,972,961). 13-19 Expenses (Total: 5,708,646). 20-22 Net Assets or Fund Balances (Total: 50,206,675).

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 C. DAVID PEDRI, PRESIDENT & CEO
Date
Paid: Preparer's name KERRI N. BOGDA, CPA; Signature KERRI N. BOGDA, CPA; Date 10/30/23; PTIN P00760402
Preparer Use Only: Firm's name BAKER TILLY US, LLP; Firm's EIN 39-0859910; Firm's address 1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601; Phone no. 717.740.4863

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 \$ 3,673,528. including grants of \$ 3,509,160. ) (Revenue \$ ) THE LUZERNE FOUNDATION IS A COMMUNITY FOUNDATION SERVING ALL OF LUZERNE COUNTY, PENNSYLVANIA. WE PROMOTE PHILANTHROPY AND SERVE AS STEWARDS OF THE RESOURCES OUR DONORS INVEST THROUGH US TO SUPPORT THE COMMUNITY PROGRAMS THEY FUND.

WE CREATE 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 LUZERNE FOUNDATION'S MISSION IS TO ENHANCE THE LIVES OF LUZERNE COUNTY RESIDENTS BY EVALUATING AND ADDRESSING COMMUNITY NEEDS THROUGH STRATEGIC GRANTMAKING, PROMOTING RESPONSIBLE PHILANTHROPY, AND

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 3,673,528.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated 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
<b>1a</b>	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.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) C. DAVID PEDRI PRESIDENT AND CEO	45.00			X			195,170.	0.	37,962.	
(2) ROBERT KORJESKI CHIEF FINANCIAL OFFICER	3.00			X			6,900.	0.	0.	
(3) TARA MUGFORD WILSON BOARD CHIARPERSON	0.10	X		X			0.	0.	0.	
(4) JOHN DOWD IMMEDIATE PAST CHAIR	0.10	X		X			0.	0.	0.	
(5) THOMAS MACNEELY VICE CHAIRMAN	0.10	X		X			0.	0.	0.	
(6) ROBERT GILL TREASURER	0.10	X		X			0.	0.	0.	
(7) ROB NEHER SECRETARY	0.10	X		X			0.	0.	0.	
(8) JACKIE BROZENA DIRECTOR	0.10	X					0.	0.	0.	
(9) JOHN LOYACK 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) JAMIE FLACK DIRECTOR	0.10	X					0.	0.	0.	
(13) DAVID HOURIGAN DIRECTOR	0.10	X					0.	0.	0.	
(14) MARY HIRTHLER 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) LAYNE CROTHERS 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALEXANDER SLOOT DIRECTOR	0.10	X						0.	0.	0.
(19) MADHAN SRINIVASAN DIRECTOR	0.10	X						0.	0.	0.
(20) KEVIN WALSH DIRECTOR	0.10	X						0.	0.	0.
(21) MEGAN KENNEDY DIRECTOR	0.10	X						0.	0.	0.
(22) WILL BEEKMAN DIRECTOR	0.10	X						0.	0.	0.
(23) MAUREEN METZ DIRECTOR	0.10	X						0.	0.	0.
(24) LOGSDON REYNA DIRECTOR	0.10	X						0.	0.	0.
(25) GREG WEAVER DIRECTOR	0.10	X						0.	0.	0.
<b>1b Subtotal</b>								202,070.	0.	37,962.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								202,070.	0.	37,962.

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 <b>former</b> 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



**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	26,660.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	70,622.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	19,325,138.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,890,709.				
	<b>h Total.</b> Add lines 1a-1f .....		19,422,420.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,099,140.			1099140.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	22,162,932.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	21,703,222.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	459,710.				
	<b>d</b> Net gain or (loss) .....		459,710.			459,710.	
<b>8 a</b> Gross income from fundraising events (not including \$ 26,660. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		11,440.				
			26,880.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-15,440.		-15,440.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> OFFICE ADMIN REVENUE	<b>Business Code</b>	900099	7,131.		7,131.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			7,131.			
<b>12 Total revenue.</b> See instructions .....			20,972,961.	0.	0.	1550541.	

