

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

# 2011

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>THE LUZERNE FOUNDATION</b>		<b>D Employer identification number</b> <b>23-2765498</b>
	Doing Business As		<b>E Telephone number</b> <b>(570) 714-1570</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 <b>LUZERNE, PA 18709</b>		<b>G Gross receipts \$</b> <b>17,898,537.</b>
<b>F Name and address of principal officer:</b> <b>CHARLES M. BARBER</b> <b>SAME AS C ABOVE</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ <b>WWW.LUZFDN.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> <b>1994</b>
<b>M State of legal domicile:</b> <b>PA</b>			

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>RAISES CONTRIBUTIONS FROM THE COMMUNITY TO SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>32</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 13,318,257.	<b>Current Year</b> 11,311,025.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	423,256.	569,889.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-61,148.	-10,679.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,680,365.	11,870,235.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,178,783.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,857.	213,599.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>319,179.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		573,040.	604,138.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,952,680.	12,363,471.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	6,727,685.	-493,236.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 22,092,737.	<b>End of Year</b> 21,226,989.
	<b>21</b> Total liabilities (Part X, line 26)	2,500,446.	2,462,511.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	19,592,291.	18,764,478.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>CHARLES M. BARBER, PRESIDENT &amp; CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JULIUS GREEN, CPA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00350393</b>
	Firm's name ▶ <b>PARENTEBEARD, LLC</b>	Firm's EIN ▶ <b>23-2932984</b>			
	Firm's address ▶ <b>46 PUBLIC SQUARE, SUITE 400 WILKES-BARRE, PA 18701</b>	Phone no. <b>(570) 820-0100</b>			

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 11,545,734. including grants of \$ 11,545,734. ) (Revenue \$ ) THE LUZERNE FOUNDATION, YOUR COMMUNITY FOUNDATION, EXISTS TO MAKE OUR REGION A BETTER PLACE TO LIVE. THROUGH THE GENEROSITY OF OUR DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS. THE LUZERNE FOUNDATION IS PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS, EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS. FOR 17 YEARS, THE LUZERNE FOUNDATION HAS ASSISTED INDIVIDUALS AND FAMILIES, BUSINESSES, CIVIC GROUPS, AND OTHER

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

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

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

4e Total program service expenses 11,545,734.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	24		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	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 in Schedule O		X

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

		Yes	No
<b>10a</b>	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>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 in 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 in Schedule O how this was done	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 in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>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?		

**Section C. Disclosure**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARIE K. APONICK DIRECTOR	0.10	X					0.	0.	0.	
(2) STUART M. BELL VICE CHAIRMAN	0.10	X		X			0.	0.	0.	
(3) DAYLENE T. BURNSIDE DIRECTOR	0.10	X					0.	0.	0.	
(4) JOSEPH F. BUTCHER DIRECTOR	0.10	X					0.	0.	0.	
(5) KATHI FLACK DIRECTOR	0.10	X					0.	0.	0.	
(6) KEVIN FOLEY DIRECTOR	0.10	X					0.	0.	0.	
(7) AUGUST F. GENETTI, JR. DIRECTOR	0.10	X					0.	0.	0.	
(8) LOUIS F. GOERINGER DIRECTOR	0.10	X					0.	0.	0.	
(9) SCOTT HENRY DIRECTOR	0.10	X					0.	0.	0.	
(10) THE HON. RICHARD M. HUGHES, III DIRECTOR	0.10	X					0.	0.	0.	
(11) WILLIAM JOYCE DIRECTOR	0.10	X					0.	0.	0.	
(12) JOSEPH E. KLUGER, ESQ. DIRECTOR	0.10	X					0.	0.	0.	
(13) DAVID LEE DIRECTOR	0.10	X					0.	0.	0.	
(14) MELANIE M. LUMIA DIRECTOR	0.10	X					0.	0.	0.	
(15) GERTRUDE C. MCGOWAN, ESQ. SECRETARY	0.10	X		X			0.	0.	0.	
(16) A. EDWARD NORK DIRECTOR	0.10	X					0.	0.	0.	
(17) JOSEPH L. PERSICO, ESQ. DIRECTOR	0.10	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALEXANDER SLOOT DIRECTOR	0.10	X						0.	0.	0.
(19) SENATOR JOHN T. YUDICHAK DIRECTOR	0.10	X						0.	0.	0.
(20) TERRENCE W. CASEY DIRECTOR	0.10	X						0.	0.	0.
(21) PHILIP G. DECKER BOARD CHAIRMAN	0.10	X		X				0.	0.	0.
(22) PETER J. DANCHAK DIRECTOR	0.10	X						0.	0.	0.
(23) MICHAEL D. WEAVER DIRECTOR	0.10	X						0.	0.	0.
(24) THOMAS L. KENNEDY, ESQ. TREASURER	0.10	X		X				0.	0.	0.
(25) CHARLES M. BARBER PRESIDENT AND CEO	45.00			X				106,431.	0.	16,531.
<b>1b Sub-total</b>								106,431.	0.	16,531.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								106,431.	0.	16,531.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	53,685.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11257340.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		11311025.				
	<b>Program Service Revenue</b>	<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							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		503,245.			503,245.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			66,644.		66,644.
	<b>8 a</b> Gross income from fundraising events (not including \$ 53,685. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from fundraising events			-10,679.		-10,679.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			11870235.	0.	0.	559,210.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	11,545,734.	11,545,734.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,962.		98,370.	24,592.
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	64,860.		58,374.	6,486.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	11,206.		11,206.	
10 Payroll taxes	14,571.		14,571.	
11 Fees for services (non-employees):				
a Management	15,450.		15,450.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	190,776.		190,776.	
g Other	4,113.		4,113.	
12 Advertising and promotion	28,544.		28,544.	
13 Office expenses	24,401.		24,401.	
14 Information technology	5,292.		5,292.	
15 Royalties				
16 Occupancy	4,705.		4,705.	
17 Travel	1,016.		1,016.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,338.		12,338.	
20 Interest	49.		49.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,522.		8,522.	
23 Insurance	2,547.		2,547.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SPECIAL ACTIVITIES EXP</b>	288,101.			288,101.
b <b>AUTO EXPENSES</b>	10,088.		10,088.	
c <b>MINOR EQUIPMENT</b>	3,213.		3,213.	
d <b>DUES &amp; SUBSCRIPTIONS</b>	2,415.		2,415.	
e All other expenses	2,568.		2,568.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	12,363,471.	11,545,734.	498,558.	319,179.
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**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	100.	<b>1</b>	100.		
	<b>2</b> Savings and temporary cash investments .....	2,796,158.	<b>2</b>	2,127,511.		
	<b>3</b> Pledges and grants receivable, net .....	280,334.	<b>3</b>	262,909.		
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 42,612.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 33,438.	17,696.	<b>10c</b>	9,174.	
	<b>11</b> Investments - publicly traded securities .....	18,998,449.	<b>11</b>	18,827,295.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		22,092,737.	<b>16</b>	21,226,989.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	21,492.	<b>17</b>	13,588.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,478,954.	<b>25</b>	2,448,923.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,500,446.	<b>26</b>	2,462,511.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	19,389,794.	<b>27</b>	18,576,391.		
	<b>28</b> Temporarily restricted net assets .....	202,497.	<b>28</b>	188,087.		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	19,592,291.	<b>33</b>	18,764,478.			
<b>34</b> Total liabilities and net assets/fund balances .....	22,092,737.	<b>34</b>	21,226,989.			

