

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LUZERNE FOUNDATION		D Employer identification number 23-2765498
	Doing Business As		E Telephone number (570) 714-1570
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	140 MAIN STREET		G Gross receipts \$ 28,666,047.
City or town, state or province, country, and ZIP or foreign postal code LUZERNE, PA 18709		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: CHARLES M. BARBER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.LUZFDN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: PA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RAISES CONTRIBUTIONS FROM THE COMMUNITY TO SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 24	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 24	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 4	
	6 Total number of volunteers (estimate if necessary)	6 25	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 11,808,207.	Current Year: 17,202,950.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	775,614.	1,510,749.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-21,280.	-23,540.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,562,541.	18,690,159.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,303,725.	15,406,414.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	219,712.	232,093.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,050.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	662,493.	736,553.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,185,930.	16,375,060.	
19 Revenue less expenses. Subtract line 18 from line 12	376,611.	2,315,099.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 23,734,299.	End of Year: 28,950,011.
	21 Total liabilities (Part X, line 26)	3,311,235.	3,960,789.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,423,064.	24,989,222.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE LUZERNE FOUNDATION 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? [X] Yes [] 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,406,414. including grants of \$ 15,406,414.) (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 18 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 15,406,414.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
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
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS L. KENNEDY, ESQ. BOARD CHAIRMAN	0.10	X		X				0.	0.	0.
(2) MICHAEL D. WEAVER VICE CHAIRMAN	0.10	X		X				0.	0.	0.
(3) KEVIN FOLEY TREASURER	0.10	X		X				0.	0.	0.
(4) GERTRUDE C. MCGOWAN, ESQ. SECRETARY	0.10	X		X				0.	0.	0.
(5) PHILIP G. DECKER IMMEDIATE PAST BOARD CHAIRMAN	0.10	X						0.	0.	0.
(6) CHARLIE APONICK DIRECTOR	0.10	X						0.	0.	0.
(7) JOSEPH F. BUTCHER DIRECTOR	0.10	X						0.	0.	0.
(8) TERRENCE W. CASEY DIRECTOR	0.10	X						0.	0.	0.
(9) PETER J. DANCHAK DIRECTOR	0.10	X						0.	0.	0.
(10) JOHN DOWD DIRECTOR	0.10	X						0.	0.	0.
(11) KATHI FLACK DIRECTOR	0.10	X						0.	0.	0.
(12) AUGUST F. GENETTI, JR. DIRECTOR	0.10	X						0.	0.	0.
(13) LOU GOERINGER DIRECTOR	0.10	X						0.	0.	0.
(14) R. CLEMENTS GOVER DIRECTOR	0.10	X						0.	0.	0.
(15) SCOTT HENRY DIRECTOR	0.10	X						0.	0.	0.
(16) MIKE HIRTHLER DIRECTOR	0.10	X						0.	0.	0.
(17) WILLIAM M. JONES DIRECTOR	0.10	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM JOYCE DIRECTOR	0.10	X						0.	0.	0.
(19) JOSEPH E. KLUGER, ESQUIRE DIRECTOR	0.10	X						0.	0.	0.
(20) MELANIE M. LUMIA DIRECTOR	0.10	X						0.	0.	0.
(21) JOSEPH L. PERSICO, ESQUIRE DIRECTOR	0.10	X						0.	0.	0.
(22) ALEXANDER SLOOT DIRECTOR	0.10	X						0.	0.	0.
(23) SCOTT W. WILLIAMS DIRECTOR	0.10	X						0.	0.	0.
(24) SENATOR JOHN YUDICHAK DIRECTOR	0.10	X						0.	0.	0.
(25) TIFFANY CLOUD TERM END 2/13 DIRECTOR	0.10	X						0.	0.	0.
(26) CHARLES M. BARBER PRESIDENT AND CEO	45.00			X				116,777.	0.	21,079.
1b Sub-total								116,777.	0.	21,079.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								116,777.	0.	21,079.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT KORJESKI, CPA CHIEF FINANCIAL OFFICER	3.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	19,122.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,183,828.				
	g Noncash contributions included in lines 1a-1f: \$		1,327,446.				
	h Total. Add lines 1a-1f		17,202,950.				
	Program Service Revenue	2 a _____ Business Code					
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		651,791.			651,791.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		858,958.			858,958.
	8 a Gross income from fundraising events (not including \$ 19,122. of contributions reported on line 1c). See Part IV, line 18	a	18,319.				
		b Less: direct expenses	b	41,859.			
		c Net income or (loss) from fundraising events		-23,540.			-23,540.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			18,690,159.	0.	0.	1,487,209.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	15,406,414.	15,406,414.		
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	137,856.		110,285.	27,571.
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	68,400.		61,560.	6,840.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,639.		9,639.	
10 Payroll taxes	16,198.		16,198.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,100.		16,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	304,697.		304,697.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,417.		5,417.	
12 Advertising and promotion	20,522.		20,522.	
13 Office expenses	29,030.		29,030.	
14 Information technology	15,419.		15,419.	
15 Royalties				
16 Occupancy	3,937.		3,937.	
17 Travel	4,480.		4,480.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,920.		18,920.	
20 Interest	180.		180.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	648.		648.	
23 Insurance	2,601.		2,601.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL ACTIVITIES EXP	282,639.			282,639.
b AUTO EXPENSES	11,818.		11,818.	
c DUES & SUBSCRIPTIONS	3,246.		3,246.	
d MINOR EQUIPMENT	3,103.		3,103.	
e All other expenses	13,796.		13,796.	
25 Total functional expenses. Add lines 1 through 24e	16,375,060.	15,406,414.	651,596.	317,050.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	100.	1	100.	
	2 Savings and temporary cash investments	3,197,750.	2	4,686,685.	
	3 Pledges and grants receivable, net	290,216.	3	363,098.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 42,612.			
	b Less: accumulated depreciation	10b 42,612.	651.	10c 0.	
	11 Investments - publicly traded securities	20,245,582.	11	23,900,128.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,734,299.	16	28,950,011.		
Liabilities	17 Accounts payable and accrued expenses	13,749.	17	13,753.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,297,486.	25	3,947,036.	
	26 Total liabilities. Add lines 17 through 25	3,311,235.	26	3,960,789.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	20,188,587.	27	24,662,124.	
	28 Temporarily restricted net assets	234,477.	28	327,098.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	20,423,064.	33	24,989,222.		
34 Total liabilities and net assets/fund balances	23,734,299.	34	28,950,011.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,690,159.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,375,060.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,315,099.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,423,064.
5	Net unrealized gains (losses) on investments	5	2,158,438.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	92,621.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,989,222.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