**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 ...	3,505,660.	3,505,660.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	3,500.	3,500.		
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 .....	224,032.	46,626.	53,526.	123,880.
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 .....	285,123.	93,026.	163,591.	28,506.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,292.	1,868.	3,424.	
9 Other employee benefits .....	39,115.	13,189.	23,733.	2,193.
10 Payroll taxes .....	35,128.	9,659.	14,820.	10,649.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	8,472.		8,472.	
c Accounting .....	29,810.		29,810.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	172,772.		172,772.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,800.		1,800.	
12 Advertising and promotion .....	23,473.		23,473.	
13 Office expenses .....	36,268.		36,268.	
14 Information technology .....	34,747.		34,747.	
15 Royalties .....				
16 Occupancy .....	18,039.		18,039.	
17 Travel .....	8,299.		8,299.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	18,767.		18,767.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	19,003.		19,003.	
23 Insurance .....	19,000.		19,000.	
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 <b>SPECIAL ACTIVITIES EXP</b>	1,194,164.			1,194,164.
b <b>MISCELLANEOUS EXPENSE</b>	13,998.		13,998.	
c <b>DUES &amp; SUBSCRIPTIONS</b>	10,984.		10,984.	
d <b>ADVANCEMENT &amp; DEVELOP.</b>	1,200.		1,200.	
e All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,708,646.	3,673,528.	675,726.	1,359,392.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		100.	<b>1</b>	100.	
	<b>2</b> Savings and temporary cash investments .....		2,628,504.	<b>2</b>	1,801,472.	
	<b>3</b> Pledges and grants receivable, net .....		2,152,292.	<b>3</b>	2,028,805.	
	<b>4</b> Accounts receivable, net .....			<b>4</b>		
	<b>5</b> 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 .....			<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>		
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....			<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>	746,349.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	114,554.			
	<b>11</b> Investments - publicly traded securities .....		48,637,730.	<b>11</b>	51,179,745.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>	5,797,806.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>		
	<b>14</b> Intangible assets .....			<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....			<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		54,069,424.	<b>16</b>	61,439,723.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....			<b>17</b>		
	<b>18</b> Grants payable .....			<b>18</b>		
	<b>19</b> Deferred revenue .....			<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....			<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			<b>21</b>		
	<b>22</b> 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 .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		70,622.	<b>24</b>		
	<b>25</b> 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 .....		11,320,640.	<b>25</b>	11,233,048.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		11,391,262.	<b>26</b>	11,233,048.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....		41,378,745.	<b>27</b>	49,000,222.	
	<b>28</b> Net assets with donor restrictions .....		1,299,417.	<b>28</b>	1,206,453.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>		
	<b>32</b> Total net assets or fund balances .....		42,678,162.	<b>32</b>	50,206,675.	
<b>33</b> Total liabilities and net assets/fund balances .....		54,069,424.	<b>33</b>	61,439,723.		

**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	20,972,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,708,646.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,264,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,678,162.
5	Net unrealized gains (losses) on investments	5	-7,627,548.
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	-92,964.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,221,965.

**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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center">THE LUZERNE FOUNDATION</p>	<b>Employer identification number</b> <p style="text-align:center">23-2765498</p>
--	--

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17074218.	16756109.	2736469.	3552511.	19422420.	59541727.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	17074218.	16756109.	2736469.	3552511.	19422420.	59541727.
<b>5</b> 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) .....						25573526.
<b>6 Public support.</b> Subtract line 5 from line 4.						33968201.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	17074218.	16756109.	2736469.	3552511.	19422420.	59541727.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	628,967.	686,207.	709,039.	701,531.	1099140.	3824884.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		10,988.	10,760.	11,003.	7,131.	39,882.
<b>11 Total support.</b> Add lines 7 through 10						63406493.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	53.57	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	29.79	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2022. 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
19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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
<b>b</b> Did the activities described on 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>		
<b>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**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

2019 AMOUNT: \$ 61.

OFFICE ADMIN REVENUE

2019 AMOUNT: \$ 10,927.

2020 AMOUNT: \$ 10,760.

2021 AMOUNT: \$ 11,003.

2022 AMOUNT: \$ 7,131.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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), 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), 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).

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

**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	_____ _____ _____	\$ <u>5,547,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>3,081,534.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,582,097.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>732,330.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>5,600,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
5	REAL ESTATE _____ _____ _____	\$ 5,600,000.	12/31/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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	94	299
2 Aggregate value of contributions to (during year)	2,217,053.	11,546,185.
3 Aggregate value of grants from (during year)	1,612,118.	1,893,542.
4 Aggregate value at end of year	17,721,675.	35,259,642.
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 July 25, 2006, 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 \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

**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             | 2,312,226. |
| d Additions during the year     | 67,141.    |
| e Distributions during the year | 554,166.   |
| f Ending balance                | 1,825,201. |
- 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	48,637,730.	42,909,958.	38,121,667.	29,340,478.	31,780,789.
b Contributions	11,382,019.	1,764,555.	2,060,363.	2,829,577.	1,164,804.
c Net investment earnings, gains, and losses	-6,077,736.	6,379,254.	4,666,257.	7,505,953.	-1,531,385.
d Grants or scholarships	2,059,212.	1,841,643.	1,471,059.	1,094,328.	1,619,971.
e Other expenditures for facilities and programs					
f Administrative expenses	703,050.	574,394.	467,270.	460,013.	453,759.
g End of year balance	51,179,751.	48,637,730.	42,909,958.	38,121,667.	29,340,478.