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,870,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,363,471.
3	Revenue less expenses. Subtract line 2 from line 1	3	-493,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,592,291.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-334,577.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,764,478.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4690433.	6637682.	7514474.	13318257.	11311025.	43471871.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	4690433.	6637682.	7514474.	13318257.	11311025.	43471871.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						23904083.
6 <b>Public support.</b> Subtract line 5 from line 4.						19567788.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....	4690433.	6637682.	7514474.	13318257.	11311025.	43471871.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	192,475.	333,632.	299,911.	353,634.	503,245.	1682897.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....		713.	100.			813.
11 <b>Total support.</b> Add lines 7 through 10						45155581.
12 Gross receipts from related activities, etc. (see instructions) .....					12	84,813.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	43.33	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	51.32	%
16a <b>33 1/3% support test - 2011.</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"/>		
16b <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17b <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)



Name of organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>1,071,875.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>309,381.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>1,673,304.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>5,405,533.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>1,382,033.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
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**Part II Noncash Property** (see instructions). 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
2	STOCK: 3390 PFE, 977 CSC, 592 T, 80 ISRG, 300 COP, 400 CL, 205 CERN, 145 PX, 840 MRK, 2435 GE	\$ 309,381.	05/02/11
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	63	179
2 Aggregate contributions to (during year) .....	10,160,054.	1,175,971.
3 Aggregate grants from (during year) .....	10,124,795.	1,428,464.
4 Aggregate value at end of year .....	9,642,837.	11,305,583.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,106,188.	11,244,932.	8,855,804.	11,029,376.	
b Contributions	770,826.	6,665,380.	583,801.	1,382,285.	
c Net investment earnings, gains, and losses	53,620.	1,775,504.	2,346,563.	-2,980,480.	
d Grants or scholarships	844,237.	394,216.	363,887.	330,844.	
e Other expenditures for facilities and programs	60,000.	67,418.	85,000.	132,335.	
f Administrative expenses	174,143.	117,994.	92,349.	112,198.	
g End of year balance	18,852,254.	19,106,188.	11,244,932.	8,855,804.	

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in 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:

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,349.	7,340.	2,009.
d Equipment		33,263.	26,098.	7,165.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,174.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENT	2,448,923.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,448,923.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,870,235.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,363,471.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-493,236.
4	Net unrealized gains (losses) on investments	4	-320,167.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-14,410.
9	Total adjustments (net). Add lines 4 through 8	9	-334,577.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-827,813.

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

1	Total revenue, gains, and other support per audited financial statements	1	11,414,029.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-320,167.
b	Donated services and use of facilities	2b	25,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-14,410.
e	Add lines 2a through 2d	2e	-309,577.
3	Subtract line 2e from line 1	3	11,723,606.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	146,629.
c	Add lines 4a and 4b	4c	146,629.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,870,235.

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

1	Total expenses and losses per audited financial statements	1	12,241,842.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	25,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-146,629.
e	Add lines 2a through 2d	2e	-121,629.
3	Subtract line 2e from line 1	3	12,363,471.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,363,471.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME**

TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY.

MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2011.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

CHANGE IN VALUE OF REMAINDER TRUST -14,410.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF REMAINDER TRUST -14,410.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) 157,308.

SPECIAL EVENTS EXPENSES -10,679.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 146,629.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) -157,308.

SPECIAL EVENTS EXPENSES 10,679.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D -146,629.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

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

Name of the organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

**Total** ..... ▶

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL MTG & RECEPTION	ANNUAL GOLF TOURNAMENT	NONE	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	28,685.	52,550.		81,235.
	<b>2</b> Less: Charitable contributions .....	28,685.	25,000.		53,685.
	<b>3</b> Gross income (line 1 minus line 2) .....		27,550.		27,550.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	195.	4,250.		4,445.
	<b>6</b> Rent/facility costs .....		4,304.		4,304.
	<b>7</b> Food and beverages .....	6,250.	14,588.		20,838.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	6,862.	1,780.		8,642.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 38,229 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-10,679.

