

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

2014

Open to Public Inspection

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.

A For the 2014 calendar year, or tax year beginning and ending

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE LUZERNE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 140 MAIN STREET City or town, state or province, country, and ZIP or foreign postal code LUZERNE, PA 18709 F Name and address of principal officer: CHARLES M. BARBER SAME AS C ABOVE | D Employer identification number 23-2765498 E Telephone number (570) 714-1570 G Gross receipts \$ 25,713,634. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| 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 | | |
| 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 2014 (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 6 34 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) 17,202,950. 17,873,865. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,510,749. 1,175,971. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -23,540. -22,935. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,690,159. 19,026,901. | Prior Year Current Year |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,406,414. 17,984,206. 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) 232,093. 238,605. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 307,842. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 736,553. 835,680. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,375,060. 19,058,491. 19 Revenue less expenses. Subtract line 18 from line 12 2,315,099. -31,590. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 28,950,011. 30,286,684. 21 Total liabilities (Part X, line 26) 3,960,789. 4,298,010. 22 Net assets or fund balances. Subtract line 21 from line 20 24,989,222. 25,988,674. | Beginning of Current Year End of Year |

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 CHARLES M. BARBER, PRESIDENT & CEO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name JULIUS GREEN, CPA, JD Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00350393 Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP Firm's address ▶ 46 PUBLIC SQUARE, SUITE 400 WILKES-BARRE, PA 18701 Firm's EIN ▶ 39-0859910 Phone no. (570) 820-0100 | |

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 17,984,206. including grants of \$ 17,984,206.) (Revenue \$) THE LUZERNE FOUNDATION, YOUR COMMUNITY FOUNDATION, EXISTS TO MAKE OUR REGION A BETTER PLACE TO LIVE, WORK AND PLAY. THROUGH THE GENEROSITY OF OUR DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER SUPPORT A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL SERVICES, EDUCATION AND SCHOLARSHIPS, ARTS AND CULTURE, NEIGHBORHOODS AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE ENVIRONMENT, AND HEALTH AND WELLNESS. THE LUZERNE FOUNDATION IS PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS, EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS. FOR 21 YEARS, THE LUZERNE FOUNDATION HAS ASSISTED INDIVIDUALS AND FAMILIES, BUSINESSES, CIVIC

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

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

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

4e Total program service expenses 17,984,206.

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

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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 |
| 7b | 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: | | |
| 8a | The governing body? | X | |
| 8b | 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 |
| 10b | 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 |
| 11b | 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 | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | 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 |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

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

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) 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 IMMED PAST CHAIRMAN TERM END 6/30/14 | 0.10 | X | | | | | | 0. | 0. | 0. |
| (6) CHARLIE APONICK DIRECTOR | 0.10 | X | | | | | | 0. | 0. | 0. |
| (7) JOSEPH F. BUTCHER DIRECTOR (TERM END 6/30/14) | 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) ROBERT GILL DIRECTOR (TERM BEGAN 7-1-14) | 0.10 | X | | | | | | 0. | 0. | 0. |
| (26) DONNA PALERMO DIRECTOR (TERM BEGAN 7-1-14) | 0.10 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 120,414. | 0. | 18,934. |
| d Total (add lines 1b and 1c) | | | | | | | | 120,414. | 0. | 18,934. |

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 VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) 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 | 15,075. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 17,858,790. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 1,502,999. | | | | |
| | h Total. Add lines 1a-1f | | 17,873,865. | | | | |
| 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) | | | 803,008. | | 803,008. | |
| | 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) | | | 372,963. | | 372,963. |
| | 8 a Gross income from fundraising events (not including \$ 15,075. of contributions reported on line 1c). See Part IV, line 18 | a | 26,240. | | | | |
| | | b Less: direct expenses | b | 49,175. | | | |
| | | c Net income or (loss) from fundraising events | | | -22,935. | | -22,935. |
| | 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. | | | 19,026,901. | 0. | 0. | 1,153,036. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 17,984,206. | 17,984,206. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 139,348. | | 111,478. | 27,870. |
| 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 | 73,714. | | 66,343. | 7,371. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 8,080. | | 7,272. | 808. |
| 10 Payroll taxes | 17,463. | | 14,591. | 2,872. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 26,250. | | 26,250. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 346,035. | | 346,035. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 8,813. | | 8,813. | |
| 12 Advertising and promotion | 12,426. | | 12,426. | |
| 13 Office expenses | 55,039. | | 55,039. | |
| 14 Information technology | 10,806. | | 10,806. | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,295. | | 4,295. | |
| 17 Travel | 3,790. | | 3,790. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 35,393. | | 35,393. | |
| 20 Interest | 135. | | 135. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 3,724. | | 3,724. | |
| 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 | 268,921. | | | 268,921. |
| b BAD DEBT EXPENSE | 17,101. | | 17,101. | |
| c TEMPORARY SERVICES | 14,965. | | 14,965. | |
| d AUTO EXPENSES | 11,782. | | 11,782. | |
| e All other expenses | 16,205. | | 16,205. | |
| 25 Total functional expenses. Add lines 1 through 24e | 19,058,491. | 17,984,206. | 766,443. | 307,842. |
| 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 | 4,686,685. | 2 | 2,493,984. |
| | 3 Pledges and grants receivable, net | 363,098. | 3 | 404,442. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,112,612. | | |
| | b Less: accumulated depreciation | 10b 42,612. | 10c 0. | 1,070,000. |
| | 11 Investments - publicly traded securities | 23,900,128. | 11 | 26,318,158. |
| | 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) | 28,950,011. | 16 | 30,286,684. | |
| Liabilities | 17 Accounts payable and accrued expenses | 13,753. | 17 | 9,046. |
| | 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 | 3,947,036. | 25 | 4,288,964. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,960,789. | 26 | 4,298,010. |
| 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 | 24,662,124. | 27 | 24,535,431. |
| | 28 Temporarily restricted net assets | 327,098. | 28 | 1,453,243. |
| | 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 | 24,989,222. | 33 | 25,988,674. | |
| 34 Total liabilities and net assets/fund balances | 28,950,011. | 34 | 30,286,684. | |

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 | 19,026,901. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,058,491. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -31,590. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,989,222. |
| 5 | Net unrealized gains (losses) on investments | 5 | 974,897. |
| 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 | 56,145. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 25,988,674. |

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 | | | |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain 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 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2014)