- 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.	81,291.	600,795.
c Leasehold improvements				
d Equipment		33,263.	33,263.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				631,795.

**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) INVESTMENT IN REAL ESTATE	5,797,806.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,797,806.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	783,980.
(3) FUNDS HELD AS AGENCY ENDOWMENT	10,449,068.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,233,048.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	13,106,557.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-7,627,548.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-265,736.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		-7,893,284.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	20,999,841.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-26,880.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		-26,880.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	20,972,961.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	5,578,044.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	26,880.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		26,880.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,551,164.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	172,772.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		172,772.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	5,723,936.

**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 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF REMAINDER TRUST	-92,964.
INVESTMENT FEES	-172,772.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-265,736.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-26,880.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	26,880.
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**Part XIII** Supplemental Information *(continued)*

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

INVESTMENT FEES 172,772.

Multiple horizontal lines for supplemental information.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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 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...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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.

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	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	38,100.		38,100.
	2	Less: Contributions	26,660.		26,660.
	3	Gross income (line 1 minus line 2)	11,440.		11,440.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	15,270.		15,270.
	6	Rent/facility costs	1,931.		1,931.
	7	Food and beverages	9,679.		9,679.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-15,440.

**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:
 

<b>13a</b>		%
<b>13b</b>		%
- 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.

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**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION - PO BOX 840692 - DALLAS, TX 75284-0692	13-5613797	501(C)(3)	10,000.	0.			DISEASE/DISORDER
AMERICAN RED CROSS-NORTHEASTERN PENNSYLVANIA CHAPTER - 256 NORTH SHERMAN STREET - WILKES-BARRE, PA 18702	53-0196605	501(C)(3)	10,700.	0.			DISASTER RELIEF
ALLONE CHARITIES 83 E. UNION STREET WILKES-BARRE, PA 18701	47-3715226	501(C)(3)	16,250.	0.			FOOD/NUTRITION
BACK MOUNTAIN RECREATION, INC. P. O. BOX 244 LEHMAN, PA 18627	23-2986991	501(C)(3)	50,000.	0.			COMMUNITY DEVELOPMENT
BEHAVIORAL HEALTH ASSOCIATES 413 BRIDGE STREET WEISSPORT, PA 18235	74-3038926	501(C)(3)	5,500.	0.			EDUCATIONAL
BOROUGH OF BEAR CREEK VILLAGE PO BOX 332 BEAR CREEK, PA 18602	23-2741923		12,350.	0.			COMMUNITY DEVELOPMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 104.
- 3 Enter total number of other organizations listed in the line 1 table 3.