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

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

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

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

- 11** Does the organization operate 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 operated in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

\_\_\_\_\_  
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\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**THE LUZERNE FOUNDATION**

**Employer identification number  
23-2765498**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AGAPE FOUNDATION PO BOX 424 BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	80,000.	0.			BLOOMSBURG FLOOD RELIEF
ALL SAINTS CHURCH 17 NORTH CLEVELAND STREET MCADOO, PA 18237	26-3064945	501(C)(3)	6,000.	0.			SUPPORT
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	23-2523682	501(C)(3)	98,000.	0.			PRESIDENT'S CIRCLE
ALPHA RELIEF 2175 ACADEMY CIRCLE, SUITE 101 COLORADO SPRINGS, CO 80909	84-1532991	501(C)(3)	50,000.	0.			BANQUET MATCHING CHALLENGE
AMERICAN RED CROSS OF GREATER HAZLETON - 165 SUSQUEHANNA BOULEVARD - WEST HAZLETON, PA 18202	53-0196605	501(C)(3)	28,000.	0.			FLOOD 2011 RELIEF
AMERICAN RED CROSS-WYOMING VALLEY CHAPTER - 256 NORTH SHERMAN STREET - WEST HAZLETON, PA 18201	24-0803079	501(C)(3)	178,200.	0.			GENERAL SUPPORT