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 - Non-functionally integrated
- 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,514,474.	13,318,257.	11,311,025.	11,808,207.	17,202,950.	61,154,913.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,514,474.	13,318,257.	11,311,025.	11,808,207.	17,202,950.	61,154,913.
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)						38,798,710.
6 Public support. Subtract line 5 from line 4.						22,356,203.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,514,474.	13,318,257.	11,311,025.	11,808,207.	17,202,950.	61,154,913.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	299,911.	353,634.	503,245.	560,805.	651,791.	2,369,386.
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.)	100.					100.
11 Total support. Add lines 7 through 10						63,524,399.
12 Gross receipts from related activities, etc. (see instructions)					12	91,127.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	35.19 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	38.43 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

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 its Form 990-PF, Part I, line 2, 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) (2013)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>1,004,318.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>2,536,845.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>9,151,131.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>1,288,809.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>1,170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
1	SHARES OF: 1700 XOP, 4052 XLF, 267 JNJ, 1050 IBB, 280 GOOG, 4000 GE, 426 BIDU, 75 AAPL, AND 730 AMT	\$ 1,004,318.	10/31/13
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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.

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

OMB No. 1545-0047

2013

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	77	182
2 Aggregate contributions to (during year)	15,808,540.	1,419,410.
3 Aggregate grants from (during year)	14,163,153.	1,243,261.
4 Aggregate value at end of year	13,581,176.	15,001,619.
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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 XIII, 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 XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	20,345,858.	18,852,284.	19,106,188.	11,244,932.	8,855,804.
b Contributions	815,260.	680,125.	770,826.	6,665,380.	583,801.
c Net investment earnings, gains, and losses	4,146,970.	2,169,489.	53,620.	1,775,504.	2,346,563.
d Grants or scholarships	1,105,652.	977,262.	844,267.	394,216.	363,887.
e Other expenditures for facilities and programs		120,000.	60,000.	67,418.	85,000.
f Administrative expenses	302,307.	258,778.	174,143.	117,994.	92,349.
g End of year balance	23,900,129.	20,345,858.	18,852,284.	19,106,188.	11,244,932.

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENT	3,947,036.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,947,036.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,731,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	2,158,438.	
b	Donated services and use of facilities	2b	25,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	92,621.	
e	Add lines 2a through 2d		2e	2,276,059.
3	Subtract line 2e from line 1		3	18,455,841.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	234,318.	
c	Add lines 4a and 4b		4c	234,318.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	18,690,159.

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

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

1	Total expenses and losses per audited financial statements		1	16,165,742.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	25,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-234,318.	
e	Add lines 2a through 2d		2e	-209,318.
3	Subtract line 2e from line 1		3	16,375,060.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,375,060.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: 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 2013. THE FOUNDATION'S FEDERAL FORM 990

"RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX" FOR YEARS PRIOR TO 2010

ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF REMAINDER TRUST

92,621.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S)	257,858.
SPECIAL EVENTS EXPENSES	-23,540.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	234,318.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S)	-257,858.
SPECIAL EVENTS EXPENSES	23,540.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-234,318.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.**

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

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization
THE LUZERNE FOUNDATION

Employer identification number
23-2765498

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.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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

b If "Yes," list the 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL MTG & RECEPTION (event type)	ANNUAL GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	1 Gross receipts	2,031.	35,410.		37,441.
	2 Less: Contributions	1,000.	18,122.		19,122.
	3 Gross income (line 1 minus line 2)	1,031.	17,288.		18,319.
Direct Expenses	4 Cash prizes	1,031.			1,031.
	5 Noncash prizes	195.	6,196.		6,391.
	6 Rent/facility costs	4,844.	4,122.		8,966.
	7 Food and beverages	5,322.	10,056.		15,378.
	8 Entertainment	3,496.			3,496.
	9 Other direct expenses	6,094.	503.		6,597.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41,859.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-23,540.

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

9 Enter the state(s) in which the organization 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:

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

Part I 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	23-2523682	501(C)(3)	70,500.	0.			GENERAL SUPPORT
AMERICANS UNITED FOR LIFE 655 15TH STREET NW WASHINGTON, DC 20005	39-3906065	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BACK MOUNTAIN RECREATION, INC PO BOX 244 LEHMAN, PA 18627	23-2986991	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BACK MOUNTAIN RECREATION ORGANIZATIONAL ENDOWMENT - PO BOX 244 - LEHMAN, PA 18627	23-2986991	501(C)(3)	200,000.	0.			TO BUILD ENDOWMENT
BASIC COLLEGE MINISTRIES PO BOX 9A LIMA, NY 14485	16-1443487	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEAR CREEK BUCK TWP AMBULANCE 3335 BEAR CREEK BLVD BEAR CREEK, PA 18602	23-6295911	501(C)(4)	15,500.	0.			EQUIPMENT

- 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) (2013)