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

Schedule I (Form 990) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTER JOURNEYS 150 MUNDY STREET WILKES-BARRE, PA 18702	81-2026472	501(C)(3)	5,316.	0.			HEALTH & WELLNESS
BOROUGH OF WEATHERLY 61 WEST MAIN STREET WEATHERLY, PA 18255	23-1708421		10,000.	0.			COMMUNITY DEVELOPMENT
COMMUNITY ASSISTANCE PROJECTS PO BOX 15796 WILMINGTON, DE 19886-5796	23-2765498		21,018.	0.			SOCIAL SERVICES
MILES FOR MICHAEL FAMILY ASSISTANCE PROJECT - PO BOX 15796 - WILMINGTON, DE 19886-5796	23-2765498		37,427.	0.			SOCIAL SERVICES
CAN DO COMMUNITY FOUNDATION 1 SOUTH CHURCH ST HAZLETON, PA 18201	25-1698583	501(C)(3)	17,500.	0.			ARTS AND CULTURE
CAMP FREEDOM 2750 LIMESTONE STREET COPLAY, PA 18037	81-4662848	501(C)(3)	10,000.	0.			SOCIAL SERVICES
CANDY'S PLACE 190 WELLES STREET, SUITE 166 FORTY FORT, PA 18704	23-2973385	501(C)(3)	11,750.	0.			DISEASE/DISORDER
COMMISSION ON ECONOMIC OPPORTUNITY OF LUZERNE COUNTY - 165 AMBER LANE - WILKES-BARRE, PA 18702	23-1653093	501(C)(3)	13,081.	0.			SOCIAL SERVICES
DIAMOND CITY PARTNERSHIP, INC. TWO PUBLIC SQUARE - 4 PUBLIC SQUARE - WILKES-BARRE, PA 18701	23-3094874	501(C)(3)	5,900.	0.			COMMUNITY DEVELOPMENT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DINNERS FOR KIDS, INC. 84 S. WYOMING AVE. EDWARDSVILLE, PA 18704	82-1028939	501(C)(3)	9,547.	0.			FOOD/NUTRITION
DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503	24-0798640	501(C)(3)	14,100.	0.			EDUCATIONAL
CATHOLIC SOCIAL SERVICES 214 W. WALNUT STREET HAZLETON, PA 18201	24-0818341	501(C)(3)	8,200.	0.			FAITH BASED
DOWNTOWN HAZLETON ALLIANCE FOR PROGRESS HAYDEN TOWER AT THE MARKLE BLDG. - 8 WEST BROAD STREET-MEZZANINE SUITE 1490 -	46-4210453	501(C)(3)	25,000.	0.			ARTS AND CULTURE
CHAPPAQUIDDICK COMMUNITY CENTER PO BOX 2966 EDGARTOWN, MA 02539	04-3028237	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CITY OF HAZLETON 40 NORTH CHURCH STREET HAZLETON, PA 18201	24-0000695		25,000.	0.			COMMUNITY DEVELOPMENT
FAMILY SERVICE ASSOCIATION OF NEPA 31 WEST MARKET STREET WILKES-BARRE, PA 18701	20-0795415	501(C)(3)	18,050.	0.			SOCIAL SERVICES
FORK OVER LOVE 345 MARKET STREET FORTY FORT, PA 18704	86-1240304	501(C)(3)	84,490.	0.			FOOD/NUTRITION
ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD SIMSBURY, CT 06070	06-2689699	501(C)(3)	57,725.	0.			EDUCATIONAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREELAND YMCA 600 FRONT STREET, P.O. BOX 6 FREELAND, PA 18224	24-0796037	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
GEISINGER COMMONWEALTH SCHOOL OF MEDICINE - 525 PINE STREET - SCRANTON, PA 18509	20-0812968	501(C)(3)	41,500.	0.			EDUCATIONAL
GREATER HAZLETON PHILHARMONIC SOCIETY - 959 LATTIMER ROAD - HAZLE TOWNSHIP, PA 18202	23-7282088	501(C)(3)	12,061.	0.			ARTS AND CULTURE
F. M. KIRBY CENTER FOR THE PERFORMING ARTS - 71 PUBLIC SQUARE - WILKES-BARRE, PA 18701	22-2697004	501(C)(3)	7,000.	0.			ARTS AND CULTURE
GREATER WYOMING VALLEY AREA YMCA 40 WEST NORTHAMPTON STREET WILKES-BARRE, PA 18701	24-0795638	501(C)(3)	85,982.	0.			EDUCATIONAL
HARVEYS LAKE FIRE & AMBULANCE P.O. BOX 56 HARVEYS LAKE, PA 18618	86-3640843	501(C)(3)	21,048.	0.			COMMUNITY DEVELOPMENT
HAZLETON ART LEAGUE INC. 31 W. BROAD STREET HAZLETON, PA 18201	23-6287263	501(C)(3)	7,500.	0.			ARTS AND CULTURE
HAZLETON INTEGRATION PROJECT, INC. 225 EAST 4TH STREET HAZLETON, PA 18201	45-3444683	501(C)(3)	13,000.	0.			EDUCATIONAL
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA 17822	23-1995911	501(C)(3)	100,500.	0.			HEALTH & WELLNESS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTS FOR HEALING, INC. 3 COBURN HILL ROAD LACEYVILLE, PA 18623	23-2765498		70,000.	0.			SOCIAL SERVICES
GREATER HAZLETON AREA CIVIC PARTNERSHIP (GHACP) - 8 WEST BROAD STREET, M-1490 - HAZLETON, PA 18201	23-2980894	501(C)(3)	9,500.	0.			EDUCATIONAL
GREATER HAZLETON HISTORICAL SOCIETY & MUSEUM - 55 NORTH WYOMING STREET - HAZLETON, PA 18201	22-2437507	501(C)(3)	10,200.	0.			HISTORICAL
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	11,250.	0.			EDUCATIONAL
KISS THEATRE COMPANY 400 EAST END CENTRE WILKES-BARRE, PA 18702	51-0618680	501(C)(3)	5,500.	0.			DISEASE/DISORDER
LUZERNE COUNTY CHILD ADVOCACY CENTER - 187 HANOVER STREET - WILKES-BARRE, PA 18702	46-4517112	501(C)(3)	7,000.	0.			SOCIAL SERVICES
LUZERNE COUNTY COMMUNITY COLLEGE ASSOCIATION OF HIGHER EDUCATION - 521 TRAILBLAZER DR. - NANTICOKE, PA 18634	23-2268047	501(C)(3)	18,500.	0.			EDUCATIONAL
LUZERNE COUNTY COMMUNITY COLLEGE FOUNDATION - 521 TRAILBLAZER DR. - NANTICOKE, PA 18634	22-2482796	501(C)(3)	28,592.	0.			EDUCATIONAL
LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	24-0811758	501(C)(3)	26,897.	0.			HISTORICAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIAN CATHOLIC 166 MARIAN AVE TAMAQUA, PA 18252	23-3046452	501(C)(3)	35,000.	0.			COMMUNITY DEVELOPMENT
GREATER HAZLETON SENIOR CITIZENS SERVICES, INC. - 24 EAST BROAD STREET - HAZLETON, PA 18201	23-1711959	501(C)(3)	8,000.	0.			COMMUNITY DEVELOPMENT
MCGLYNN CENTER 72 MIDLAND COURT WILKES-BARRE, PA 18702	46-3067291	501(C)(3)	15,300.	0.			EDUCATIONAL
MEALS ON WHEELS OF GREATER PITTSTON - 59 SOUTH MAIN STREET - PITTSTON, PA 18640	46-0478375	501(C)(3)	45,820.	0.			FOOD/NUTRITION
GREATER PITTSTON SANTA SQUAD, INC. 11 SEARLE STREET PITTSTON, PA 18640	84-2967093	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612	24-0795406	501(C)(3)	82,407.	0.			EDUCATIONAL
MMI PREPARATORY SCHOOL 154 CENTRE STREET FREELAND, PA 18224	24-0795967	501(C)(3)	202,374.	0.			SPORTS/LEISURE
HARP - HAZLETON AREA RECREATION PROGRAM - 600 SOUTH POPLAR STREET - HAZLETON, PA 18201	47-2599694	501(C)(3)	10,000.	0.			EDUCATIONAL
HAZLETON AREA SCHOOL DISTRICT 1515 WEST 23RD STREET HAZLE TWP., PA 18202	23-1667898		40,000.	0.			EDUCATIONAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAZLETON POLICE DEPARTMENT 40 NORTH CHURCH STREET HAZLETON, PA 18201	24-0000695		8,000.	0.			YOUTH DEVELOPMENT
HAZLETON ROTARY FOUNDATION 8 W. BROAD ST., SUITE 50 HAZLETON, PA 18202	83-0357014	501(C)(3)	7,000.	0.			SOCIAL SERVICES
HELPING HANDS SOCIETY 301 ROCKY ROAD HAZLETON, PA 18201	31-1623348	501(C)(3)	5,050.	0.			EDUCATIONAL
IMMANUEL CHRISTIAN SCHOOL PO BOX 487 HAZLETON, PA 18201	23-2242547	501(C)(3)	135,000.	0.			EDUCATIONAL
NORTHEAST SIGHT SERVICES 1825 WYOMING AVENUE EXETER, PA 18643	23-2660272	501(C)(3)	11,064.	0.			DISEASE/DISORDER
PANTHER VALLEY SCHOOL DISTRICT 1 PANTHER WAY LANSFORD, PA 18232	23-1667977	501(C)(3)	7,000.	0.			EDUCATIONAL
IREM TEMPLE RESTORATION PROJECT, INC. - 1 SOUTH MAIN STREET, 4TH FLOOR - WILKES-BARRE, PA 18701	82-3919472	501(C)(3)	16,000.	0.			HISTORICAL
LEADERSHIP NORTHEAST 4 PUBLIC SQUARE WILKES-BARRE, PA 18701	23-2205981	501(C)(3)	9,422.	0.			EDUCATIONAL
LEHIGH VALLEY CHILDRENS CENTERS, INC. - 1501 LEHIGH STREET, SUITE 208 - ALLENTOWN, PA 18103	23-1908158	501(C)(3)	5,600.	0.			EDUCATIONAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE THEATRE OF WILKES-BARRE P.O. BOX ONE WILKES-BARRE, PA 18703	24-6002142	501(C)(3)	17,500.	0.			ARTS AND CULTURE
LIU SPECIAL EDUCATION ACCOUNT 368 TIOGA AVE KINGSTON, PA 18704	23-1741699	501(C)(3)	12,726.	0.			EDUCATIONAL
S.A.F.E., INC. - SUPPORTING AUTISM & FAMILIES EVERYWHERE - PO BOX 299 - CONYNGHAM, PA 18219	23-2856059	501(C)(3)	5,100.	0.			DISEASE/DISORDER
MARTHA'S VINEYARD BEACHGOERS ACCESS GROUP, INC - 87 LITCHFIELD ROAD - EDGARTOWN, PA 05239	88-3863329	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MATERNAL & FAMILY HEALTH SERVICES, INC. - 15 PUBLIC SQUARE, SUITE 600 - WILKES-BARRE, PA 18701	23-1856766	501(C)(3)	6,250.	0.			HEALTH & WELLNESS
ST. LUKE'S UNIVERSITY HEALTH NETWORK - 800 OSTRUM STREET - BETHLEHEM, PA 18015	23-2384282	501(C)(3)	48,344.	0.			HEALTH & WELLNESS
MAUCH CHUNK HISTORICAL SOCIETY PO BOX 273 JIM THORPE, PA 18229	23-7438215	501(C)(3)	40,000.	0.			ARTS AND CULTURE
MAUCH CHUNK MUSEUM AND CULTURAL CENTER INC. - 41 W BROADWAY - JIM THORPE, PA 18229	25-1709815	501(C)(3)	44,000.	0.			ARTS AND CULTURE
M-EALS AND LEADERSHIP 750 FARM TO MARKET ROAD ENDICOTT, NY 13760	45-2061742	501(C)(3)	6,000.	0.			FOOD/NUTRITION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINSI TRAILS COUNCIL, BSA PO BOX 20624 LEHIGH VALLEY, PA 18002-0624	23-1708585	501(C)(3)	13,100.	0.			YOUTH DEVELOPMENT
THE DOLLYWOOD FOUNDATION 111 E MAIN STREET, 2ND FLOOR SEVIERVILLE, TN 37862	62-1348105	501(C)(3)	30,000.	0.			EDUCATIONAL
THE JEWISH COMMUNITY ALLIANCE 613 S.J. STRAUSS LANE KINGSTON, PA 18704	24-0796936	501(C)(3)	5,290.	0.			YOUTH DEVELOPMENT
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	35,000.	0.			FAITH BASED
NORTH BRANCH LAND TRUST 105 LT. MICHAEL CLEARY DRIVE DALLAS, PA 18612	23-7755642	501(C)(3)	24,045.	0.			ENVIRONMENTAL
NORTHEASTERN PENNSYLVANIA PHILHARMONIC - 195 HANOVER STREET - WILKES-BARRE, PA 18701	23-1855655	501(C)(3)	18,900.	0.			ARTS AND CULTURE
PALMERTON AREA SCHOOL DISTRICT 680 4TH STREET PALMERTON, PA 18071	24-6002371	501(C)(3)	9,260.	0.			EDUCATIONAL
UNITARIAN UNIVERSALIST CONGREGATION OF WYOMING VALLEY - P.O. BOX 2608 - WILKES-BARRE, PA 18703	23-2664557	501(C)(3)	8,000.	0.			COMMUNITY DEVELOPMENT
PATHWAY TO RECOVERY 223 WEST BROAD STREET HAZLETON, PA 18201	23-2093054	501(C)(3)	10,000.	0.			MENTAL HEALTH