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

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

Schedule I (Form 990) (2011)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN ACCESS LIFE MINISTRIES, PO BOX 200 SAN DIMAS, CA 91773	95-6120630	501(C)(3)	40,000.	0.			JAPAN TSUNAMI RELIEF FUND
BACK MOUNTAIN HARVEST ASSEMBLY 340 CARVERTON ROAD TRUCKSVILLE, PA 18708	23-2794476	501(C)(3)	114,050.	0.			ROCK SOLID ACADEMY
BACK MOUNTAIN RECREATION, INC. PO BOX 2411 LEHMAN, PA 18627	23-2986991	501(C)(3)	100,000.	0.			SUPPORT- 3RD QUARTER DISTRIBUTION
BEAR CREEK VOLUNTEER HOSE COMPANY PO BOX 156 BEAR CREEK, PA 18602	23-6295911	501(C)(3)	40,000.	0.			NEW EQUIPMENT
BETHANY CHRISTIAN SERVICES 7627 OLD YORK ROAD ELKINS PARK, PA 19027	31-1196722	501(C)(3)	40,000.	0.			ADOPTION ASSISTANCE
BIBLE LEAGUE INTERNATIONAL PO BOX 28000 CHICAGO, IL 60628	36-2037761	501(C)(3)	148,000.	0.			HAITIAN PRINTING PROJECT
BLANCHARD CHURCH OF CHRIST PO BOX 388, 1220 NORTH MADISON BLANCHARD, OK 73010	24-0858493	501(C)(3)	18,000.	0.			HAITI ORPHANAGE
BLOOMSBURG CHRISTIAN CHURCH 107 DEUSSEN DRIVE BLOOMSBURG, PA 17815	23-2155852	501(C)(3)	22,500.	0.			FLOOD RELIEF EFFORTS
BOB TEBOW EVANGELISTIC ASSOCIATION 8834-F GOODBY'S EXECUTIVE DRIVE JACKSONVILLE, FL 32217	59-2613612	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY CHAPEL OF MELBORNE 2955 MINTON ROAD WEST MELBOURNE, FL 32904	59-3163220	501(C)(3)	580,000.	0.			CC BUILDING FUND
CALVARY COMMISSION PO BOX 100 LINDALE, TX 75771	75-1566201	501(C)(3)	40,000.	0.			WHERE MOST NEEDED
CAMP ASTHMACADABRA PO BOX 1536 WILKES-BARRE, PA 18703	25-1825116	501(C)(3)	7,000.	0.			CAMP ASTHMACADABRA
CAMP ORCHARD HILL RR 3 BOX 275 DALLAS, PA 18612	23-2265574	501(C)(3)	12,180.	0.			PROGRAM SUPPORT
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CARE NET 321 MAIN STREET C NEWPORT NEWS, VA 23601	54-1382723	501(C)(3)	50,000.	0.			SUPPORT
CASTLE AUDITORIUM FUND 140 MAIN STREET, 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	147,000.	0.			PAYMENT #3
CATHOLIC SOCIAL SERVICES 33 EAST NORTHAMPTON STREET WILKES-BARRE, PA 18701	24-0818341	501(C)(3)	10,500.	0.			LUZ CTY FLOOD & DISASTER RELIEF EFFORTS
CATHOLIC YOUTH CENTER OF WILKES-BARRE - 36 SOUTH WASHINGTON STREET - WILKES-BARRE, PA 18701	23-7227221	501(C)(3)	24,850.	0.			ANNUAL CAMPAIGN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCAI 311 MASSACHUSETTS AVENUE, NE WASHINGTON, DC 20002	54-2035617	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
CELEBRATION CENTER FOR CONSCIENCE LIVING - 5820 OBERLIN DRIVE, SUITE 108 - SAN DIEGO, CA 92121	52-2337798	501(C)(3)	375,254.	0.			PROGRAM SUPPORT
CHESTERTON HOUSE PO BOX 6878 ITHACA, NY 14851	16-1600224	501(C)(3)	40,000.	0.			LOGOS FUND GRANT
CHRISTIAN FELLOWSHIP CENTER 3662 COUNTY ROUTE 14 MADRID, NY 13660	11-3411138	501(C)(3)	20,000.	0.			GENERAL SUPPORT
COMMISSION ON ECONOMIC OPPORTUNITY PO BOX 1127 WILKES-BARRE, PA 18702	23-1693093	501(C)(3)	13,520.	0.			DINNERS FOR KIDS PROGRAM
COMMONWEALTH MEDICAL COLLEGE 150 NORTH WASHINGTON AVENUE NO SCRANTON, PA 18503	26-0812968	501(C)(3)	50,000.	0.			FALL 2011
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	220,000.	0.			PROGRAM SUPPORT
CORI'S PLACE 495 WYOMING STREET HANOVER TWP., PA 18706	01-0666441	501(C)(3)	102,600.	0.			EQUIPMENT PURCHASE
CRISTA MINISTRIES 19303 FREMONT AVENUE N SEATTLE, WA 98133	91-6012289	501(C)(3)	40,000.	0.			DESIGNATED FOR THE CHRISTIAN VETERINARY MISSION-HAITI VEHICLE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS CREEK COMMUNITY CHURCH 370 CARVERTOWN ROAD TRUCKSVILLE, PA 18708	23-3011345	501(C)(3)	14,000.	0.			GENERAL SUPPORT
CURE INTERNATIONAL 701 BOSLER AVENUE LEMOYNE, PA 17043	58-2248383	501(C)(3)	100,000.	0.			MATCHING GRANT
DANITA'S CHILDREN PO BOX 864311 ORLANDO, FL 32886	59-3735653	501(C)(3)	36,000.	0.			LOGOS FUND GRANT
DIAMOND CITY PARTNERSHIP PO BOX 5340 WILKES-BARRE, PA 18701	23-3094874	501(C)(3)	111,461.	0.			PROGRAM SUPPORT
DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503	24-0798640	501(C)(3)	10,950.	0.			PROGRAM SUPPORT
DISASTER ACCOUNTABILITY PROJECT C/O CULI, 35 ELIZABETH STREET, ROOM HARTFORD, CT 06105	26-1270154	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
ECHO 17391 DURRANCE ROAD N. FORT MYERS, FL 33917	23-7275283	501(C)(3)	40,000.	0.			\$25,000 HAITI RECOVERY; \$15,000 WHERE MOST NEEDED
EPIPHANY FELLOWSHIP 1755 NORTH 13TH STREET, LOWER LEVEL, BOX 167 - PHILADELPHIA, PA 19122	20-2422341	501(C)(3)	20,000.	0.			GENERAL SUPPORT
EVANGELICAL FREE CHURCH 45 HILDEBRANDT ROAD DALLAS, PA 18612	23-2198790	501(C)(3)	22,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
F.M. KIRBY CENTER 71 PUBLIC SQUARE WILKES-BARRE, PA 18612	22-2697004	501(C)(3)	69,900.	0.			PROGRAM SUPPORT
FAMILY ASSISTANCE PROJECT 140 MAIN STREET, 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	20,545.	0.			FAMILY ASSISTANCE PROJECT
FAMILY SERVICE ASSOCIATION OF WYOMING VALLEY - 31 WEST MARKET STREET - WILKES-BARRE, PA 18701	24-0795415	501(C)(3)	31,206.	0.			PROGRAM SUPPORT
FAR REACHING MINISTRIES PMB 137, 40335 WINCHESTER ROAD, SUITE TEMECULA, CA 92591	33-0776828	501(C)(3)	60,000.	0.			MINISTRIES AND MISSIONS IN SUDAN
FIRST ASSEMBLY 424 STANTON STREET WILKES-BARRE, PA 18702	23-2151009	501(C)(3)	14,000.	0.			GENERAL SUPPORT
FISHHOOK INTERNATIONAL PO BOX 910691 LEXINGTON, KY 40591	61-0620425	501(C)(3)	90,000.	0.			SAMUELS FAMILY MINISTRY-INDIA
FOOD FOR THE HUNGRY 1224 EAST WASHINGTON STREET PHOENIX, AZ 85034	95-2680390	501(C)(3)	18,000.	0.			FH STABLE LIVELIHOODS FOR VULNERABLE FAMILIES IN NICARAGUA
FORGOTTEN VOICES INTERNATIONAL PO BOX 1368 MECHANICSBURG, PA 17055	20-4002786	501(C)(3)	40,000.	0.			ZIMBABWE
FRONT STEP INC. 1707 SHELMIER AVENUE PHILADELPHIA, PA 19111	23-3058183	501(C)(3)	30,000.	0.			WISH LIST ITEMS