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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13,318,257. | 11,311,025. | 11,808,207. | 17,202,950. | 17,873,865. | 71,514,304. |
| 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 | 13,318,257. | 11,311,025. | 11,808,207. | 17,202,950. | 17,873,865. | 71,514,304. |
| 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) | | | | | | 49,659,937. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 21,854,367. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 13,318,257. | 11,311,025. | 11,808,207. | 17,202,950. | 17,873,865. | 71,514,304. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 353,634. | 503,245. | 560,805. | 651,791. | 803,008. | 2,872,483. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 74,386,787. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 105,667. |
| 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 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 29.38 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 35.19 % |
| 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2013. 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 checked="" type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2014 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c | | | |
| d Excess from 2013 | | | |
| e Excess from 2014 | | | |

Schedule A (Form 990 or 990-EZ) 2014

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

2014

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that 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) (2014)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>2,489,361.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>9,321,839.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>2,401,667.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>450,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>366,163.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>1,070,000.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|---|--|----------------------|
| 5 | CASH \$41,126; MULTIPLE PUBLICLY TRADED SECURITIES \$325,037 | \$ 366,163. | 12/31/14 |
| 6 | SINGLE FAMILY RESIDENTIAL BUILDING LOCATED AT 46 EAST DORRANCE STREET, KINGSTON, PA | \$ 1,070,000. | 12/19/14 |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 78 | 196 |
| 2 Aggregate value of contributions to (during year) | 15,502,709. | 2,478,541. |
| 3 Aggregate value of grants from (during year) | 16,867,436. | 1,116,770. |
| 4 Aggregate value at end of year | 12,325,279. | 16,485,814. |

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? Yes 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? Yes 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 a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 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) Revenue 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 Revenue 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 | 23,900,129. | 20,345,858. | 18,852,284. | 19,106,188. | 11,244,932. |
| b Contributions | 1,791,479. | 815,260. | 680,125. | 770,826. | 6,665,380. |
| c Net investment earnings, gains, and losses | 2,211,892. | 4,146,970. | 2,169,489. | 53,620. | 1,775,504. |
| d Grants or scholarships | 1,242,494. | 1,105,652. | 977,262. | 844,267. | 394,216. |
| e Other expenditures for facilities and programs | | | 120,000. | 60,000. | 67,418. |
| f Administrative expenses | 342,847. | 302,307. | 258,778. | 174,143. | 117,994. |
| g End of year balance | 26,318,158. | 23,900,129. | 20,345,858. | 18,852,284. | 19,106,188. |

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

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

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

4 Describe in Part 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 | 1,070,000. | | | 1,070,000. |
| c Leasehold improvements | | 9,349. | 9,349. | 0. |
| d Equipment | | 33,263. | 33,263. | 0. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,070,000. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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 | 4,288,964. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,288,964. |

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 | 19,834,706. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 974,897. | |
| b | Donated services and use of facilities | 2b | 25,000. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 56,145. | |
| e | Add lines 2a through 2d | 2e | | 1,056,042. |
| 3 | Subtract line 2e from line 1 | 3 | | 18,778,664. |
| 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 | 248,237. | |
| c | Add lines 4a and 4b | 4c | | 248,237. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 19,026,901. |

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 | 18,835,254. |
| 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 | -248,237. | |
| e | Add lines 2a through 2d | 2e | | -223,237. |
| 3 | Subtract line 2e from line 1 | 3 | | 19,058,491. |
| 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 | | 19,058,491. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

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

Part XIII Supplemental Information (continued)

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

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

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2014 AND 2013.

THE FOUNDATION'S FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX FOR YEARS PRIOR TO 2011 ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|------------------------------------|---------|
| CHANGE IN VALUE OF REMAINDER TRUST | 56,145. |
|------------------------------------|---------|

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|----------|
| INVESTMENT INCOME (NETTED WITH EXPENSES ON F/S) | 297,412. |
| SPECIAL EVENTS EXPENSES | -49,175. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 248,237. |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | CENTRAL AMERICA AND THE CARIBBEAN | GENERAL SUPPORT INCLUDING ORPHANAGES, FUNDS TO PURCHASE VEHICLES FOR | 1,021,800. | CHECK | 0. | | |
| | | EAST ASIA AND THE PACIFIC | PROVIDE ASSISTANCE TO TRAIN AND ENCOURAGE MISSIONARY WORK BY INDIGENOUS PEOPLE. | 8,000. | CHECK | 0. | | |
| | | SUB-SAHARAN AFRICA | ORPHAN HEALTH ISSUES | 8,500. | CHECK | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **11**

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2014

Part V Supplemental Information

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

PART I, LINE 2:

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

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: GENERAL SUPPORT INCLUDING ORPHANAGES, FUNDS TO PURCHASE VEHICLES FOR UNIVERSITY, VETERINARY PROGRAMS, ASSISTANCE TO INDIGENOUS MISSIONARIES IN POOR REMOTE REGIONS.

SCHEDULE F, PART II,

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

Part V Supplemental Information

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

DOMESTIC ENTITIES THEN DIRECTLY PROVIDED THE GRANTS TO ENTITIES LOCATED
OUTSIDE OF THE UNITED STATES.

Multiple horizontal lines for supplemental information.

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 | 11,925. | 29,390. | | 41,315. |
| | 2 Less: Contributions | | 15,075. | | 15,075. |
| | 3 Gross income (line 1 minus line 2) | 11,925. | 14,315. | | 26,240. |
| Direct Expenses | 4 Cash prizes | 1,000. | | | 1,000. |
| | 5 Noncash prizes | | 8,240. | | 8,240. |
| | 6 Rent/facility costs | 4,895. | 3,595. | | 8,490. |
| | 7 Food and beverages | 7,548. | 6,028. | | 13,576. |
| | 8 Entertainment | 4,201. | | | 4,201. |
| | 9 Other direct expenses | 13,263. | 405. | | 13,668. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 49,175. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -22,935. |

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AUTISM COALITION OF LUZERNE COUNTY 140 MAIN STREET, 2ND FLOOR LUZERNE, PA 18709 | 23-2765498 | 501(C) (3) | 5,750. | 0. | | | PROGRAM SUPPORT |
| ALL SAINTS CHURCH 17 NORTH CLEVELAND STREET MCADOO, PA 18237 | 26-3064945 | 501(C) (3) | 5,000. | 0. | | | PROGRAM SUPPORT |
| ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 | 23-2523682 | 501(C) (3) | 21,500. | 0. | | | RYAN'S RUN 1 OF 2 |
| BACK MOUNTAIN CHAMBER OF COMMERCE 1192 TWIN STACKS DRIVE DALLAS, PA 18612 | 46-1332656 | 501(C) (3) | 5,000. | 0. | | | JAZZ CONCERT SPONSOR |
| BACK MOUNTAIN RECREATION, INC. P. O. BOX 244 LEHMAN, PA 18627 | 23-2986991 | 501(C) (3) | 200,000. | 0. | | | PROGRAM SUPPORT |
| BETHANY CHRISTIAN SERVICES GREATER DELAWARE VALLEY BRANCH OFFICE, 7827 OLD YORK ROAD - ELKINS PARK, PA | 38-1405282 | 501(C) (3) | 60,000. | 0. | | | PROGRAM SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **143.**
- 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) (2014)