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATRIOTS COVE INC 4334 SR. 29 S NOXEN, PA 18636	27-2034894	501(C)(3)	183,000.	0.			SOCIAL SERVICES
UNITED WAY OF WYOMING VALLEY 100 NORTH PENNSYLVANIA AVENUE, 2ND WILKES-BARRE, PA 18701	24-0831490	501(C)(3)	85,200.	0.			COMMUNITY DEVELOPMENT
VERNON BAPTIST CHURCH 1530 DEMUNDS ROAD DALLAS, PA 18612	91-1866576	501(C)(3)	180,000.	0.			FAITH BASED
PENN STATE HAZLETON 76 UNIVERSITY DRIVE - ROOM 217 HAZLETON, PA 18202	24-6000376	501(C)(3)	7,500.	0.			EDUCATIONAL
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVENUE WILKES-BARRE, PA 18702	20-3531527	501(C)(3)	6,750.	0.			HEALTH & WELLNESS
PENN STATE - HAZLETON ADMINISTRATION BUILDING, 76 UNIVERSITY DRIVE - HAZLETON, PA 18202-1291	24-6000376	501(C)(3)	110,000.	0.			EDUCATIONAL
PENN STATE WILKES-BARRE 44 UNIVERSITY DRIVE DALLAS, PA 18612	24-6000376	501(C)(3)	26,500.	0.			EDUCATIONAL
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES-BARRE, PA 18766	24-0795506	501(C)(3)	17,700.	0.			EDUCATIONAL
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	84,300.	0.			EDUCATIONAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH'S CENTER FOUNDATION 2010 ADAMS AVENUE SCRANTON, PA 18509	23-2286365	501(C)(3)	5,700.	0.			SOCIAL SERVICES
WYOMING VALLEY CATHOLIC YOUTH CENTER - 36 SOUTH WASHINGTON STREET - WILKES-BARRE, PA 18701	23-7227221	501(C)(3)	22,603.	0.			HEALTH & WELLNESS
WYOMING VALLEY CHILDREN'S ASSOCIATION - 1133 WYOMING AVENUE - FORTY FORT, PA 18704	24-0795510	501(C)(3)	21,975.	0.			EDUCATIONAL
TEMPLE ISRAEL 613 SJ STRAUSS LANE, SUITE 200 KINGSTON, PA 18704	24-0796029	501(C)(3)	11,500.	0.			FAITH BASED
THE LANDS AT HILLSIDE FARMS 65 HILLSIDE ROAD SHAVERTOWN, PA 18708	20-2975553	501(C)(3)	6,065.	0.			EDUCATIONAL
THE OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	24-0795971	501(C)(3)	95,411.	0.			EDUCATIONAL
THINKBIG PEDIATRIC CANCER FUND INC. - 530 MONTOUR BLVD., SUITE B - BLOOMSBURG, PA 17815	47-1955469	501(C)(3)	12,500.	0.			DISEASE/DISORDER
UNITED CHARITIES, INC. 107 W. MADISON AVENUE WEST HAZLETON, PA 18202	24-0795493	501(C)(3)	8,750.	0.			YOUTH DEVELOPMENT
VALLEY EAST LITTLE LEAGUE PO BOX 65 ST JOHNS, PA 18247	23-2238381	501(C)(3)	25,000.	0.			CRIME RELATED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTIMS RESOURCE CENTER 360 EAST END CENTRE WILKES-BARRE, PA 18701	23-1973148	501(C)(3)	11,000.	0.			HOUSING/SHELTER
VISION CENTER FOR SPIRITUAL LIVING 4780 MISSION GORGE PLACE, SUITE H SAN DIEGO, CA 92120	20-8477763	501(C)(3)	25,483.	0.			FAITH BASED
VOLUNTEERS OF AMERICA OF PENNSYLVANIA INC. - 25 NORTH RIVER STREET - WILKES-BARRE, PA 18702	52-2145785	501(C)(3)	12,400.	0.			SOCIAL SERVICES
WEATHERLY AREA COMMUNITY LIBRARY P.O. BOX 141 WEATHERLY, PA 18255	23-2770289	501(C)(3)	10,900.	0.			EDUCATIONAL
WEATHERLY AREA SCHOOL DISTRICT 602 6TH STREET WEATHERLY, PA 18255	23-1655388		10,000.	0.			EDUCATIONAL
WEST HAZLETON ELEMENTARY/MIDDLE SCHOOL PTA - 325 NORTH STREET - WEST HAZLETON, PA 18202	23-2980330	501(C)(3)	10,000.	0.			EDUCATIONAL
WILKES-BARRE AREA SCHOOL DISTRICT 730 SOUTH MAIN STREET WILKES-BARRE, PA 18711	23-1744259		12,000.	0.			EDUCATIONAL
WILLOW FOUNDATION 100 SOUTH WYOMING STREET HAZLETON, PA 18201	86-1955418	501(C)(3)	8,500.	0.			SOCIAL SERVICES
WVIA 100 WVIA WAY PITTSSTON, PA 18640	23-1663603	501(C)(3)	5,350.	0.			ARTS AND CULTURAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING COUNTY SPECIAL NEEDS ASSOCIATION - 636 SR 29N - TUCKHANNOCK, PA 18657	23-7209851	501(C)(3)	11,325.	0.			HEALTH AND WELLNESS
CASA OF LUZERNE COUNTY 667 NORTH RIVER STREET PLAINS, PA 18705	46-2279058	501(C)(3)	12,000.	0.			EDUCATIONAL