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
BEAR CREEK CAMP P.O. BOX 278 BEAR CREEK, PA 18602	23-1726320	501(C)(3)	30,250.	0.			GENERAL SUPPORT
BETHANY CHRISTIAN SERVICES 7827 OLD YORKE ROAD ELKINS PARK, PA 19027	31-1196722	501(C)(3)	40,000.	0.			ADOPTION SERVICES
BROTHERS IN ARMS FOUNDATION 3200 CONGRESS AVENUE, STE 203 BOYTON BEACH, FL 33426	27-0962626	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CALVARY CHAPEL OF MELBOURNE 2955 MINTON ROAD WEST MELBOURNE, FL 32904	59-3163220	501(C)(3)	150,000.	0.			PORT-AU-PRINCE HAITI CALVARY CHAPEL
CALVARY COMMISSION P.O. BOX 100 LINDALE, TX 75771	75-1566201	501(C)(3)	40,000.	0.			GENERAL SUPPORT
CAMP ASTHMACADABRA P.O. BOX 1536 WILKES-BARRE, PA 18703	25-1825116	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CAMP ORCHARD HILL RR 3 BOX 275 DALLAS, PA 18612	23-2265574	501(C)(3)	61,579.	0.			GENERAL SUPPORT
CARE NET 321 MAIN STREET C NEWPORT NEWS, VA 23601	54-1382723	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CASA OF LUZERNE COUNTY 22 EAST UNION STREET WILKES-BARRE, PA 18701	46-2279058	501(C)(3)	14,200.	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
CASTLE AUDITORIUM COMMUNITY ARTS CENTER - 700 NORTH WYOMING STREET - HAZLETON, PA 18201	26-3358611	501(C)(3)	26,551.	0.			GENERAL SUPPORT
CATHOLIC YOUTH CENTER OF WILKES-BARRE - 36 SOUTH WASHINGTON STREET - WILKES-BARRE, PA 18701	23-7227221	501(C)(3)	17,000.	0.			GENERAL SUPPORT
CCAI 311 MASSACHUSETTS AVENUE, NE WASHINGTON, DC 20002	54-2035617	501(C)(3)	6,500.	0.			ANGELS IN ADOPTION PROGRAM
CELEBRATION CENTER FOR CONSCIENCE LIVING - 5820 OBERLIN DRIVE #108 - SAN DIEGO, CA 92121	52-2337798	501(C)(3)	15,966.	0.			GENERAL SUPPORT
CHILDREN'S LIGHTHOUSE OF MINNESOTA P.O. BOX 52088 MINNEAPOLIS, MN 55402	27-1035515	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHRISTIAN FELLOWSHIP CENTER 3662 COUNTY ROUTE 14 MADRID, NY 13660	11-3411138	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CHRISTIAN VETERINARY MISSION (CHRISTA) - 19303 FREMONT AVENUE NORTH - SEATTLE, WA 98133	91-6012289	501(C)(3)	60,000.	0.			SPECIAL PROJECTS
COMMONWEALTH MEDICAL COLLEGE 150 NORTH WASHINGTON AVENUE SCRANTON, PA 18503	24-0812968	501(C)(3)	62,423.	0.			GENERAL SUPPORT
COMMUNITY OF JESUS 5 BAY VIEW DRIVE ORLEANS, MA 02653	23-7089992	501(C)(3)	20,000.	0.			MOUNT TABOR FUND

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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COMMUNITY PREGNANCY CLINICS 940 5TH AVENUE NAPLES, FL 34102	51-0204833	501(C)(3)	40,000.	0.			GENERAL SUPPORT
CONCERNED PARENTS OF THE HAZLETON AREA - 100 WEST BROAD STREET, SUITE 114 - HAZLETON, PA 18201	26-3673971	501(C)(3)	11,500.	0.			GENERAL SUPPORT
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	105,000.	0.			DISASTER RELIEF
COUNTY OF LUZERNE PROJECT 200 RIVER STREET WILKES-BARRE, PA 18701	23-2765498		16,515.	0.			GENERAL SUPPORT
COVENANT COLLEGE 14049 SCENIC HIGHWAY LOOKOUT MOUNTAIN, GA 30750	43-0719506	501(C)(3)	150,000.	0.			GENERAL SUPPORT
CROSSWALK MINISTRIES 1510 NORTH CULLEN AVE EVANSVILLE, IN 47715	43-2115361	501(C)(3)	19,000.	0.			GENERAL SUPPORT
CURE INTERNATIONAL 701 BOSLER AVENUE LEMOYNE, PA 17043	58-2248383	501(C)(3)	304,000.	0.			GENERAL SUPPORT
DALLAS FDN. FOR EXCELLENCE IN EDUCATION - 1000 WYOMING AVENUE - FORTY FORT, PA 18704	45-3244030	501(C)(3)	5,100.	0.			GENERAL SUPPORT
DANVILLE CHILD DEVELOPMENT COUNCIL 398 WALL ST DANVILLE, PA 17821	23-1915333	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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DAYSRING INTERNATIONAL P.O. BOX 3309 VIRGINIA BEACH, VA 23454	51-0237239	501(C)(3)	110,000.	0.			GENERAL SUPPORT
DIAMOND CITY PARTNERSHIP 615 JEFFERSON AVE SCRANTON, PA 18510	23-2106611	501(C)(3)	10,000.	0.			BEAUTIFICATION GRANT
DIOCESE OF SCRANTON 400 WYOMING AVENUE SCRANTON, PA 18503	24-0798640	501(C)(3)	7,700.	0.			GENERAL SUPPORT
DISASTER ACCOUNTABILITY PROJECT 35 ELIZABETH ROAD HARTFORD, CT 06053	26-1270154	501(C)(3)	50,000.	0.			GENERAL SUPPORT
DONOR'S TRUST 109 NORTH HENRY STREET ALEXANDRIA, VA 22314	52-2166327	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ECHOCUBA 17391 DURRANCE ROAD NORTH FORT MYERS, FL 33917	23-7275283	501(C)(3)	195,000.	0.			GENERAL SUPPORT
EVERY CHILD MINISTRIES BOX 810 HEBRON, IN 46341	31-1162331	501(C)(3)	60,000.	0.			30,000 NEW VAN; 30,000 GENERAL SUPPORT
EVERY GENERATIONS MINISTRIES PO BOX 891179 TEMECULA, CA 92589	84-1253004	501(C)(3)	92,000.	0.			SUMMER PROGRAMS, HEART OF AFRICA PROJECT
EXPLORATIONS IN ANTIQUITY CENTER PO BOX 3900 LAGRANGE, GA 30241	20-3514441	501(C)(3)	40,000.	0.			DEBT RETIREMENT