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BIRTH CHOICE OF SAN MARCOS 277 S. RANCHO SANTA FE RD., SUITE 5 SAN MARCOS, CA 92078 | 33-0250034 | 501(C) (3) | 5,000. | 0. | | | PROGRAM SUPPORT |
| BLOOD WATER MISSION P.O. BOX 60381 NASHVILLE, TN 37206 | 56-2483082 | 501(C) (3) | 25,000. | 0. | | | PROGRAM SUPPORT |
| BRANDON'S FOREVER HOME 3 VOYTKO LANE CONYNGHAM, PA 18219 | 47-1066145 | 501(C) (3) | 10,750. | 0. | | | PROGRAM SUPPORT |
| CALVARY CHAPEL OF MELBORNE 2955 MINTON ROAD WEST MELBOURNE, FL 32904-6624 | 59-3163220 | 501(C) (3) | 560,000. | 0. | | | HAITI ORPHANAGE EXPENSES |
| CAMP ASTHMA CADABRA PO BOX 1536 WILKES-BARRE, PA 18703 | 25-1825116 | 501(C) (3) | 5,200. | 0. | | | CAMP SUPPORT |
| CAMP ORCHARD HILL 640 ORANGE ROAD DALLAS, PA 18612 | 23-2265574 | 501(C) (3) | 7,835. | 0. | | | CAMP FOR KIDS |
| CARE NET 44180 RIVERSIDE PARKWAY, SUITE 200 LANSLOWNE, VA 20176 | 54-1382723 | 501(C) (3) | 239,700. | 0. | | | PROGRAM SUPPORT |
| CASA OF LUZERNE COUNTY 667 N. RIVER STREET PLAINS, PA 18705 | 46-2279058 | 501(C) (3) | 8,500. | 0. | | | PEER COORDINATING EXPANSION |
| CATHOLIC SOCIAL SERVICES 33 E. NORTHAMPTON ST. WILKES BARRE, PA 18701 | 24-0818341 | 501(C) (3) | 5,430. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CATHOLIC YOUTH CENTER OF WILKES-BARRE - 36 SOUTH WASHINGTON STREET - WILKES-BARRE, PA 18701-3026 | 23-7227221 | 501(C) (3) | 15,600. | 0. | | | ANNUAL SUPPORT |
| CCAI 311 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002 | 54-2035617 | 501(C) (3) | 27,000. | 0. | | | STROTTMAN TRIBUTE |
| CHRISTIAN FAITH MINISTRIES P. O. BOX 50538 DENTON, TX 76206 | 23-7424817 | 501(C) (3) | 150,000. | 0. | | | PROGRAM SUPPORT |
| CRISTA MINISTRIES 19303 FREMONT AVE. NORTH SEATTLE, WA 98133 | 91-6012289 | 501(C) (3) | 65,000. | 0. | | | DESIGNATED FOR THE CHRISTIAN VETERINARY MISSION-RABIES PROGRAM IN HAITI |
| COMMONWEALTH MEDICAL COLLEGE 525 PINE STREET SCRANTON, PA 18509 | 260812968 | 501(C) (3) | 66,800. | 0. | | | DR. JENNIFER A. SIDARI SCHOLARSHIP FUND GRANT |
| COMMUNITY OF JESUS 5 BAY VIEW DRIVE ORLEANS, MA 02653 | 23-7089992 | 501(C) (3) | 5,000. | 0. | | | PROGRAM SUPPORT |
| COMMUNITY PREGNANCY CLINICS 940 FIFTH AVENUE NAPLES, FL 34012 | 51-0204833 | 501(C) (3) | 20,000. | 0. | | | PROGRAM SUPPORT |
| CONVOY OF HOPE 330 SOUTH PATTERSON AVENUE SPRINGFIELD, MO 65802 | 68-0051386 | 501(C) (3) | 440,000. | 0. | | | MATCHING GIFT |
| COVENANT COLLEGE 14049 SCENIC HIGHWAY LOOKOUT MOUNTAIN, GA 30750 | 43-0719506 | 501(C) (3) | 200,000. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CROSSROADS NOLA 5290 CANAL BLVD. NEW ORLEANS, LA 70124 | 75-3196441 | 501(C) (3) | 8,000. | 0. | | | PROGRAM SUPPORT |
| DIAMOND CITY PARTNERSHIP TWO PUBLIC SQUARE, P.O. BOX 5340 WILKES-BARRE, PA 18710-5340 | 23-3094874 | 501(C) (3) | 27,500. | 0. | | | PARTY ON THE SQUARE |
| DING DARLING WILDLIFE SOCIETY P.O. BOX 565 SANIBEL, FL 33957 | 59-2240895 | 501(C) (3) | 25,000. | 0. | | | SUMMER TRAVELING EXHIBIT |
| DIOCESE OF SCRANTON 300 WYOMING AVENUE SCRANTON, PA 18503 | 24-0798640 | 501(C) (3) | 13,415. | 0. | | | PROGRAM SUPPORT |
| DONOR'S TRUST 109 N. HENRY STREET ALEXANDRIA, VA 22314 | 52-2166327 | 501(C) (3) | 10,000. | 0. | | | THE DAVID'S FUND |
| ECHO 17391 DURRANCE RD. N. FT. MEYERS, FL 33917 | 23-7275283 | 501(C) (3) | 12,000. | 0. | | | \$4,000.00 FOR HAITI; \$8,000 FOR GENERAL PROGRAM SUPPORT |
| ECHOCUBA P.O. BOX 546135 MIAMI, FL 33154 | 65-0510432 | 501(C) (3) | 165,000. | 0. | | | GENERAL & PROGRAM SUPPORT |
| ECKLEY MINER'S VILLAGE ASSOCIATES 2 ECKLEY MAIN ST. WEATHERLY, PA 18255 | 23-2149296 | 501(C) (3) | 11,000. | 0. | | | PROGRAM SUPPORT |
| F. M. KIRBY CENTER 71 PUBLIC SQUARE WILKES-BARRE, PA 18701-2577 | 22-2697004 | 501(C) (3) | 60,500. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FAMILY SERVICE ASSOCIATION OF NEPA 31 WEST MARKET STREET WILKES-BARRE, PA 18701-1304 | 24-0795415 | 501(C) (3) | 63,565. | 0. | | | PROGRAM SUPPORT |