**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
SCHOLARSHIP EXPENSES	6	3,500.	0.		

**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 ARE VERIFIED THROUGH THE USE OF GUIDESTAR AND CHARITY CHECK, ONLINE RESOURCES SUITED FOR THAT PURPOSE. ADDITIONAL RESEARCH IS DONE VIA THE RECIPIENT ORGANIZATION'S WEBSITE OR VIA DIRECT CONTACT WITH THE EXECUTIVE DIRECTOR OR CEO OF THE ORGANIZATION. THE GOAL IS TO OBTAIN INFORMATION RELATING TO MISSION AND PURPOSE SO THAT WE ASCERTAIN



**Part IV** Supplemental Information

THAT EACH DONOR'S CHARITABLE INTENT IS 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.

SCHOLARSHIPS: TO DETERMINE SCHOLARSHIPS, MULTIPLE PROCESSES ARE USED. EITHER COMMITTEES ARE FORMED OR THE SCHOOL APPOINTS REPRESENTATIVES TO SELECT QUALIFIED STUDENT USING A FAIR AND OBJECTIVE PROCESS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**THE LUZERNE FOUNDATION**

Employer identification number

**23-2765498**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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) C. DAVID PEDRI PRESIDENT AND CEO	(i)	174,545.	20,625.	0.	5,236.	32,726.	233,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 7:**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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	290,709.	NYSE
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	X	1	5,600,000.	APPRIASAL
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** **1**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 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? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 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) 2022

**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):

COLUMN B REPRESENT THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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:**

CONNECTING DONORS TO CAUSES THAT MATTER TO THEM.

TO FULFILL OUR MISSION, WE...

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 FUTURE GENERATIONS.

