

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2016
Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION		A Employer identification number 27-5501471	
Number and street (or P O box number if mail is not delivered to street address) 615 JEFFERSON AVENUE NO 102	Room/suite	B Telephone number (see instructions) (570) 347-6203	
City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18510		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 14,537,584		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,511			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,900	3,900		
	4 Dividends and interest from securities	258,549	258,549		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	29,379			
	b Gross sales price for all assets on line 6a	3,326,703			
	7 Capital gain net income (from Part IV, line 2)		29,379		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	293,339	291,828	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	15,437	0	0	15,437
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	125,995	77,463	0	48,532
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,849	0	0	4,849
	24 Total operating and administrative expenses. Add lines 13 through 23	146,281	77,463	0	68,818
	25 Contributions, gifts, grants paid	719,224			719,224
26 Total expenses and disbursements. Add lines 24 and 25	865,505	77,463	0	788,042	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-572,166				
b Net investment income (if negative, enter -0-)		214,365			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	101,079	32,373	32,373
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	14,549,478	14,505,211	14,505,211
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	14,650,557	14,537,584	14,537,584	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	14,650,557	14,537,584	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	14,650,557	14,537,584		
31 Total liabilities and net assets/fund balances (see instructions) .	14,650,557	14,537,584		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	14,650,557
2 Enter amount from Part I, line 27a	2	-572,166
3 Other increases not included in line 2 (itemize) ▶ _____	3	459,193
4 Add lines 1, 2, and 3	4	14,537,584
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	14,537,584

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	29,379
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	-16,057

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015			
2014			
2013			
2012			
2011			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions	8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and total tax due. Includes sub-tables 6a-6d for 2016 estimated tax payments.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political campaign influence, political expenditures, unrelated business income, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 615 JEFFERSON AVE SUITE 102 SCRANTON PA ZIP+4 18510

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding foreign bank and financial accounts.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No

Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE FOUNDATION IS OPERATED TO PROVIDE GRANTS TO IRC 501 (C) (3) OPERATING EXEMPT ORGANIZATIONS	719,224
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	14,695,530
b	Average of monthly cash balances.	1b	72,090
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	14,767,620
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	14,767,620
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	221,514
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	14,546,106
6	Minimum investment return. Enter 5% of line 5.	6	727,305

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	727,305
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	4,287
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,287
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	723,018
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	723,018
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	723,018

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	788,042
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	788,042
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	788,042

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				723,018
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>788,042</u>				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				723,018
e Remaining amount distributed out of corpus	65,024			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	65,024			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	65,024			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.	65,024			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling.
b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.
b 85% of line 2a
c Qualifying distributions from Part XII, line 4 for each year listed.
d Amounts included in line 2c not used directly for active conduct of exempt activities
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c
3 Complete 3a, b, or c for the alternative test relied upon
a "Assets" alternative test—enter
(1) Value of all assets
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.
c "Support" alternative test—enter
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)
(3) Largest amount of support from an exempt organization
(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
LAURA DUCCESCHI
615 JEFFERSON AVENUE SUITE 102
SCRANTON, PA 18510
(570) 347-6203
LD@SAFDN.ORG

b The form in which applications should be submitted and information and materials they should include
THE NORTHEASTERN PA HEALTH CARE FOUNDATION INVITES GRANT APPLICATIONS FROM 501(C)(3) ORGANIZATIONS FOR PROJECTS DESIGNED TO SUPPORT HEALTH AND WELLNESS INITIATIVES SERVING THE PEOPLE OF LACKAWANNA, LUZERNE, AND WYOMING COUNTIES IN PENNSYLVANIA THE FOUNDATION HOLDS ONE ANNUAL GRANT CYCLE THE NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION IS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE OF THE REGION, PARTICULARLY THOSE MOST VULNERABLE AND UNDERSERVED GRANT-FUNDED PROJECTS MUST BE CONSISTENT WITH THE MISSION OF THE FOUNDATION TO SUPPORT THE HEALTH CARE NEEDS INCLUDING, BUT NOT LIMITED TO, HEALTH EDUCATION, COMMUNITY WELLNESS, PAYMENT FOR MEDICAL CARE OF UNINSURED AND UNDERINSURED REGARDLESS OF THE FACILITY OF TREATMENT, AND TO IMPROVE THE COMPLETE PHYSICAL, MENTAL, AND SOCIAL WELL-BEING OF THE RESIDENTS BEING SERVED