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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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F.M. KIRBY CENTER FOR THE PERFORMING ARTS - 71 PUBLIC SQUARE - WILKES-BARRE, PA 18702	22-2697004	501(C)(3)	24,575.	0.			GENERAL SUPPORT
FAMILY SERVICE ASSOCIATION 31 WEST MARKET STREET WILKES-BARRE, PA 18701	24-0795415	501(C)(3)	65,218.	0.			GENERAL SUPPORT
FINE ARTS FIESTA PO BOX 2053 WILKES-BARRE, PA 18703	23-6295765	501(C)(3)	5,200.	0.			GENERAL SUPPORT
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	585,029.	0.			GENERAL SUPPORT
FORWARD EDGE 15121-A NE 72 AVE VANCOUVER, WA 98686	91-1646598	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-1995911	501(C)(3)	321,000.	0.			GENERAL SUPPORT
GLORIAE DEI ARTES FOUNDATION 3 UNCLE BEN'S WAY ORLEANS, MA 02653	04-3017097	501(C)(3)	8,900.	0.			GENERAL SUPPORT
GOD'S WORLD PUBLICATIONS PO BOX 20002 ASHEVILLE, NC 28802	56-0538016	501(C)(3)	1,000,000.	0.			GENERAL SUPPORT
GRACE EPISCOPAL CHURCH 30 BUTLER STREET KINGSTON, PA 18704	24-0816493	501(C)(3)	20,375.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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GREATER HAZLETON CIVIC PARTNERSHIP 20 WEST BROAD STREET HAZLETON, PA 18201	23-2980894	501(C)(3)	10,000.	0.			GREATER HAZLETON RAILS TO TRAILS
GREATER HAZLETON PHILHARMONIC SOCIETY - 959 LATTIMER ROAD - HAZLE TOWNSHIP, PA 18202	23-7282088	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREATER WILKES-BARRE ASSOCIATION FOR THE BLIND - 10 NORTH MAIN STREET - PITTSSTON, PA 18640	24-0796039	501(C)(3)	9,400.	0.			GENERAL SUPPORT
GREATER WILKES-BARRE YMCA 40 WEST NORTHAMPTON STREET WILKES-BARRE, PA 18701	24-0795638	501(C)(3)	24,490.	0.			GENERAL SUPPORT
HAITI TEEN CHALLENGE 1619 PORTLAND AVE. S. MINNEAPOLIS, MN 55404	37-1578706	501(C)(3)	200,000.	0.			GENERAL SUPPORT
HANDS AND FEET PROJECT PO BOX 682105 FRANKLIN, TN 37068	20-1368997	501(C)(3)	154,000.	0.			GENERAL SUPPORT
HANNAH'S HOPE PREGNANCY SHELTER 1067 EXETER AVENUE EXETER, PA 18643	26-4448789	501(C)(3)	30,493.	0.			GENERAL SUPPORT
HAZLE TOWNSHIP LITTLE LEAGUE PO BOX 3 HARLEIGH, PA 18225	23-2641877	501(C)(3)	5,100.	0.			CHALLENGE GRANT
HAZLETON AREA SCHOOL DISTRICT 145156 WEST 23RD STREET HAZLE TOWNSHIP, PA 18202	23-2765498		10,000.	0.			PPL GRANT FOR HASD PROGRAM

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HAZLETON INTEGRATION PROJECT 225 E 4TH STREET HAZLETON, PA 18201	45-3444683	501(C)(3)	127,000.	0.			GENERAL SUPPORT
HOCKEY MINISTRIES INTERNATIONAL PO BOX 10857 WHITE BEAR LK, MN 55110	41-1374955	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HOPE CENTER OF WYOMING VALLEY 340 CARVERTON ROAD TRUCKSVILLE, PA 18708	27-3851697	501(C)(3)	400,000.	0.			LOGOS FUND GRANT
HOUSE OF HIS CREATION 91 NEWPORT PIKE GAP, PA 17524	23-1910987	501(C)(3)	20,000.	0.			LOGOS FAMILY FUND GRANT
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	54-1722887	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KENT SCHOOL PO BOX 2006 KENT, CT 06757	06-0646687	501(C)(3)	25,000.	0.			GENERAL SUPPORT
KEYSTONE COLLEGE PO BOX 50 LAPLUME, PA 18440	24-0795441	501(C)(3)	7,250.	0.			GENERAL SUPPORT
KIDS FOR THE KINGDOM PO BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	260,000.	0.			GENERAL SUPPORT
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	27,225.	0.			GENERAL SUPPORT