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  
NONPROFITS, AND COMMUNITY LEADERS.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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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 CRITICAL 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 FUNDS. THESE FUND TYPES INCLUDE UNRESTRICTED, DONOR-ADVISED, FIELD OF INTEREST, DESIGNATED, SCHOLARSHIP, AND 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. WE OFFER A FLEXIBLE FUND MODEL THAT CREATES CUSTOMIZED OPTIONS FOR EACH DONOR'S CHARITABLE INTENTIONS. SCHEDULE I LISTS GRANTS AWARDED DURING THE CURRENT YEAR.

---

EDUCATION AND RESOURCES

WE BELIEVE EDUCATION IS A KEY TO GROWING PHILANTHROPY IN OUR COMMUNITIES AND CONTINUED SUPPORT OF OUR COMMUNITY FOUNDATION. WE PROVIDE EDUCATIONAL SEMINARS TO ASSIST CURRENT AND POTENTIAL DONORS IN UNDERSTANDING AND APPLYING THE BENEFITS OF DONATIONS THROUGH OUR ORGANIZATION AND IN MATCHING THEIR INTERESTS TO THE NEEDS OF OUR COMMUNITY. WE CONVEY THE LATEST AND MOST IMPORTANT INFORMATION ABOUT TRENDS AND LEGISLATION TO INTERESTED INDIVIDUALS AND ORGANIZATIONS.



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

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

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

OUR FOCUS ON ENCOURAGING DONORS TO MAKE EFFECTIVE CHARITABLE DECISIONS THROUGH OUR DONOR-CENTRIC APPROACH TO PHILANTHROPY, COMBINED WITH OUR ABILITY TO LISTEN TO THE NEEDS OF DONORS, NONPROFITS, AND COMMUNITY LEADERS AND SUPPORTERS, LEVERAGES THOSE CONVERSATIONS AND PARTNERSHIPS FOR COMMUNITY BETTERMENT.

HERE FOR GOOD

WE ARE "HERE FOR GOOD." THE LUZERNE FOUNDATION, ESTABLISHED IN 1994,

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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HELPS PEOPLE CREATE FUNDS TO DO GOOD FOR TODAY AND GOOD THAT LASTS FOR TOMORROW. THE LUZERNE FOUNDATION MANAGES OVER 400 FUNDS, OF WHICH NO TWO ARE EXACTLY ALIKE. THE FOUNDATION HAS DISTRIBUTED MORE THAN \$179M IN GRANTS SINCE ITS INCEPTION TO MEET COMMUNITY CHALLENGES LOCALLY AND GLOBALLY. WITH OVER \$60 MILLION IN ASSETS, THE FOUNDATION IS A POSITIVE FORCE FOR GOOD IN OUR COMMUNITIES. WE MAKE IT EASY FOR DONORS TO FIND INFORMATION ABOUT LOCAL NONPROFITS THAT ALIGN WITH CHARITABLE GIVING GOALS AND SUPPLY INFORMATION ABOUT STARTING THEIR 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 1A:

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.

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

FRANK BEVEVINO AND GREG WEAVER HAVE A FAMILY RELATIONSHIP.

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

THE PRESIDENT AND CEO, 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

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

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 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:

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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ANNUAL COMPENSATION REVIEWS ARE CONDUCTED BY THE PRESIDENT AND CEO, DIRECTOR OF OPERATIONS, AND ADMINISTRATIVE SUPPORT STAFF. IN ADDITION, THE PRESIDENT AND 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 THROUGH THE COUNCIL ON FOUNDATIONS, (A RESOURCE FOR COMMUNITY FOUNDATIONS AND PHILANTHROPIC ENTITIES). THESE HANDOUTS INCLUDE COMPARABLE SALARIES FOR OTHER COMMUNITY FOUNDATIONS.

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

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

DISCLOSURE REGARDING FEES PAID TO THE CHIEF FINANCIAL OFFICER:  
ROBERT KORJESKI, CPA, IS THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION. HE DOES NOT HAVE BOARD VOTING PRIVILEGES. FOR FORM 990 REPORTING PURPOSES, HE HAS BEEN IDENTIFIED AS AN OFFICER ON PART VII OF THIS FORM 990. FEES FOR SERVICES PROVIDED BY MR. KORJESKI TO THE LUZERNE FOUNDATION ARE PAID TO A CORPORATION OF WHICH MR. KORJESKI IS THE 100% STOCKHOLDER. FEES PAID FOR THESE SERVICES WERE \$6,900 FOR THE 2022 YEAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
CHANGE IN VALUE OF REMAINDER TRUST -92,964.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TLF REALTY HOLDINGS, LLC - 88-4411931 34 S RIVER STREET WILKES BARRE, PA 18702-2406	REAL ESTATE HOLDINGS	PENNSYLVANIA	0.	0.	THE LUZERNE FOUNDATION

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER UNITRUSTS (3)	INVESTMENTS	PA	N/A	TRUST	N/A	N/A	N/A		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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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)				





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.