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

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FRONTIERS PO BOX 60730 PHOENIX, AZ 85082	95-3731505	501(C)(3)	15,000.	0.			MATCHING GIFT
GENERATEHOPE INC. 4025 CAMINO DEL RIO SOUTH, SUITE 30 SAN DIEGO, CA 92108	26-3405689	501(C)(3)	40,000.	0.			GENERAL SUPPORT-WHERE MOST NEEDED
GLOBAL ACTION 7660 GODDARD STREET #220 COLORADO SPRINGS, CO 80920	84-1471157	501(C)(3)	30,000.	0.			GLOMOS
GOD'S WORLD PUBLICATIONS PO BOX 20002 ASHEVILLE, NC 28802	56-0538016	501(C)(3)	48,000.	0.			WORLD-COMPASSION AWARDS
GRACE EPISCOPAL CHURCH 30 BUTLER STREET KINGSTON, PA 18704	24-0816493	501(C)(3)	9,250.	0.			CHRISTMAS GALA SUPPORT
GREATER WILKES BARRE FLOOD RECOVERY - 140 MAIN STREET, 2ND FLOOR - LUZERNE, PA 18709	23-2765498	501(C)(3)	30,000.	0.			FLOOD RECOVERY
GREATER WILKES-BARRE ASSOCIATION FOR THE BLIND - 1825 WYOMING AVENUE - EXETER, PA 18643	23-2660272	501(C)(3)	19,550.	0.			COMBATING AGE-RELATED SIGHT LOSS
GREATER WILKES-BARRE CHAMBER OF COMMERCE - 2 PUBLIC SQUARE, PO BOX 5340 - WILKES-BARRE, PA 18710	24-0751080	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GROVE PRESBYTERIAN CHURCH 330-332 BLOOM STREET, DANVILLE, PA 17821	24-6025543	501(C)(3)	22,000.	0.			LUZ CTY FLOOD & DISASTER RELIEF EFFORTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAITIAN & CARIBBEAN FOUND. FOR ED.& DEV. - C/O ENOCH GUSTAVE, 10 EAST 87TH STREET - NEW YORK, NY 10128	13-3683673	501(C)(3)	70,000.	0.			MINISTRY NEEDS IN HAITI
HAVEN OF PEACE EL RANCHO DE PAZ, 2857 MONTROSE TURN OWEGO, NY 13827	16-6072780	501(C)(3)	20,000.	0.			RIDING PROGRAM AND CAMPER SCHOLARSHIPS
HAZLETON AREA SCHOOL DISTRICT 1515 WEST 23RD STREET HAZLETON, PA 18202	25-6689385	501(C)(3)	6,500.	0.			PROJECT SUPPORT
HEAVEN'S FAMILY PO BOX 12854 PITTSBURGH, PA 15241	16-1739329	501(C)(3)	17,000.	0.			DISASTER RELIEF
HIGH POINT BAPTIST CHURCH 1919 MOUNTAIN ROAD LARKSVILLE, PA 18651	24-0806062	501(C)(3)	34,000.	0.			BENEVOLENCE FUND/ASSISTANCE FOR FLOOD VICTIMS
HIS RESTING PLACE MATERNITY HOME 1067 EXETER AVENUE EXETER, PA 18643	26-4448789	501(C)(3)	18,000.	0.			SUPPORT
HOUSE OF HIS CREATION 91 NEWPORT PIKE, SUITE 203 GAP, PA 17524	23-1910987	501(C)(3)	20,000.	0.			COMPUTERS
HUNTS FOR THE HEALING, INC. 140 MAIN STREET, 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
HUNTSVILLE CHRISTIAN CHURCH 1160 CHURCH ROAD DALLAS, PA 18612	23-1651177	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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ICMOVEMENT 2059 EAST HAGERT STREET PHILADELPHIA, PA 19125	14-1966666	501(C)(3)	80,000.	0.			SUPPORT
INOD PO BOX 536456 ORLANDO, FL 32853	13-4321652	501(C)(3)	22,500.	0.			CHURCH TO CHURCH RESOURCE STRATEGY
JESUITS OF THE MISSOURI PROVINCE 4511 WEST PINE SAINT LOUIS, MO 63108	43-0416129	501(C)(3)	10,000.	0.			ST. PETER CLAVER VOLUNTEER PROGRAMS/ KUHNERT FAMILY PROJECT
JEWISH COMMUNITY CENTER 60 SOUTH RIVER STREET WILKES-BARRE, PA 18702	24-0795437	501(C)(3)	14,600.	0.			AUTISM CAMP PROGRAM-HARVEY'S LAKE LOCATION
JEWISH FEDERATION OF GREATER WILKES-BARRE - 60 SOUTH RIVER STREET - WILKES-BARRE, PA 18702	24-0796936	501(C)(3)	8,600.	0.			PROGRAM SUPPORT
JOHN HOPKINS UNIVERSITY 1101 E. 33RD STREET, STE C202 BALTIMORE, MD 21218	52-2090682	501(C)(3)	7,500.	0.			DESIGNATED RESEARCH
KEYSTONE COLLEGE & REGINA OSIF ONE COLLEGE GREEN, PO BOX 50 LA PLUME, PA 18440	24-0795451	501(C)(3)	16,000.	0.			2010-2011 RECIPIENT PAYMENT 2 OF 2
KIDS FOR THE KINGDOM PO BOX 852 GRATON, CA 95444	68-0421846	501(C)(3)	155,000.	0.			PAKISTAN RELIEF
KING'S COLLEGE AND CASEY WASLASKY 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	20,197.	0.			2011-2012 RECIPIENT PAYMENT 1 OF 2

Schedule I (Form 990)

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KORE FOUNDATION 695 NASHVILLE PIKE 101 GALLATIN, TN 37066	26-3196544	501(C)(3)	500,000.	0.			LOGOS FUND GRANT
LEBANESE AMERICAN UNIVERSITY 475 RIVERSIDE DRIVE, SUITE 1846 NEW YORK, NY 10115	98-6001269	501(C)(3)	10,000.	0.			ALBERT G. ALBERT LIBRARY FUND
LIFE CHURCH 1401 EAST CEDAR STREET ALLENTOWN, PA 18109	22-3110904	501(C)(3)	270,000.	0.			CAMP RESTORATION IN POCONO PINES
LIFECHOICES MEDICAL CLINIC & RES. CENTER - 531 EAST 7TH STREET - JOPLIN, MO 64801	43-1518912	501(C)(3)	40,000.	0.			TORNADO RELIEF EFFORTS
LOVE A CHILD, INC. PO BOX 1972 MERRITT ISLAND, FL 32952	29-2672303	501(C)(3)	190,000.	0.			GENERAL SUPPORT
LOVE BASKET, INC. 10306 BUSINESS 21 HILLSBORO, MO 63050	43-1259309	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LOXAFAMOSITY MINISTRIES, INC PO BOX 2256 LOVES PARK, IL 61111	52-2400448	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18702	24-0811758	501(C)(3)	27,891.	0.			GENERAL SUPPORT
MACKINAC ISLAND BIBLE CHURCH 6688 MAIN STREET MACKINAC ISLAND, MI 49757	38-3288196	501(C)(3)	60,000.	0.			DESIGNATED FOR PARSONAGE MORTGAGE