| FAR REACHING MINISTRIES 40335 WINCHESTER ROAD, SUITE E, PMB TEMECULA, CA 92591-5518 | 33-0776828 | 501(C) (3) | 650,000. | 0. | | | PROGRAM SUPPORT |
| FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073 | 59-2174510 | 501(C) (3) | 60,000. | 0. | | | HOUSING PROJECT IN HAITI |
| FORWARD EDGE INTERNATIONAL 15121-A NE 72 AVE VANCOUVER, WA 98686 | 91-1646598 | 501(C) (3) | 240,000. | 0. | | | PROGRAM SUPPORT |
| FREE METHODIST WORLD MISSIONS 770 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214 | 35-0877568 | 501(C) (3) | 80,000. | 0. | | | FOR VEHICLES -HAITIAN PROVIDENCE UNIVERSITY |
| FRONTIERS PO BOX 60670 PHOENIX, AZ 85082 | 95-3731505 | 501(C) (3) | 70,000. | 0. | | | MATCHING GIFT FOR PROGRAM INITIATIVE |
| GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 NORTH BOONVILLE AVENUE - SPRINGFIELD, MO 65802-1894 | 44-0577787 | 501(C) (3) | 100,000. | 0. | | | LIGHTHOUSE SCHOOL - GAZA |
| GLOBAL ADVANCE PO BOX 742077 DALLAS, TX 75374 | 75-2332727 | 501(C) (3) | 122,000. | 0. | | | \$8,000 FOR NORTH KOREA |
| GLORIAE DEI ARTES FOUNDATION P.O. BOX 2831 ORLEANS, MA 02653 | 04-3017097 | 501(C) (3) | 27,800. | 0. | | | DESIGNATED SUPPORT: LIGHT IN THE DARKNESS |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GOD'S WORLD PUBLICATIONS P. O. BOX 2330 ASHEVILLE, NC 28802 | 56-0538016 | 501(C) (3) | 330,000. | 0. | | | PROGRAM SUPPORT |
| GOOD SAMARITAN MISSION CENTER 327 FERRY STREET #A DANVILLE, PA 17821 | 20-0305960 | 501(C) (3) | 10,000. | 0. | | | MATCHING CHALLENGE |
| GRACE COMMUNITY CHURCH 5182 US 70 WEST MARION, NC 28752 | 95-4896863 | 501(C) (3) | 3,950,000. | 0. | | | MONTREAT COLLEGE |
| GRACE EPISCOPAL CHURCH 30 BUTLER STREET KINGSTON, PA 18704 | 24-0816493 | 501(C) (3) | 17,050. | 0. | | | SUPPORT |
| GREAT COMMISSION RESOURCES INTERNATIONAL - 3441 ARCHER CT. - VIRGINIA BEACH, VA 23452 | 52-2438113 | 501(C) (3) | 20,000. | 0. | | | RUBY RANCH IN NICARAGUA |
| GREATER WILKES-BARRE ASSOC. FOR THE BLIND - 1825 WYOMING AVENUE - EXETER, PA 18643 | 23-2660272 | 501(C) (3) | 13,150. | 0. | | | IN MEMORY OF ROBERT D. STASH |
| GREATER WILKES-BARRE CHAMBER OF COMMERCE - 2 PUBLIC SQUARE, PO BOX 5340, STATION A - WILKES-BARRE, PA 18710-5340 | 24-0751080 | 501(C) (3) | 8,000. | 0. | | | PROGRAM SUPPORT |
| HANDS AND FEET PROJECT P.O. BOX 682105 FRANKLIN, TN 37068 | 20-1368997 | 501(C) (3) | 130,000. | 0. | | | PROGRAM SUPPORT |
| HANNAH'S HOPE PREGNANCY SHELTER 1067 EXETER AVENUE EXETER, PA 18643 | 26-4448789 | 501(C) (3) | 31,500. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HAZLETON DOWNTOWN ALLIANCE FOR PROGRESS - 20 WEST BROAD STREET - HAZLETON, PA 18201 | 46-4210453 | 501(C) (3) | 10,000. | 0. | | | GENERAL/PROGRAM SUPPORT |
| HAZLETON INTEGRATION PROJECT 225 EAST 4TH STREET HAZLETON, PA 18201 | 45-3444683 | 501(C) (3) | 261,000. | 0. | | | PROGRAM SUPPORT |
| HEARTLINE MINISTRIES PO BOX 898 SUNNYSIDE, WA 98944 | 91-2072330 | 501(C) (3) | 260,000. | 0. | | | PROGRAM SUPPORT |
| HEAVEN'S FAMILY P. O. BOX 12854 PITTSBURGH, PA 15241-2542 | 16-1739329 | 501(C) (3) | 250,000. | 0. | | | IRAQUI REFUGEES |
| HOPE INTERNATIONAL 227 GRANITE HILL DRIVE, SUITE250 LANCASTER, PA 17601 | 23-2836648 | 501(C) (3) | 230,000. | 0. | | | DESIGNATED FOR HAITI |
| HOUSE OF HIS CREATION P.O. BOX 266 AKRON, PA 17501 | 23-1910987 | 501(C) (3) | 55,000. | 0. | | | LIVING ROOM MAKEOVER |
| ICMOVEMENT 7000 TERMINAL SQUARE SUITE 100B UPPER DARBY, PA 19082 | 14-1966666 | 501(C) (3) | 450,000. | 0. | | | GENERAL/PROGRAM SUPPORT |
| INOD PO BOX 536456 ORLANDO, FL 32853 | 13-4321652 | 501(C) (3) | 6,250. | 0. | | | PROGRAM SUPPORT |
| INTERNATIONAL JUSTICE MISSION P.O. BOX 58147 WASHINGTON, DC 20037 | 54-1722887 | 501(C) (3) | 100,000. | 0. | | | DOMINICAN REPUBLIC |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| K-9S FOR WARRIORS 260 SOUTH ROSCOE BLVD. PONTE VEDRA, FL 32082 | 27-5219467 | 501(C) (3) | 5,000. | 0. | | | PROGRAM SUPPORT |