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KISS THEATRE COMPANY 58 WYOMING VALLEY MALL WILKES-BARRE, PA 18702	51-0618680	501(C)(3)	19,650.	0.			GENERAL SUPPORT
KORE FOUNDATION 695 NASHVILLE PIKE 101 GALLATIN, TN 37066	26-3196544	501(C)(3)	950,000.	0.			GENERAL SUPPORT
LEHIGH & LAUSANNE VOL. FIRE & RESCUE CO. - 400 CARBON STREET - WEATHERLY, PA 18255	23-2024173	501(C)(3)	5,000.	0.			ROOF PROJECT
LIFE CHURCH 1401 EAST CEDAR STREET ALLENTOWN, PA 18109	22-3110904	501(C)(3)	255,000.	0.			GENERAL SUPPORT
LITTLE LEAGUE BASEBALL, INC PO BOX 3 HARLEIGH, PA 18225	23-2641877	501(C)(3)	10,000.	0.			BASEBALL FIELD RENOVATION
LOVE A CHILD, INC. PO BOX 1972 MERRITT ISLAND, FL 32952	29-2672303	501(C)(3)	650,000.	0.			GENERAL SUPPORT
LOVE BASKET, INC PO BOX 1972 MERRITT ISLAND, FL 32952	36-4433410	501(C)(3)	60,000.	0.			ADOPTION
LOXAFAMOSITY MINISTRIES, INC. PO BOX 9291 MOSCOW, ID 83843	52-2400448	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	24-0811758	501(C)(3)	26,458.	0.			GENERAL SUPPORT

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MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 18509	24-0795453	501(C)(3)	6,792.	0.			SCHOLARSHIP SUPPORT
MATAMORAS BOROUGH - PARKS AND RECREATION - 107 AVENUE K - MATAMORAS, PA 18336	20-2237296	501(C)(3)	14,535.	0.			COMMUNITY PLAYGROUND ENHANCEMENTS
MIDWIVES FOR HAITI 7130 GLEN FOREST DRIVE, SUITE 101 RICHMOND, VA 23226	27-2368581	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
MILES FOR MICHAEL FAMILY ASSISTANCE PROJECT - 9 NORTH MAIN STREET - PITTSTON, PA 18640	23-2765498	501(C)(3)	14,250.	0.			TRAVEL ASSISTANCE
MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612	24-0795406	501(C)(3)	86,095.	0.			GENERAL SUPPORT
MISSION OF HOPE PO BOX 60004 FORT MYERS, FL 33906	13-4207776	501(C)(3)	1,100,000.	0.			GENERAL SUPPORT
MONADNOCK BIBLE CONFERENCE 257 DUBLIN ROAD JAFFREY CENTER, PA 03452	02-0268537	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NATIONAL CHRISTIAN FOUNDATION, HEARTLAND - 706 NORTH LINDENWOOD DRIVE - OLATHE, KS 66062	58-1493949	501(C)(3)	250,000.	0.			SOFTWARE RESOURCES FOR TRANSLATORS
NEPA PHILHARMONIC 4101 BIRNEY AVENUE MOOSIC, PA 18507	23-1855655	501(C)(3)	85,690.	0.			GENERAL SUPPORT

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NEPA RAINBOW ALLIANCE 140 MAIN STREET, 2ND FLOOR LUZERNE, PA 18709	23-2765498	501(C)(3)	13,500.	0.			GENERAL SUPPORT
NORTHMORELAND TWP. FIRE COMPANY 305 SCHOOLHOUSE ROAD TUNKHANNOCK, PA 18657	23-2204025	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ONE FUND BOSTON, INC 18 TREMONT STREET BOSTON, MA 02108	46-2547157	501(C)(3)	7,000.	0.			GENERAL SUPPORT
OPPORTUNITY INTERNATIONAL 2122 YORK ROAD OAK BROOK, IL 60523	54-0907624	501(C)(3)	200,000.	0.			GENERAL SUPPORT
ORPHAN INSTITUTE 6723 WHITTIER AVENUE, SUITE 202 MCLEAN, VA 22101	26-4339070	501(C)(3)	111,100.	0.			GENERAL SUPPORT
OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18702	24-0795971	501(C)(3)	8,100.	0.			GENERAL SUPPORT
PA VETERANS FOUNDATION PO BOX 98 ANNVILLE, PA 17003	45-3750852	501(C)(3)	11,521.	0.			VETERANS SERVICES
PARISH COMMUNITY OF ST. JOHN THE EVANGELIST - 35 WILLIAM ST - PITTSTON, PA 18640	24-0837323	501(C)(3)	5,000.	0.			FUND FOR LUZERNE COUNTY GRANT
PARKER HILL COMMUNITY CHURCH 607 NORTH ABINGTON ROAD CLARKS SUMMIT, PA 18411	23-2601749	501(C)(3)	450,000.	0.			GENERAL SUPPORT

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PARTNERS IN DEVELOPMENT 2898 LAKEWATER WAY SNELLVILLE, GA 30039	27-3338077	501(C)(3)	50,000.	0.			MIDWIFERY PROGRAM IN HAITI
PERM. ENDOW. FDN. FOR MARTHA'S VINEYARD - PO BOX 602 - TISBURY, MA 02575	04-2774790	501(C)(3)	15,000.	0.			RUSTY FLACK SCHOLARSHIP
PITTSTON MEMORIAL LIBRARY 47 BROAD STREET PITTSTON, PA 18640	23-2126317	501(C)(3)	6,318.	0.			GENERAL SUPPORT
POCONO COMMUNITY CHURCH 2770 MEMORIAL BOULEVARD TOBYHANNA, PA 18466	23-2765498	501(C)(3)	40,000.	0.			UNSTOPPABLE CAMPAIGN
PRAIRIE EXCHANGE DEVELOPMENT LLC NORTH CENTRAL ST BURLINGTON, IA 52601	42-1502408	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PROVIDING HOPE MINISTRIES PO BOX 2013 KINGSTON, PA 18704	23-2070710	501(C)(3)	40,000.	0.			UNSTOPPABLE CAMPAIGN
REACH OUT ORPHANAGE MINISTRIES PO BOX 222011 CHARLOTTE, NC 28222	41-2210173	501(C)(3)	18,800.	0.			GENERAL SUPPORT
REI - VIETNAM 5446 NORTH ACADEMY BLVD. SUITE 202 COLORADO SPRINGS, CO 80918	59-3043334	501(C)(3)	10,000.	0.			VIETNAM HOSPITAL SUPPLIES
RESTAVEK FREEDOM FOUNDATION 11160 KENWOOD ROAD CINCINNATI, OH 45242	20-8334578	501(C)(3)	579,000.	0.			GENERAL SUPPORT