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

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MANA NUTRITIVE AID 344 WEST JOHN STREET MATTHEWS, NC 28105	27-0165743	501(C)(3)	5,000.	0.			RUTF IN RWANDA
MCADOO CATHOLIC ELEMENTARY SCHOOL 35 NORTH CLEVELAND STREET MCADOO, PA 18237	23-2091672	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MILES FOR MICHAEL TRAVEL ASSISTANCE PROJECT - 140 MAIN STREET, 2ND FLOOR - LUZERNE, PA 18709	23-2765498	501(C)(3)	9,750.	0.			TRAVEL ASSISTANCE PROJECT
MISERICORDIA UNIVERSITY & KAYLA RAWLS - 301 LAKE STREET - DALLAS, PA 18612	24-0795406	501(C)(3)	113,264.	0.			SPRING 2011 - PAYMENT 2 OF 2
MISSION OF HOPE C/O LYNX AIR, PO BOX 407139 FT. LAUDERDALE, FL 33340	13-4207776	501(C)(3)	460,000.	0.			HAITI NORTH CAMPUS
MISSION ST. LOUIS 4366 MANCHESTER AVENUE ST. LOUIS, MO 63110	20-8983607	501(C)(3)	20,000.	0.			JOBS FOR LIFE PROGRAM
MONADNOCK BIBLE CONFERENCE 257 DUBLIN ROAD JAFFREY, NH 03452	02-0268537	501(C)(3)	180,000.	0.			ORPHANAGE BUILDING PROJECT IN HAITI
MSNY 414 WEST 51ST STREET, LOWER LEVEL NEW YORK, NY 10019	20-0490140	501(C)(3)	20,000.	0.			FREEDOM CHURCH PHILADELPHIA GIFT
MT. GILEAD CAMP 13485 GREEN VALLEY RD, SEBASTOPOL, CA 95472	23-1673125	501(C)(3)	20,000.	0.			DINING HALL AND ROOF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT. ZION BAPTIST CHURCH 106 HILL STREET WILKES-BARRE, PA 18702	23-2589907	501(C)(3)	14,000.	0.			GENERAL SUPPORT
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE , SUITE 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	80,000.	0.			LOGOS FUND GRANT
NATIONAL TRANSPLANT ASSISTANCE FUND - 150 RADNOR CHESTER ROAD, SUITE F-120 - RADNOR, PA 19087	52-1322317	501(C)(3)	10,000.	0.			IN HONOR OF KAICI LOVE-GAVIN
NEPA PHILHARMONIC 4101 BIRNEY AVENUE MOOSIC, PA 18507	23-1855655	501(C)(3)	14,720.	0.			SUPPORT- BE INSTRUMENTAL CAMPAIGN
NEPA VETERANS MULTICARE ALLIANCE 31 WEST MARKET STREET WILKES-BARRE, PA 18701	61-1578673	501(C)(3)	8,114.	0.			PROGRAM SUPPORT
NORTHEASTERN PENNSYLVANIA COUNCIL, BSA - 1 BOB MELLOW DRIVE - MOOSIC, PA 18507	23-2602695	501(C)(3)	5,250.	0.			SPONSOR
NORTHMORELAND TWP. FIRE COMPANY 305 SCHOOLHOUSE ROAD TUNKHANNOCK, PA 18657	23-2204025	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NVIC 407 CHURCH STREET, SUITE H VIENNA, VA 22180	54-1951769	501(C)(3)	10,000.	0.			LOGOS FUND GRANT
OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	24-0795971	501(C)(3)	32,400.	0.			WINDOWS PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKER HILL COMMUNITY CHURCH 933 SCRANTON CARBONDALE HIGHWAY SCRANTON, PA 18508	23-2601749	501(C)(3)	64,000.	0.			GENERAL SUPPORT
PASA PO BOX 419 MILLHEIM, PA 16824	25-1685497	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PENN STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	5,750.	0.			SCHOALRSHIPS
POCONO COMMUNITY CHURCH PO BOX 817 MOUNT POCONO, PA 18344	23-2765498	501(C)(3)	148,000.	0.			UNSTOPPABLE CAMPAIGN, MISSIONS, MORTGAGE REDUCTION
PROJECT HOPEFUL, NFP C/O CAROLYN T. TWIETMEYER, PO BOX 3 PLAINFIELD, IL 60544	26-1349669	501(C)(3)	10,000.	0.			ADOPTION ASSISTANCE
PROVIDING HOPE MINISTRIES PO BOX 2103 KINGSTON, PA 18704	23-2070710	501(C)(3)	50,000.	0.			LUZERNE COUNTY CORRECTION FACILITIES
RESTAVEK FREEDOM FOUNDATION 11160 KENWOOD ROAD CINCINNATI, OH 45242	20-8334578	501(C)(3)	960,000.	0.			HAITIAN COMMUNITY CENTER
RIVERFRONT PARKS COMMITTEE 182 NORTH FRANKLIN STREET WILKES-BARRE, PA 18701	23-2829283	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
SAINTS PRISON MINISTRY PO BOX 681 MOORESTOWN, NJ 08057	22-2907709	501(C)(3)	15,000.	0.			LOGOS FUND GRANT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF WYOMING VALLEY 17 SOUTH PENNSYLVANIA AVENUE WILKES-BARRE, PA 18701	13-5562351	501(C)(3)	41,300.	0.			FLOOD RELIEF
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	60,000.	0.			JAPAN DISASTER RELIEF
SANIBEL -CAPTIVA CONSERVATION FOUNDATION - 3333 SANIBEL-CAPTIVA ROAD - SANIBEL, FL 33957	59-1205087	501(C)(3)	100,000.	0.			GENERAL SUPPORT
SERVLIFE INTERNATIONAL PO BOX 20596 INDIANAPOLIS, IN 46220	76-0363452	501(C)(3)	80,000.	0.			SUPPORT
SHAOHANNAH'S HOPE PO BOX 647 FRANKLIN, TN 37064	32-0011220	501(C)(3)	81,500.	0.			MISSIONARY SUPPORT
STORM WARRIORS INTERNATIONAL 27 LINDEN LANE CAMDEN, ME 04843	27-0201059	501(C)(3)	110,000.	0.			SNOOPERS PROJECT
SUSQUEHANNA UNIVERSITY & LAUREN GAVINSKY - 514 UNIVERSITY AVENUE - SELINGROVE, PA 17870	23-1353385	501(C)(3)	30,500.	0.			PAYMENT 1 OF 2
TEEN CHALLENGE PO BOX 1015 SPRINGFIELD, MO 65801	43-1353323	501(C)(3)	15,000.	0.			SUPPORT
TEMPLE UNIVERSITY & RONALD WOLFGANG OTT - 1801 NORTH BROAD STREET - PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	5,125.	0.			PAYMENT 3 OF 4 L STUDENT ID: 4231065873