| KENT SCHOOL PO BOX 2006 KENT, CT 06757 | 06-0646687 | 501(C) (3) | 5,000. | 0. | | | SYNTHETIC TURF FIELD FUND |
| KEYSTONE RESCUE MISSION ALLIANCE 8 W. OLIVE ST. SCRANTON, PA 18508 | 34-2042921 | 501(C) (3) | 12,000. | 0. | | | WYOMING VALLEY RESCUE MISSION |
| KIDS FOR THE KINGDOM PO BOX 85 GRATON, CA 95444 | 68-0421846 | 501(C) (3) | 112,000. | 0. | | | \$106,000 OPEN HEARTS MINISTRY FOR NICARAGUA; \$6000 FOR RUBY RANCH |
| KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711 | 24-0804602 | 501(C) (3) | 26,850. | 0. | | | ANNUAL PROGRAM SUPPORT |
| KISS THEATRE COMPANY P.O. BOX 1132 WILKES-BARRE, PA 18703 | 51-0618680 | 501(C) (3) | 37,250. | 0. | | | PROGRAM SUPPORT |
| KORE FOUNDATION 695 NASHVILLE PIKE #101 GALLATIN, TN 37066 | 26-3196544 | 501(C) (3) | 600,000. | 0. | | | PROGRAM SUPPORT |
| LIFE CHURCH 1401 EAST CEDAR STREET ALLENTOWN, PA 18109 | 22-3110904 | 501(C) (3) | 770,000. | 0. | | | BUILDING PROJECTS |
| LIFESONG FOR ORPHANS ATTN: POCONO COMMUNITY FUND, 202 NORHT FORD ST; PO BOX 40 - GRIDLEY, IL 617 | 35-1902841 | 501(C) (3) | 10,000. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LITTLE THEATRE OF WILKES-BARRE PO BOX 1 WILKES-BARRE, PA 18703 | 24-6002142 | 501(C) (3) | 6,000. | 0. | | | HEATING & ELECTRICAL SYSTEM UPGRADES |
| LOVE A CHILD, INC. P.O. BOX 60063 FORT MYERS, FL 33906 | 59-2672303 | 501(C) (3) | 1,103,000. | 0. | | | MARKET PLACE |
| LOXAFAMOSITY MINISTRIES, INC PO BOX 9291 MOSCOW, ID 83843 | 52-2400448 | 501(C) (3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| LUZERNE COUNTY CHILD ADVOCACY CENTER - 187 HANOVER STREET - WILKES-BARRE, PA 18702 | 24-2765498 | 501(C) (3) | 53,030. | 0. | | | CHILD ADVOCACY CENTER |
| LUZERNE COUNTY COMMUNITY COLLEGE 1333 SOUTH PROSPECT STREET NANTICOKE, PA 18634-3899 | 23-2268047 | 501(C) (3) | 7,570. | 0. | | | EDUCATIONAL SUPPORT |
| LUZERNE COUNTY HISTORICAL SOCIETY 49 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701 | 24-0811758 | 501(C) (3) | 26,880. | 0. | | | MONTHLY PROGRAM SUPPORT |
| LUZERNE INTERMEDIATE UNIT 368 TIOGA AVENUE KINGSTON, PA 18704 | 23-2267796 | 501(C) (3) | 5,779. | 0. | | | I-PAD AND EQUIPMENT FOR AUTISTIC CHILDREN |
| MARIAN CATHOLIC HIGH SCHOOL 633 ORCHARD STREET SCRANTON, PA 18505 | 23-3046452 | 501(C) (3) | 10,500. | 0. | | | PROGRAM SUPPORT |
| MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 18509-1598 | 24-0795453 | 501(C) (3) | 6,509. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MCGLYNN CENTER 72 MIDLAND COURT WILKES-BARRE, PA 18702 | 46-3067291 | 501(C) (3) | 5,250. | 0. | | | AFTER-SCHOOL AND EVENING TEEN PROGRAMS |
| MILES FOR MICHAEL FAMILY ASSISTANCE PROJECT - 140 MAIN STREET - LUZERNE, PA 18708 | 23-2765498 | 501(C) (3) | 20,950. | 0. | | | FAMILY ASSISTANCE PROJECT |
| MIDDLE EAST BIBLE OUTREACH 3605 SANDY PLAINS ROAD, SUITE 240, MARIETTA, GA 30066 | 23-3067813 | 501(C) (3) | 60,000. | 0. | | | PROGRAM SUPPORT |
| MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612-1090 | 24-0795406 | 501(C) (3) | 81,725. | 0. | | | PROGRAM SUPPORT |
| MMI PREPARATORY SCHOOL P.O. BOX 89, 154 CENTRE STREET FREELAND, PA 18224-0089 | 24-0795967 | 501(C) (3) | 9,654. | 0. | | | MUSIC SOFTWARE |
| MONADNOCK BIBLE CONFERENCE 257 DUBLIN ROAD, PO BOX 70 JAFFREY, NH 03452 | 02-0268537 | 501(C) (3) | 270,000. | 0. | | | PROGRAM SUPPORT |
| MONTREAT COLLEGE 310 GAITHER CIRCLE MONTREAT, NC 28757 | 56-1324199 | 501(C) (3) | 80,000. | 0. | | | GORDON COLLEGE |
| MT. GILEAD CAMP 440 RINKER ROAD STROUDSBURG, PA 18360 | 23-1673125 | 501(C) (3) | 195,000. | 0. | | | PROGRAM SUPPORT |
| NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA, GA 30009 | 58-2655939 | 501(C) (3) | 60,000. | 0. | | | DESIGNATED: KINDRED IMAGE FUND |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| NATIONAL COUNCIL FOR ADOPTION 225 N. WASHINGTON ST. ALEXANDRIA, VA 22314 | 75-1721671 | 501(C) (3) | 5,000. | 0. | | | PROGRAM SUPPORT |