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RESTORED CHURCH 47 NORTH FRANKLIN STREET WILKES-BARRE, PA 18702	15-0543962	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ROCK SOLID ACADEMY PO BOX 87 DALLAS, PA 18612	27-2392471	501(C)(3)	42,000.	0.			GENERAL SUPPORT
ROMANIAN ORPHAN MINISTRIES PO BOX 211 HARTFORD, KY 42347	26-1408989	501(C)(3)	40,000.	0.			GENERAL SUPPORT
SANIBEL-CAPTIVA CONSERVATION FOUNDATION - 3333 SANIBEL-CAPTIVA ROAD - SANIBEL, FL 33957	59-1205087	501(C)(3)	80,000.	0.			GENERAL SUPPORT
SANIBEL COMMUNITY CHURCH 1740 PERIWINKLE WAY SANIBEL, FL 33957	59-6509436	501(C)(3)	150,000.	0.			DEBT RETIREMENT
SANIBEL SEA SCHOOL PO BOX 1229 SANIBEL, FL 33957	20-3684133	501(C)(3)	400,000.	0.			CAPITAL CAMPAIGN
SERENTO GARDENS 145 WEST BROAD STREET HAZLETON, PA 18201	23-2093054	501(C)(3)	5,500.	0.			GENERAL SUPPORT
SERVE NOW 140 MAIN STREET LUZERNE, PA 18709	23-2765498	501(C)(3)	21,000.	0.			GENERAL SUPPORT
SHAOHANNAH'S HOPE PO BOX 647 FRANKLIN, TN 37064	32-0011220	501(C)(3)	503,500.	0.			GENERAL SUPPORT

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ST. LOUIS COUNTY WELFARE ASSOCIATION - 7900 FORSYTH - CLAYTON, MO 63105	43-6049901	501(C)(3)	5,000.	0.			GENERAL SUPPORT
STORM WARRIORS INTERNATIONAL 15141 HUGH MCCAULEY RD HUNTSVILLE, NC 28078	27-0201059	501(C)(3)	500,000.	0.			GENERAL SUPPORT
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGSGROVE, PA 17870	23-1353385	501(C)(3)	25,750.	0.			GENERAL SUPPORT
TEEN CHALLENGE PO BOX 1015 SPRINGFIELD, MO 65801	43-1353323	501(C)(3)	40,000.	0.			UNITED TO THE RESCUE
TEEN CHALLENGE INTERNATIONAL 18527 E HIGHWAY 86 NEOSHO, MO 64850	20-3459311	501(C)(3)	200,000.	0.			TEEN CHALLENGE HAITI/PAP
TEMPLE UNIVERSITY 1801 NORTH BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	6,084.	0.			GENERAL SUPPORT
THE CHALMERS CENTER 507 MCFARLAND RD LOOKOUT MOUNTAIN, GA 30750	27-2341083	501(C)(3)	206,000.	0.			GENERAL SUPPORT
THE JUVENILE LAW CENTER 1315 WALNUT STREET SUITE 400 PHILADELPHIA, PA 19107	23-1976386	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE LANDS AT HILLSIDE FARMS 65 HILLSIDE RD SHAVERTOWN, PA 18708	20-2975553	501(C)(3)	204,100.	0.			GENERAL SUPPORT