c Any submission deadlines
THE APPLICATION PROCESS BEGINS WITH A LETTER OF INTENT (LOI) SUBMITTED VIA EMAIL TO CATHYF@SAFDN.ORG

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
IN GENERAL, THE NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION DOES NOT SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF ACADEMIC CURRICULUM AT COLLEGES OR UNIVERSITIES ACADEMIC OR COMMERCIAL RESEARCH NATIONAL ORGANIZATIONS WITHOUT A LOCAL BRANCH NEEDS ASSESSMENTS ANNUAL CAMPAIGNS GENERAL OPERATING EXPENSES NOT ASSOCIATED WITH A SPECIFIC PROGRAM OR INITIATIVE ORGANIZATIONS ARE INELIGIBLE FOR FUNDING FROM THE NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION FOR TWO CONSECUTIVE YEARS THE NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION IS NOT MEANT AS A SUSTAINING SOURCE OF FUNDING FOR ANY ORGANIZATION MULTI-YEAR GRANTS AND REPETITIVE FUNDING ARE DECIDED ON A CASE BY CASE BASIS

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				719,224
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Interest on savings and temporary cash investments, Dividends and interest from securities, etc.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explanatory text. The explanatory text column contains the instruction: 'Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes...'.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [x] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? [x] Yes [] No

Paid Preparer Use Only Print/Type preparer's name Preparer's Signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
WILLMINGTON TRUST	P	2016-06-15	2016-12-15
WILLMINGTON TRUST	P	2014-06-15	2016-12-15
MORGAN STANLEY	P	2016-06-15	2016-12-15
MORGAN STANLEY	P	2014-06-15	2016-12-15
MORGAN STANLEY	P	2014-06-15	2016-11-09
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
49,510		46,905	2,605
1,538,689		1,615,056	-76,367
458,661		477,323	-18,662
1,192,885		1,158,040	34,845
549			549
86,409			86,409

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			2,605
			-76,367
			-18,662
			34,845
			549
			86,409

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES CLEMENTE 575 PIERCE ST STE 400 KINGSTON, PA 18704	CHAIR / DIRECTOR 2 00	0	0	0
ROBERT KNOWLES JR 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	VICE-CHAIR / DIRECTOR 2 00	0	0	0
MATTHEW HAGGERTY 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	SECRETARY / TREASURER/ DIRECTOR 2 00	0	0	0
CHRISTOPHER J DRESSEL JR MD 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0
JEREMIAH W EAGEN MD 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0
MARK T MITCHELL 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0
HONORABLE TERRENCE R NEALON 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0
HENRY J SALLUSTI 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0
NATALIE GELB 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0
JAMES MILESKI 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0
KERRY O'GRADY 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0
MICHELLE M MCGOWAN 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADVOCACY ALLIANCE 846 JEFFERSON AVE SCRANTON, PA 18501		PC	SUPPORT FOR PROGRAMS	25,000
AMERICAN LUNG ASSOCIATION 3001 GETTYSBURG RD CAMP HILL, PA 17011		PC	SUPPORT FOR PROGRAMS	15,000
ARC OF NEPA 115 MEADOW AVE SCRANTON, PA 18505		PC	SUPPORT FOR PROGRAMS	10,000
CANDY'S PLACE 190 WELLS ST STE 120 FORTYFORT, PA 18704		PC	SUPPORT FOR PROGRAMS	10,000
CATHOLIC SOCIAL SERVICES 504 PENN AVE SCRANTON, PA 18501		PC	SUPPORT FOR PROGRAMS	20,000
Total ▶ 3a				719,224