| NATIONAL VACINE INFORMATION CENTER 21525 RIDGETOP CIRCLE SUITE 100 STERLING, VA 20166 | 54-1951769 | 501(C) (3) | 20,000. | 0. | | | PROGRAM SUPPORT |
| NEPA ALLIANCE 1151 OAK STREET PITTSSTON, PA 18640-3795 | 22-2656347 | 501(C) (3) | 13,500. | 0. | | | PROGRAM SUPPORT |
| NEPA PHILHARMONIC 4101 BIRNEY AVENUE MOOSIC, PA 18507-1323 | 23-1855655 | 501(C) (3) | 36,975. | 0. | | | PROGRAM SUPPORT |
| NEPA RAINBOW ALLIANCE PO BOX 1032 PITTSSTON, PA 18640 | 27-3965572 | 501(C) (3) | 13,250. | 0. | | | PROGRAM SUPPORT |
| NORTHMORELAND FIRE COMPANY 305 SCHOOLHOUSE ROAD TUNKHANNOCK, PA 18657 | 23-2204025 | 501(C) (3) | 10,000. | 0. | | | BUILDING FUND |
| OPERATION KIDS FOUNDATION 2101 EAST MURRAY HOLLADAY ROAD HOLLADAY, UT 84117 | 87-0643214 | 501(C) (3) | 20,000. | 0. | | | HOPELAND PROJECT |
| NEPA MENTAL HEALTH INITIATIVE 140 MAIN STREET, 2ND FLOOR LUZERNE, PA 18709 | 23-2765498 | 501(C) (3) | 64,000. | 0. | | | NEPA FOR MENTAL HEALTH FUND GRANT |
| ORPHAN INSTITUTE 6723 WHITTIER AVENUE MCLEAN, VA 22101 | 26-4339070 | 501(C) (3) | 8,500. | 0. | | | ORPHAN HEALTH ISSUES IN UGANDA |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701-1287 | 24-0795971 | 501(C) (3) | 11,075. | 0. | | | PROGRAM SUPPORT |
| PARKER COMMUNITY CHURCH 607 NORTH ABINGTON ROAD CLARKS SUMMIT, PA 18411 | 23-2601749 | 501(C) (3) | 180,000. | 0. | | | PROGRAM SUPPORT |
| PENN STATE UNIVERSITY PARK STATE COLLEGE, PA 16801 | 34-6000376 | 501(C) (3) | 8,000. | 0. | | | ANNUAL CAMPAIGN |
| POCONO COMMUNITY CHURCH P. O. BOX 817 MOUNT POCONO, PA 18344 | 45-0497822 | 501(C) (3) | 40,000. | 0. | | | GENERAL/PROGRAM SUPPORT |
| PROVIDING HOPE MINISTRIES PO BOX 2103 KINGSTON, PA 18704 | 23-2070710 | 501(C) (3) | 30,000. | 0. | | | PROGRAM SUPPORT |
| REACH OUT ORPHANAGE MINISTRIES REACH OUT ORPHANAGE MINISTRIES, PO CONCORD, NC 28027 | 41-2210173 | 501(C) (3) | 20,800. | 0. | | | HONDURAS |
| REBUILD GLOBALLY P.O. BOX 570764 ORLANDO, FL 32854 | 27-2403572 | 501(C) (3) | 180,000. | 0. | | | PROGRAM SUPPORT |
| RESTAVEK FREEDOM FOUNDATION 11160 KENWOOD ROAD CINCINNATI, OH 45242 | 20-8334578 | 501(C) (3) | 705,000. | 0. | | | PROGRAM SUPPORT |
| RESTORED CHURCH 71 NORTH FRANKLIN STREET WILKES-BARRE, PA 18701 | 45-5419405 | 501(C) (3) | 70,000. | 0. | | | GENERAL/PROGRAM SUPPORT |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ROCK SOLID ACADEMY 106 SOUTH LEHIGH STREET SHAVERTOWN, PA 18708 | 27-2392471 | 501(C) (3) | 112,000. | 0. | | | PROGRAM SUPPORT |
| ROMANIAN ORPHAN MINISTRIES P. O. BOX 148145 NASHVILLE, TN 37214 | 05-0557406 | 501(C) (3) | 100,000. | 0. | | | PROGRAM SUPPORT |
| SALVATION ARMY 17 SOUTH PENNSYLVANIA AVENUE WILKES-BARRE, PA 18701 | 13-5562351 | 501(C) (3) | 22,935. | 0. | | | PROGRAM SUPPORT |
| SAN ANTONIO LIGHTHOUSE FOR THE BLIND - 2305 ROOSEVELT AVENUE - SAN ANTONIO, TX 78210 | 74-1339051 | 501(C) (3) | 5,000. | 0. | | | BLIND CHILDREN'S PROGRAMMING |
| SANIBEL -CAPTIVA CONSERVATION FOUNDATION - 3333 SANIBEL-CAPTIVA ROAD - SANIBEL, FL 33957 | 59-1205087 | 501(C) (3) | 180,000. | 0. | | | \$130,000 GENERAL SUPPORT \$50,000 INTERN FUND |
| SANIBEL COMMUNITY CHURCH 1740 PERIWINKLE WAY SANIBEL, FL 33957 | 59-6509436 | 501(C) (3) | 80,000. | 0. | | | PROGRAM SUPPORT |
| SANIBEL PUBLIC LIBRARY 770 DUNLOP ROAD SANIBEL, FL 33957 | 59-6200187 | 501(C) (3) | 38,500. | 0. | | | WIST LIST |
| SANTA PARADE, INC. 500 STRAUB ST. DUNMORE, PA 18512 | 46-1541146 | 501(C) (3) | 6,500. | 0. | | | 2014 SANTA PARADE |
| SANTIAGO CHRISTIAN SCHOOL FOUNDATION - 1016 SCENIC VIEW DRIVE - SCHWENKSVILLE, PA 19473 | 36-4385849 | 501(C) (3) | 460,000. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SHAOHANNAH'S HOPE 230 FRANKLIN ROAD 11JJ, PO BOX 647 FRANKLIN, TN 37064 | 32-0011220 | 501(C) (3) | 204,000. | 0. | | | PROGRAM/GENERAL SUPPORT |
| SLOCUM CHAPEL 1024 EXETER AVENUE EXETER, PA 18643 | 30-0843677 | 501(C) (3) | 20,000. | 0. | | | CHURCH RENOVATIONS |
| STORM WARRIORS INTERNATIONAL 162 OLD COUNTY ROAD ROCKPORT, ME 04856 | 27-0201059 | 501(C) (3) | 60,000. | 0. | | | SWI/SNOOPERS MARKETING/OPERATIONS EXPENDITURES |