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THE VERITAS FORUM INC. ONE BROADWAY CAMBRIDGE , MA 02138	20-5616941	501(C)(3)	50,000.	0.			GENERAL SUPPORT
TIM TEBOW FOUNDATION 2220 COUNTY RD STE 108 PMB 317 JACKSONVILLE, FL 32259	27-4345913	501(C)(3)	200,000.	0.			GENERAL SUPPORT
TOGETHER MINISTRY 128 BEAR CAVE TRAIL WOODSTOCK, GA 30189	27-3421905	501(C)(3)	10,000.	0.			ORPHAN FILM PROJECT
UNITARIAN UNIVER CONGREG OF WYOMING VALLEY - C/O WILLIAMS KINSMAN - WILKES-BARRE, PA 18701	23-2664557	501(C)(3)	5,200.	0.			GENERAL SUPPORT
UNITED WAY OF WYOMING VALLEY 8 WEST MARKET STREET WILKES-BARRE, PA 18701	24-0831490	501(C)(3)	53,775.	0.			GENERAL SUPPORT
UNIVERSITY OF PITTSBURGH 107 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	6,500.	0.			GENERAL SUPPORT
UNIVERSITY OF VERMONT 85 SO PROSPECT STREET RM 333 BURLINGTON, VT 05405	03-0179440	501(C)(3)	36,400.	0.			GENERAL SUPPORT
UPLANDS REACH CONFERENCE CENTER PO BOX 830 MILLERS CREEK, NC 28651	56-1737203	501(C)(3)	50,000.	0.			30,000 EQUIPMENT ENHANCEMENTS; 20,000 PROGRAM SUPPORT
VALLEY EAST LITTLE LEAGUE 60 PAMELA DRIVE DRUMS , PA 18222	23-2238381	501(C)(3)	5,000.	0.			IMPROVEMENT 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
VALLEY WITH A HEART FAMILY ASSISTANCE PROJECT - 140 MAIN STREET, 2ND FLOOR - LUZERNE, PA 18709	23-2765498	501(C)(3)	11,536.	0.			GENERAL SUPPORT
VASCULAR BIRTHMARK FOUNDATION PO BOX 106 LATHAM, NY 12110	16-1515227	501(C)(3)	79,919.	0.			GENERAL SUPPORT
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVE. WILKES-BARRE, PA 18701	20-3531527	501(C)(3)	35,000.	0.			GENERAL SUPPORT
VOLUNTEERS OF AMERICA 25 NORTH RIVER STREET WILKES-BARRE, PA 18701	20-3531527	501(C)(3)	7,500.	0.			GENERAL SUPPORT
WALTER HOVING HOME PO BOX 194 GARRISON, NY 10524	13-2753267	501(C)(3)	300,000.	0.			CAPITAL CAMPAIGN RENOVATIONS OF ROOMS/BATHROOMS
WESTERN INDIAN MINISTRIES PO BOX 9090 WINDOW ROCK, AZ 86515	85-6007207	501(C)(3)	120,000.	0.			GENERAL SUPPORT
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES-BARRE, PA 18706	24-0795506	501(C)(3)	20,850.	0.			GENERAL SUPPORT
WILKES-BARRE FREE CLINIC 35 NORTH FRANKLIN STREET WILKES-BARRE, PA 18701	06-1694588	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WILKES-BARRE RACING INC. PO BOX 2487 WILKES-BARRE, PA 18702	06-1694588	501(C)(3)	5,000.	0.			FUND FOR LUZERNE COUNTY 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
WILKES-BARRE TOWNSHIP 150 WATSON STREET WILKES-BARRE TWP, PA 18702	23-2844482		5,000.	0.			GEORGETOWN SETTLEMENT FUND GRANT
WORLD IMPACT 2001 SOUTH VERMONT AVENUE LOS ANGELES, CA 90007	95-3931383	501(C)(3)	115,000.	0.			GENERAL SUPPORT
WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	225,244.	0.			GENERAL SUPPORT
WYOMING VALLEY CHILDREN'S ASSOCIATION - 71 NORTH FRANKLIN STREET - WILKES-BARRE, PA 18701	24-0795510	501(C)(3)	10,500.	0.			GENERAL SUPPORT
YMCA OF FREELAND PO BOX 6 FREELAND, PA 18224	24-0796037	501(C)(3)	56,000.	0.			GENERAL SUPPORT
YMCA OF HAZLETON 75 S CHURCH STREET HAZLETON, PA 18201	24-0796038	501(C)(3)	15,000.	0.			HAZLETON RECREATIONAL SWIM AUTHORITY
YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	347,000.	0.			GENERAL SUPPORT
YOUTH FOR CHRIST USA 7670 S. VAUGHN CT. ENGLEWOOD, CO 80155	36-2193619	501(C)(3)	46,000.	0.			GENERAL SUPPORT

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

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

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

PART I, LINE 2:

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

Part IV Supplemental Information

PURPOSE SO THAT WE ASCERTAIN THAT THE DONORS' CHARITABLE INTENTS ARE BEING UPHELD.

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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

Part I		Types of Property			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	1,182,446.	QUOTED MARKET PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	145,000.	APPRAISAL
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) (2013)

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER IN PART I, COLUMN B REPRESENTS THE NUMBER OF DONORS.

SCHEDULE M, LINE 32B:

EXPLANATION: THE ORGANIZATION USES INVESTMENT MANAGERS TO SELL THE PUBLICLY TRADED SECURITIES THAT ARE DONATED TO THE FOUNDATION. IN ADDITION, THE FOUNDATION USED A REALTOR TO SELL THE RESIDENTIAL REAL ESTATE THAT HAD BEEN DONATED TO THE FOUNDATION IN 2013.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

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 2, NEW PROGRAM SERVICES:

EXPLANATION: IN 2013, THE LUZERNE FOUNDATION BEGAN A YOUTH ADVISORY COMMITTEE(YAC). YAC IS A YOUTH DRIVE COMMITTEE THAT WILL GIVE OUR LOCAL YOUTH THE OPPORTUNITY TO LEARN ABOUT TRUE PHILANTHOPHY, WHICH IS DEFINED AS THE VOLUNTARY PROMOTION OF HUMAN WELFARE. IN SIMPLE TERMS, THIS MEANS THAT THE FOUNDATION'S GOAL IS TO TEACH YOUTH THE FUNDAMENTALS AND IMPORTANCE OF RESPONSIBLE CHARITABLE GIVING AND RAISE MONEY TO BE DONATED TO PROGRAMS THAT WILL ENRICH THE LIVES OF THE RESIDENTS OF THE COMMUNITY.

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

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

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

EXPLANATION: THE EXECUTIVE COMMITTEE WHICH IS COMPRISED OF THE BOARD CHAIRPERSON, VICE-CHAIRPERSON, SECRETARY, TREASURER, THREE SELECTED BOARD MEMBERS AND ONE BOARD MEMBER EMERITUS DEALS WITH CONFIDENTIAL MATTERS SUCH AS SETTING THE PRESIDENT/CEO SALARY AND CEO ANNUAL REVEIW. THE EXECUTIVE COMMITTEE ALSO CONDUCTS THE BUDGET REVIEW BEFORE IT IS RATIFIED BY THE FULL

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

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

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

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

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

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

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

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

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

EXPLANATION: ANNUAL COMPENSATION 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 2013. 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 DISCUSSES THE OUTCOME WITH THE PRESIDENT AND CEO.

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

Name of the organization THE LUZERNE FOUNDATION	Employer identification number 23-2765498
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FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST; IN ADDITION, A STATEMENT OF FINANCIAL POSITION IS MADE AVAILABLE IN THE ANNUAL "COMMUNITY GUIDE" OF THE FOUNDATION. THE 990 IS AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE OR UPON REQUEST.