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDRENS SERVICES CENTER 335 SOUTH FRANKLIN ST WILKESBARRE, PA 18702		PC	SUPPORT FOR PROGRAMS	50,000
GREATER CARBONDALE YMCA 82 N MAIN ST CARBONDALE, PA 18407		PC	SUPPORT FOR PROGRAMS	14,300
GREATER SCRANTON YMCA 706 N BLAKELY ST DUNMORE, PA 18512		PC	SUPPORT FOR PROGRAMS	16,666
EQUINES FOR FREEDOM PO BOX 53 FACTORYVILLE, PA 18419		PC	SUPPORT FOR PROGRAMS	15,000
HERITAGE VALLEY PARTNERS 213 SOUTH 7TH AVE SCRANTON, PA 18505		PC	SUPPORT FOR PROGRAMS	20,000
Total ▶ 3a				719,224

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IGATIAN VOLUNTEER CORPS 801 ST PAUL ST BALTIMORE, MD 21202		PC	SUPPORT FOR PROGRAMS	10,000
LEUKEMIA & LYMPHOMA 101 N 20TH ST STE 405 PHILADELPHIA, PA 19103		PC	SUPPORT FOR PROGRAMS	15,000
LUZERNE COUNTY CHILDREN'S ADVOCACY CENTER 187 HANOVER ST WILKESBARRE, PA 18702		PC	SUPPORT FOR PROGRAMS	15,000
NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM PO BOX 200 DIMOCK, PA 18816		PC	SUPPORT FOR PROGRAMS	19,925
SLHDA 321 SPRUCE ST 1ST FL SCRANTON, PA 18503		PC	SUPPORT FOR PROGRAMS	20,000
Total 3a				719,224

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED CEREBRAL PALSY OF NEPA 425 WYOMING AVE SCRANTON, PA 18503				
UNITED WAY 615 JEFFERSON AVE SCRANTON, PA 18510				
WILKES-BARRE FAMILY YMCA 40 W NORTHHAMPTON ST WILKESBARRE, PA 18701				
UNIVERSITY OF SCRANTON 800 LINDEN ST SCRANTON, PA 18510				
WOMEN IN PHILANTHROP - SCRANTON AREA FOUNDATION 615 JEFFERSON AVE SCRANTON, PA 18510				
Total ▶				719,224
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE COMMONWEALTH MEDICAL COLLEGE 525 PINE ST SCRANTON, PA 18509				
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKESBARRE, PA 18702				
WOMENS RESOURCE CENTER PO BOX 975 SCRANTON, PA 18501				
WYOMING COUNTY CULTURAL CENTER 60 E TIOGA ST TUNKHANNOCK, PA 18657				
Total 3a				719,224

TY 2016 Investments - Other Schedule

Name: NORTHEASTERN PENNSYLVANIA HEALTH CARE
FOUNDATION

EIN: 27-5501471

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WILMINGTON TRUST	FMV	7,092,295	7,092,295
MORGAN STANLEY	FMV	7,412,916	7,412,916

TY 2016 Legal Fees Schedule

Name: NORTHEASTERN PENNSYLVANIA HEALTH CARE
FOUNDATION

EIN: 27-5501471

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	15,437	0	0	15,437

TY 2016 Other Expenses Schedule

Name: NORTHEASTERN PENNSYLVANIA HEALTH CARE
FOUNDATION

EIN: 27-5501471

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	317	0	0	317
INSURANCE	1,429	0	0	1,429
BANK CHARGES	20	0	0	20
OTHER	3,083	0	0	3,083

TY 2016 Other Increases Schedule

Name: NORTHEASTERN PENNSYLVANIA HEALTH CARE
FOUNDATION

EIN: 27-5501471

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	459,193

TY 2016 Other Professional Fees Schedule

Name: NORTHEASTERN PENNSYLVANIA HEALTH CARE
FOUNDATION

EIN: 27-5501471

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	48,532	0	0	48,532
INVESTMENT ADVISORY FEES	77,463	77,463	0	0