| SUSQUEHANNA GREENWAY PARTNERSHIP 201 FURNACE ROAD LEWISBURG, PA 17837 | 20-5013029 | 501(C) (3) | 12,000. | 0. | | | PROGRAM SUPPORT |
| SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGROVE, PA 17870-1164 | 23-1353385 | 501(C) (3) | 25,750. | 0. | | | PROGRAM SUPPORT |
| TEEN CHALLENGE OF THE FOUR STATES 11095 MOLLY LANE NEOSHO, MO 64850 | 20-3459311 | 501(C) (3) | 60,000. | 0. | | | UNITED TO THE RESCUE |
| TEMPLE ISRAEL 236 SOUTH RIVER STREET WILKES-BARRE, PA 18702-2492 | 24-0796029 | 501(C) (3) | 10,100. | 0. | | | PROGRAM SUPPORT |
| TEMPLE UNIVERSITY 1805 NORTH BROAD STREET 11TH FLOOR WACHMAN HALL ROOM 1108 - PHILADELPHIA, PA | 23-1365971 | 501(C) (3) | 10,200. | 0. | | | SCHOLARSHIP PAYMENT 1 OF 2 |
| THE CHALMERS CENTER 507 MCFARLAND RD., SUITE B LOOKOUT MOUNTAIN, GA 30750 | 27-2341083 | 501(C) (3) | 215,000. | 0. | | | GENERAL/PROGRAM SUPPORT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HOPE CENTER 205-207 MAIN STREET LUZERNE, PA 18709 | 27-3851697 | 501(C) (3) | 95,000. | 0. | | | BUILDING SUPPORT |
| THE LANDS AT HILLSIDE FARMS 65 HILLSIDE ROAD SHAVERTOWN, PA 18708 | 20-2975553 | 501(C) (3) | 51,400. | 0. | | | PROGRAM SUPPORT |
| THE VERITAS FORUM INC. ONE BROADWAY, 14TH FLOOR CAMBRIDGE, MA 02142-1187 | 20-5616941 | 501(C) (3) | 250,000. | 0. | | | CRITICAL NEEDS LIST |
| TIM TEBOW FOUNDATION 2220 COUNTRY ROAD 2010 WEST SUITE 108, PMB 317 - JACKSONVILLE, FL 32259 | 27-4345913 | 501(C) (3) | 58,000. | 0. | | | PROGRAM SUPPORT |
| UNITARIAN UNIVER CONGREG OF WYO VALLEY - PO BOX 2608 - WILKES-BARRE, PA 18703-2608 | 23-2664557 | 501(C) (3) | 6,000. | 0. | | | PROGRAM SUPPORT |
| UNITED WAY OF WYOMING VALLEY 100 N. PENNSYLVANIA AVE., 2ND FLOOR WILKES-BARRE, PA 18701 | 24-0831490 | 501(C) (3) | 66,845. | 0. | | | PROGRAM SUPPORT |
| UNIVERSITY OF PITTSBURGH PARK PLAZA, 128 NORTH CRAIG STREET PITTSBURGH, PA 15260 | 25-0965591 | 501(C) (3) | 9,125. | 0. | | | SCHOLARSHIP SUPPORT |
| UPLANDS REACH CONFERENCE CENTER P.O. BOX 830 MILLERS CREEK, NC 28651 | 56-1737203 | 501(C) (3) | 50,000. | 0. | | | PROGRAM SUPPORT |
| VALLEY HEART WITH HEART FAMILY ASSISTANCE PROJECT - 1011 LOWER DEMUNDS ROAD - DALLAS, PA 18612 | 23-2765498 | 501(C) (3) | 7,570. | 0. | | | FAMILY ASSISTANCE PROJECT |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| VASCULAR BIRTHMARK FOUNDATION PO BOX 106 LATHAM, NY 12110 | 16-1515227 | 501(C) (3) | 40,000. | 0. | | | PROGRAM SUPPORT |
| VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVENUE WILKES-BARRE, PA 18702 | 20-3531527 | 501(C) (3) | 20,800. | 0. | | | MAMMOGRAM SCREENINGS |
| VOLUNTEERS OF AMERICA 25 NORTH RIVER STREET WILKES-BARRE, PA 18702 | 52-2145785 | 501(C) (3) | 7,000. | 0. | | | 20/20 VISION SPECIAL GRANT -PROGRAM SUPPORT |
| WESTERN INDIAN MINISTRIES PO BOX 9090 WINDOW ROCK, AZ 86515 | 85-6007207 | 501(C) (3) | 18,000. | 0. | | | PROGRAM SUPPORT |
| WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES-BARRE, PA 18766-0999 | 24-0795506 | 501(C) (3) | 34,050. | 0. | | | CARL E. CHARNETSKI-POLISH ROOM SCHOLARSHIP |
| WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET WILKES-BARRE, PA 18701-1774 | 24-0795638 | 501(C) (3) | 35,245. | 0. | | | PROGRAM SUPPORT |
| WILKES-BARRE FREE CLINIC ST. NICHOLAS CHURCH, 35 S FRANKLIN WILKES-BARRE, PA 18701 | 06-1694588 | 501(C) (3) | 8,000. | 0. | | | PATIENT MEDICATIONS |
| WORLD MAGAZINE 12 ALL SOULS CRESCENT PO BOX 2330 ASHEVILLE, NC 28803 | 56-0538016 | 501(C) (3) | 78,000. | 0. | | | PROGRAM SUPPORT |
| WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704 | 24-0795509 | 501(C) (3) | 314,594. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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 | 9 | 432,999. | 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 | 1,070,000. | INDEPENDENT APPRAISA |
| 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** **1**