PART VII, DISCLOSURE REGARDING FEES PAID TO THE CHIEF FINANCIAL OFFICER

EXPLANATION: ROBERT KORJESKI, CPA IS THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION. HE DOES NOT HAVE VOTING PRIVILEGES. FOR FORM 990 REPORTING PURPOSES, HE HAS BEEN IDENTIFIED AS AN OFFICER ON PART VII. FEES FOR SERVICES PROVIDED BY MR. KORJESKI TO THE LUZERNE FOUNDATION ARE PAID TO A CORPORATION OF WHICH MR. KORJESKI IS THE 100% STOCKHOLDER. FEES PAID FOR THESE SERVICES WERE \$6,000 FOR THE 2013 YEAR.

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

CHANGE IN VALUE OF REMAINDER TRUST	92,621.
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FORM 990, PART XI, LINE 2C:

EXPLANATION: 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. THE LUZERNE FOUNDATION	Employer identification number (EIN) or 23-2765498
	Number, street, and room or suite no. If a P.O. box, see instructions. 140 MAIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LUZERNE, PA 18709	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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, 2014**.

5 For calendar year **2013**, 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.

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

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 Date

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	THE LUZERNE FOUNDATION 140 MAIN STREET LUZERNE, PA 18709
Prepared by	PARENTEBEARD, LLC 46 PUBLIC SQUARE, SUITE 400 WILKES-BARRE, PA 18701
Mail tax return to	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ENCLOSE A CHECK FOR \$250 MADE PAYABLE TO COMMONWEALTH OF PENNSYLVANIA. INCLUDE THE ORGANIZATION'S PENNSYLVANIA CERTIFICATE NUMBER ON THE CHECK OR MONEY ORDER. A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014
Website: www.dos.state.pa.us/charities

Commonwealth of
Pennsylvania
Department of State

For Official Use Only

Approved: _____
RF: _____
AF: _____
LF: _____
Fee Received: _____

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily
(See note under "important information")

Certificate Number: 12729
(Renewals Only)

Fiscal Year Ended: 12/31/2013

Employer Identification Number (EIN): 23-2765498

1. Legal name of organization: THE LUZERNE FOUNDATION

Check if name change Previous name: _____

2. All other names used to solicit contributions: _____
NONE

3. Contact person: CHARLES M. BARBER

Contact's E-mail: CHARLES@LUZFDN.ORG

Physical address of organization: (Required)

Mailing address: (If different than physical)

140 MAIN STREET

City: LUZERNE

State: PA ZIP code: 18709

County: LUZERNE

Phone number: (570)714-1570

City: _____

State: _____ ZIP code: _____

800 number: _____

Fax number: _____

E-mail (If different than Contact's E-mail) : _____

Website: WWW.LUZFDN.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

NONE

,

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1)
- 162.7(a)(2)
- 162.7(a)(3)
- 162.7(a)(4)
- Not Applicable

6. List type of organization (e.g. corporation, association, etc.) : NON-PROFIT CORPORATION
 Where established: PA Date established:** 05/11/1994

** (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No

(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. _____

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:

9. If organization solicited Pennsylvania residents and received ^{gross} * contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. _____

*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes No
 (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

- A. If "Yes", under which IRS code section: 501(C)(3)
- B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No
 (If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No
 (If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

SEE STATEMENT 1

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :

SEE STATEMENT 2

14. Is organization registered to solicit contributions in any other state or municipality? Yes No

(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary)

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary)

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 3

25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:

CHARLES M. BARBER

140 MAIN ST SECOND FLOOR LUZERNE, PA 18709

B. Individual(s) with final responsibility for the custody of contributions:

CHARLES M. BARBER

140 MAIN ST SECOND FLOOR LUZERNE, PA 18709

C. Individual(s) with final responsibility for final distribution of contributions:

CHARLES M. BARBER

140 MAIN ST SECOND FLOOR LUZERNE, PA 18709

D. Individual(s) responsible for custody of financial records:

CHARLES M. BARBER

140 MAIN ST SECOND FLOOR LUZERNE, PA 18709

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Signature of Chief Fiscal Officer Date _____

CHARLES M. BARBER, PRESIDENT & CEO

Type or Print Name and Title of Chief Fiscal Officer

Signature of Another Authorized Officer Date _____

Type or Print Name and Title of Another Authorized Officer

<u>Checklist</u>	
<input type="checkbox"/>	Original Registration Statement Properly Signed and Dated
<input type="checkbox"/>	A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input type="checkbox"/>	Form BCO-23, if Required
<input type="checkbox"/>	Applicable Financial Statements
<input type="checkbox"/>	Registration Fee and any Late Filing Fees
<input type="checkbox"/>	Additional Filings, if an Initial Registrant

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 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.

BOARD MEMBERS SERVE AS AMBASSADORS IN THE COMMUNITY BY PROACTIVELY SEEKING OPPORTUNITIES TO TELL THE FOUNDATION STORY. THE BOARD MEMBERS PROMOTE THIS CENTER FOR PHILANTHROPY BY PARTICIPATION IN THE EDUCATION OF THE COMMUNITY. BOARD MEMBERS ALSO PARTICIPATE IN MARKETING ACTIVITIES SUCH AS INTERVIEWS, TESTIMONIALS, AND HOSTING EVENTS. WITHIN THE DIALOGUES, BOARD MEMBERS DISCUSS COLLABORATIONS, MAKING SYSTEMIC CHANGES IN THE COMMUNITY TO MEET NEEDS, AND THE UNIQUE POSITION THAT THE FOUNDATION HOLDS AS A CENTER FOR PHILANTHROPY.

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 3

NAME AND ADDRESS

TITLE

SEE ATTACHED FORM 990