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF LUZERNE COUNTY 16-18 WEST LINDEN STREET WILKES-BARRE, PA 18702	23-1634316	501(C)(3)	30,453.	0.			PROGRAM SUPPORT
THE CHALMERS CENTER COVENANT COLLEGE, 14049 SCENIC HIGHWAY - LOOKOUT MOUNTAIN, GA 30750	27-2341083	501(C)(3)	240,000.	0.			DESIGNATED FOR THE IDA AND ASSET PROPOSALS
THE EXPLORATIONS IN ANTIQUITY CENTER - PO BOX 3900 - LAGRANGE, GA 30241	20-3514441	501(C)(3)	50,000.	0.			TOWARDS MATCHING GIFT
THE LANDS AT HILLSIDE FARMS 65 HILLSIDE ROAD SHAVERTOWN, PA 18708	20-2975553	501(C)(3)	1,170,000.	0.			PAVING AND LANDSCAPING PROJECT
THE VERITAS FORUM INC. ONE BROADWAY, 14TH FLOOR CAMBRIDGE, MA 02138	20-5616941	501(C)(3)	70,000.	0.			PROGRAM SUPPORT
THE WIDOW'S FRIEND PO BOX 103 FORESTDALE, MA 02644	22-2565287	501(C)(3)	15,000.	0.			VEHICLE FUND
TOUCH MINISTRIES, INC. C/O SHAROL J. STINE, 417 REBECCA ST NEW MARTINSVILLE, WV 26155	30-0600735	501(C)(3)	340,000.	0.			SUPPORT FOR HAITI
UNITED CHARITIES 107 MADISON AVENUE WEST HAZLETON, PA 18202	24-0795493	501(C)(3)	6,000.	0.			FAMILY ASSISTANCE PROJECTS
UNITED WAY OF WYOMING COUNTY 1119 WARREN STREET, PO BOX 399 TUNKHANNOCK, PA 18657	23-1702298	501(C)(3)	5,000.	0.			SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WYOMING VALLEY 8 WEST MARKET STREET, SUITE 450 WILKES-BARRE, PA 18711	24-0831490	501(C)(3)	38,650.	0.			GENERAL SUPPORT
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	26,000.	0.			JAMES E. AND CONSTANCE BELL PT FUND GRANT
UNIVERSITY OF SCRANTON & ROBERT GADOMSKI - 800 LINDEN STREET - SCRANTON, PA 18510	24-0795495	501(C)(3)	6,750.	0.			2011-2012 RECIPIENT PAYMENT 1 OF 2
URBAN PROMISE PO BOX 1479 CAMDEN, NJ 08105	02-0650756	501(C)(3)	80,000.	0.			PROGRAM SUPPORT
VALLEY WITH A HEART ASSISTANCE PROJECT - 140 MAIN STREET, 2ND FLOOR - LUZERNE, PA 18709	23-2765498	501(C)(3)	23,265.	0.			FAMILY ASSISTANCE PROJECT
VASCULAR BIRTHMARK FOUNDATION PO BOX 106 LATHAM, NY 12110	16-1515227	501(C)(3)	29,000.	0.			PROGRAM SUPPORT
VOLUNTEERS IN MEDICINE 190 NORTH PENNA. AVENUE WILKES-BARRE, PA 18702	20-3531527	501(C)(3)	85,500.	0.			DENTAL CLINIC
VOLUNTEERS OF AMERICA 25 NORTH RIVER STREET WILKES-BARRE, PA 18702	23-1932916	501(C)(3)	14,000.	0.			LUZ CTY FLOOD & DISASTER RELIEF EFFORTS
WATER MISSIONS INTERNATIONAL PO BOX 31258 CHARLESTON, SC 29417	57-1116978	501(C)(3)	40,000.	0.			LOGOS FUND GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN INDIAN MINISTRIES PO BOX 9090 WINDOW ROCK, AZ 86515	85-6007207	501(C)(3)	60,000.	0.			GENERAL SUPPORT
WILKES UNIVERSITY & TYLER BAUMAN 84 WEST SOUTH STREET WILKES-BARRE, PA 18766	24-0795506	501(C)(3)	22,800.	0.			SCHOLARSHIP PAYMENT
WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET WILKES-BARRE, PA 18701	24-0795638	501(C)(3)	20,025.	0.			ANNUAL FUND SUPPORT
WILKES-BARRE RACING INC. PO BOX 2487 WILKES-BARRE, PA 18702	80-0584127	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
WILKES-BARRE ROTARY CHARITIES C/O OSTERHOUT FREE LIBRARY, 71 SOUTH FRANKLIN STREET - WILKES-BARRE, PA 1870	23-3030483	501(C)(3)	5,500.	0.			SUPPORT
WORLD IMPACT 2001 SOUTH VERMONT AVENUE LOS ANGELES, CA 90007	95-2681237	501(C)(3)	85,000.	0.			HARMONY HEART CAMP CHALLENGE 2012
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	321,069.	0.			SUPPORT
WYOMING VALLEY CHILDREN'S ASSOCIATION - 1133 WYOMING AVENUE - FORTY FORT, PA 18704	24-0795510	501(C)(3)	5,250.	0.			MUSIC MATTERS
WYOMING VALLEY RESCUE MISSION PO BOX 470 SCRANTON, PA 18501	34-2042921	501(C)(3)	61,500.	0.			DROP-IN CENTER