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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) (2014)

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS REPORTED IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

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

BETTER PLACE TO LIVE, WORK, AND PLAY. THROUGH THE GENEROSITY OF OUR
DONORS, THE FOUNDATION SUPPORTS SEVEN KEY AREAS THAT TOGETHER
CONSTITUTE A HEALTHY AND SUSTAINABLE COMMUNITY INCLUDING SOCIAL
SERVICES, EDUCATION AND SCHOLARSHIP, ARTS AND CULTURE, NEIGHBORHOODS
AND COMMUNITY DEVELOPMENT, YOUTH ISSUES, HISTORIC PRESERVATION AND THE
ENVIRONMENT, AND HEALTH AND WELLNESS. THE LUZERNE FOUNDATION IS
PRIVILEGED TO FACILITATE THE PHILANTHROPY OF VERY SPECIAL PEOPLE WHO
UNDERSTAND THAT QUALITY OF LIFE REQUIRES "GIVING BACK" SO OTHERS MIGHT
REALIZE THE BEAUTY OF OUR AREA, HAVE ACCESS TO THE ARTS,
EDUCATION, HEALTHCARE, AND ENJOY SAFE NEIGHBORHOODS.

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

GROUPS, AND OTHER NONPROFIT ORGANIZATIONS WITH REALIZING THEIR GOALS
FOR CHARITABLE GIVING SO, COLLECTIVELY, THEY CAN IMPROVE THE QUALITY OF
LIFE FOR THOSE LIVING AND WORKING IN LUZERNE COUNTY AND THROUGHOUT THE
REGION. IN ADDITION, THE LUZERNE FOUNDATION SUPPORTS WORTHY CHARITIES
AT A NATIONAL LEVEL.

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

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

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

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

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

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

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

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

ANNUALLY, THE LUZERNE FOUNDATION DISTRIBUTES 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 MEETING MINUTES.

Name of the organization

THE LUZERNE FOUNDATION

Employer identification number

23-2765498

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

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

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

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

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

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 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 FROM THE LUZERNE FOUNDATION ARE PAID TO A CORPORATION OF WHICH MR. KORJESKI IS THE 100% STOCKHOLDER. FEES PAID FOR THESE SERVICES WERE \$6,000 FOR THE 2014 YEAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF REMAINDER TRUST 56,145.

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

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

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

CHARLES M. BARBER

- The books are in the care of ▶ **140 MAIN STREET, 2ND FLOOR - LUZERNE, PA 18709**
Telephone No. ▶ **(570) 714-1570** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2014** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

• 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, 2015**.

5 For calendar year **2014**, 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 REQUIRED TO GATHER NECESSARY INFORMATION 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, 2014

| | |
|---|--|
| Prepared for | THE LUZERNE FOUNDATION 140 MAIN STREET LUZERNE, PA 18709 |
| Prepared by | BAKER TILLY VIRCHOW KRAUSE, LLP 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 | NOVEMBER 15, 2015 |
| 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

For Official Use Only

Approved: _____

RF: _____

AF: _____

LF: _____

Fee Received: _____

Commonwealth of
Pennsylvania
Department of State

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily

(See note under "important information")

Certificate Number: 12729

(Renewals Only)

Fiscal Year Ended: 12/31/2014

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 2

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

SEE STATEMENT 3

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 4

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 SEE STATEMENT 6

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 SEE STATEMENT 5

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 |

FOOTNOTES

STATEMENT 1

FORM BCO-10

QUESTION 26A

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

QUESTION 26C

ROBERT KORJESKI, CPA IS THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION. HE DOES NOT HAVE VOTING PRIVILEGES. FOR PURPOSES OF THE FEDERAL FORM 990 REPORTING, HE HAS BEEN IDENTIFIED AS AN OFFICER OF THE ORGANIZATION. FEES FOR SERVICES PROVIDED BY MR. KORJESKI TO THE LUZERNE FOUNDATION ARE PAID TO A CORPORATION IN WHICH MR. KORJESKI IS THE 100% STOCKHOLDER. FEES PAID FOR THESE SERVICES WERE \$6,000 FOR THE 2014 YEAR.

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 21 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.

BCO-10 P3,4

STATEMENT 3

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 4

NAME AND ADDRESS

TITLE

CHARLES M. BARBER
140 MAIN STREET
LUZERNE, PA 18709

PRESIDENT AND CEO

NAME AND ADDRESS

TITLE

THOMAS L. KENNEDY, ESQ.
140 MAIN STREET
LUZERNE, PA 18709

BOARD CHAIRMAN

NAME AND ADDRESS

TITLE

MICHAEL D. WEAVER
140 MAIN STREET
LUZERNE, PA 18709

VICE CHAIRMAN

NAME AND ADDRESS

TITLE

KEVIN FOLEY
140 MAIN STREET
LUZERNE, PA 18709

TREASURER

NAME AND ADDRESS

TITLE

GERTRUDE C. MCGOWAN, ESQ.
140 MAIN STREET
LUZERNE, PA 18709

SECRETARY

NAME AND ADDRESS

TITLE

PHILIP G. DECKER

140 MAIN STREET
LUZERNE, PA 18709

IMMED PAST CHAIRMAN TERM END
6

NAME AND ADDRESS

TITLE

CHARLIE APONICK
140 MAIN STREET
LUZERNE, PA 18709

DIRECTOR

NAME AND ADDRESS

TITLE

JOSEPH F. BUTCHER
140 MAIN STREET
LUZERNE, PA 18709

DIRECTOR (TERM END 6/30/14)

NAME AND ADDRESS

TERRENCE W. CASEY
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

PETER J. DANCHAK
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

JOHN DOWD
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

KATHI FLACK
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

AUGUST F. GENETTI, JR.
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

LOU GOERINGER
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

R. CLEMENTS GOVER
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

SCOTT HENRY
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

MIKE HIRTHLER
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

WILLIAM M. JONES
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

WILLIAM JOYCE
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

JOSEPH E. KLUGER, ESQUIRE
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

MELANIE M. LUMIA
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

JOSEPH L. PERSICO, ESQUIRE
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

ALEXANDER SLOOT
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

SCOTT W. WILLIAMS
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

SENATOR JOHN YUDICHAK
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR

NAME AND ADDRESS

ROBERT KORJESKI, CPA
140 MAIN STREET
LUZERNE, PA 18709

TITLE

CHIEF FINANCIAL OFFICER

NAME AND ADDRESS

ROBERT GILL
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR (TERM BEGAN 7-1-14)

NAME AND ADDRESS

DONNA PALERMO
140 MAIN STREET
LUZERNE, PA 18709

TITLE

DIRECTOR (TERM BEGAN 7-1-14)

FORM BCO-10

RELATED SUPPLIER OR VENDOR

STATEMENT 5

NAME AND ADDRESS

ROBERT KORJESKI
12 WHITMAN DRIVE DUPONT, PA 18641

BUSINESS

CFO/PROVIDES ACCOUNTING SERVICES

FORM BCO-10 RELATED OFFICER, DIRECTOR, TRUSTEE, EMPLOYEE STATEMENT 6

NAME AND ADDRESS

MICHAEL WEAVER
319 HUNTSVILLE-IDETOWN ROAD DALLAS, PA 18612

BUSINESS

STEPSON OF FRANK BEVEVINO

NAME AND ADDRESS

FRANK BEVEVINO, BOARD EMERITUS
375 WEST CENTER HILL ROAD DALLAS, PA 18612

BUSINESS

STEPFATHER OF MICHAEL WEAVER

NAME AND ADDRESS

ROBERT KORJESKI

BUSINESS

CFO/PROVIDES ACCOUNTING SERVICES