Schedule I (Form 990)

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

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

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

SCHEDULE I, PART I, LINE 2: WITH EACH GRANT REQUEST, THE LUZERNE FOUNDATION EXERCISES ITS DUE DILIGENCE TO ASSURE COMPLIANCE WITH IRS STANDARDS. EACH NONPROFIT ORGANIZATION'S 501(C)(3) STATUS AND EIN IS VERIFIED THROUGH THE USE OF GUIDESTAR, AN ONLINE RESOURCE SUITED FOR THAT PURPOSE. ADDITIONAL RESEARCH IS DONE VIA THE RECIPIENT ORGANIZATION'S WEBSITE OR VIA DIRECT CONTACT WITH THE EXECUTIVE DIRECTOR OR CEO OF THE ORGANIZATION. THE GOAL IS TO OBTAIN INFORMATION RELATING TO MISSION AND PURPOSE SO THAT WE ASCERTAIN THAT THE DONORS' CHARITABLE INTENTS ARE BEING UPHELD.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input 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				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input 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									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in 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 .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2011

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	7	380,358.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)



**Part II** **Supplemental Information.** Complete this part to 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): AMOUNT OF CONTRIBUTORS REPRESENTS

NUMBER OF INDIVIDUALS OR ORGANIZATIONS THAT CONTRIBUTED NON-CASH

PROPERTY DURING THE 2011 YEAR.

SCHEDULE M, LINE 32B: THE ORGANIZATION USES INVESTMENT MANAGERS TO

SELL THE PUBLICLY TRADED SECURITIES THAT ARE DONATED TO THE FOUNDATION.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 11: CHARLES BARBER, PRESIDENT & CEO,  
BOB KORJESKI, CFO, FULL BOARD OF DIRECTORS, AND AUDIT COMMITTEE REVIEW THE  
FULL FORM 990 IN ITS ENTIRETY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE LUZERNE FOUNDATION  
DISTRIBUTES CONFLICTS OF INTEREST FORMS TO THE BOARD OF DIRECTORS SO THAT  
THE INFORMATION HELD ON FILE IS CURRENT. EACH DIRECTOR, PRINCIPAL OFFICER  
AND MEMBER OF A COMMITTEE WITH BOARD-DELAGATED POWERS IS REQUIRED TO SIGN A  
STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF  
INTEREST POLICY; HAVE READ AND UNDERSTANDS THE POLICY; HAVE AGREED TO  
COMPLY WITH THE POLICY; UNDERSTANDS THE DUTY OF EACH OFFICER OR DIRECTOR TO  
MAINTAIN THE PRESERVE CONFIDENTIALITY OF BOARD AND COMMITTEE DISCUSSIONS  
AND PROTECT PRIVACY AT ALL TIMES; AND UNDERSTANDS THAT THE CORPORATION IS 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.

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

FORM 990, PART VI, SECTION B, LINE 15: ANNUAL REVIEWS ARE CONDUCTED BY THE PRESIDENT & CEO, DIRECTOR OF OPERATIONS AND ADMINISTRATIVE SUPPORT STAFF. THE PRESIDENT & CEO, AND THE DIRECTOR OF OPERATIONS WERE REVIEWED IN 2011. 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.

ONCE A COLLECTIVE DECISION IS REACHED BY THE EXECUTIVE COMMITTEE, THE CHAIRMAN OF THE EXECUTIVE COMMITTEE REPORTS AND DISCUSSED THE OUTCOME WITH THE PRESIDENT AND CEO.

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

Name of the organization <b>THE LUZERNE FOUNDATION</b>	Employer identification number <b>23-2765498</b>
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FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST; IN ADDITION, A STATEMENT OF FINANCIAL POSITION IS MADE AVAILABLE IN THE ANNUAL "COMMUNITY GUIDE" OF THE FOUNDATION. THE 990 IS AVAILABLE TO THE PUBLIC ON THE WEBSITE OR UPON REQUEST.

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

NET UNREALIZED LOSSES ON INVESTMENTS:	-320,167.
CHANGE IN VALUE OF REMAINDER TRUST	-14,410.
TOTAL TO FORM 990, PART XI, LINE 5	-334,577.

FORM 990, PART XI, LINE 2C:  
THE PROCESSES USED BY THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE PRIOR YEAR.

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

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>THE LUZERNE FOUNDATION</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> 23-2765498
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>140 MAIN STREET</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LUZERNE, PA 18709</b>	

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

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

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

**CHARLES M. BARBER**

• The books are in the care of  **140 MAIN STREET, 2ND FLOOR - LUZERNE, PA 18709**  
Telephone No.  **(570) 714-1570** FAX No.

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  **CPA/AGENT** Date