

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](http://www.irs.gov/form990pf).**

OMB No 1545-0052  
**2017**  
**Open to Public Inspection**

**For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017**

Name of foundation NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION		<b>A Employer identification number</b> 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>B Telephone number</b> (see instructions) (570) 347-6203
City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18510		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input 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		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 15,998,906	<b>J</b> 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)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	87,465			
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	28,896	28,896		
	<b>4</b> Dividends and interest from securities	266,873	266,873		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	521,971			
	<b>b</b> Gross sales price for all assets on line 6a	5,613,576			
	<b>7</b> Capital gain net income (from Part IV, line 2)		521,971		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	905,205	817,740	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)	12,397	0	0	6,922
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	123,177	78,677	0	49,975
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	4,415	4,415	0	0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	9,839	0	0	9,839
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	149,828	83,092	0	66,736
	<b>25</b> Contributions, gifts, grants paid	759,500			759,500
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	909,328	83,092	0	826,236	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-4,123				
<b>b Net investment income</b> (if negative, enter -0-)		734,648			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	32,373	69,008	69,008
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	14,505,211	15,929,898	15,929,898
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	14,537,584	15,998,906	15,998,906	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	14,537,584	15,998,906	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	14,537,584	15,998,906		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	14,537,584	15,998,906		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> 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) . . . . .	<b>1</b>	14,537,584
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-4,123
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	1,465,445
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	15,998,906
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	15,998,906

**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)
<b>1 a</b> MORGAN STANLEY	P	2017-06-07	2017-12-07
<b>b</b> MORGAN STANLEY	P	2015-12-12	2017-12-12
<b>c</b> WILMINGTON TRUST	P	2016-01-01	2017-12-31
<b>d</b> CAPITAL GAINS DIVIDENDS	P		
<b>e</b>			

(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)
<b>a</b> 287,076		287,306	-230
<b>b</b> 1,653,296		1,503,028	150,268
<b>c</b> 3,510,351		3,301,271	209,080
<b>d</b> 162,853			162,853
<b>e</b>			

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	
<b>a</b>			-230
<b>b</b>			150,268
<b>c</b>			209,080
<b>d</b>			162,853
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	521,971
<b>3</b> 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	<b>3</b>	-230

**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))
2016			
2015			
2014			
2013			
2012			

<b>2</b> Total of line 1, column (d)	<b>2</b>	
<b>3</b> 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	<b>3</b>	
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	
<b>7</b> Add lines 5 and 6	<b>7</b>	
<b>8</b> 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	<b>8</b>	

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 categories like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', and 'Tax due'. Total amount owed is 14,827.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for 'Yes' and 'No' are provided for each question.

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 interest in foreign countries.

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)

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶			<b>5b</b>
<b>c</b>	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? . . . . . <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <i>If "Yes" to 6b, file Form 8870</i>			<b>6b</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			<b>7b</b>

**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**

**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
<b>1</b> THE FOUNDATION IS OPERATED TO PROVIDE GRANTS TO IRC 501 (C) (3) OPERATING EXEMPT ORGANIZATIONS	759,500
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . **0**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	15,321,688
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	65,610
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	15,387,298
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	15,387,298
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	230,809
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	15,156,489
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	757,824

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	757,824
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	14,693
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	14,693
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	743,131
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	743,131
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	743,131

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	826,236
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	826,236
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	826,236

**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 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				743,131
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				65,024
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	65,024			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>826,236</u>				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				743,131
<b>e</b> Remaining amount distributed out of corpus	83,105			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	148,129			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	148,129			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				65,024
<b>e</b> Excess from 2017. . . . .				83,105

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

Table with 5 columns: (a) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include questions 1a-1c, 2a-2e, and 3a-3c regarding private operating foundation status and investment return.

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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				759,500
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0





<b>Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation</b>				
<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
JAMES CLEMENTE	CHAIR / DIRECTOR 2 00	0	0	0
575 PIERCE ST STE 400 KINGSTON, PA 18704				
ROBERT KNOWLES JR	VICE-CHAIR / DIRECTOR 2 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
MATTHEW HAGGERTY	SECRETARY / TREASURER/ DIR 2 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
CHRISTOPHER J DRESSEL JR MD	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
JEREMIAH W EAGEN MD	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
MARK T MITCHELL	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
HONORABLE TERRENCE R NEALON	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
HENRY J SALLUSTI	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
NATALIE GELB	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
JAMES MILESKI	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
KERRY O'GRADY	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				
MICHELLE M MCGOWAN	DIRECTOR 1 00	0	0	0
615 JEFFERSON AVE STE 102 SCRANTON, PA 18510				

**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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231		PC	SUPPORT FOR PROGRAMS	30,000
CASA OF LUZERNE COUNTY 667 S RIVER STREET WILKESBARRE, PA 18705		PC	SUPPORT FOR PROGRAMS	40,000
CHILDREN'S ADVOCACY CENTER OF NEPA 1710 MULBERRY STREET SCRANTON, PA 18510		PC	SUPPORT FOR PROGRAMS	9,000
<b>Total . . . . .</b> ▶ <b>3a</b>				759,500

**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)				
<b>a</b> <i>Paid during the year</i>				
CHILDRENS SERVICES CENTER 335 SOUTH FRANKLIN ST WILKESBARRE, PA 18702				50,000
CEO WEINBERG FOOD BANK 185 RESEARCH DRIVE PITTSTON, PA 18640				20,000
EMPLOYMENT OPPORTUNITY & TRAINING CENTER 431 N 7TH AVE SCRANTON, PA 18508				20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				759,500



**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)				
<b>a</b> <i>Paid during the year</i>				
FAMILY SERVICE ASSOCIATION OF NEPA 31 W MARKET STREET WILKESBARRE, PA 18701		PC	SUPPORT FOR PROGRAMS	10,000
GEISINGER COMMONWEALTH SCHOOL OF MEDICINE 525 PINE STREET SCRANTON, PA 18510		PC	SUPPORT FOR PROGRAMS	320,000
GOODWILL INDUSTRIES 925 PROSPECT AVE SCRANTON, PA 18505		PC	SUPPORT FOR PROGRAMS	7,000
<b>Total</b> . . . . . 				759,500
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
HELPING HANDS SOCIETY 301 SILLER DRIVE HAZLETON, PA 18201		PC	SUPPORT FOR PROGRAMS	5,000
HOSPICE OF THE SACRED HEART 600 BALTIMORE DRIVE 7 WILKESBARRE, PA 18702		PC	SUPPORT FOR PROGRAMS	15,000
IGNATIAN VOLUNTEER CORPS 801 ST PAUL ST BALTIMORE, MD 21202		PC	SUPPORT FOR PROGRAMS	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				759,500

**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)				
<b>a</b> <i>Paid during the year</i>				
LACAWAC SANCTUARY 94 SANCTUARY ROAD LAKE ARIEL, PA 18436				
LITTLE SISTERS OF THE POOR 2500 ADAMS AVENUE SCRANTON, PA 18509				
NATIVITYMIGUEL SCHOOL OF SCRANTON 1 KNOX ROAD SCRANTON, PA 18505				
<b>Total . . . . .</b> <b>3a</b>	▶			759,500

**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)				
<b>a</b> <i>Paid during the year</i>				
NORTHEAST PA AREA HEALTH EDUCATION CENTER 1 COLLEGE GRN FACTORYVILLE, PA 18419		PC	SUPPORT FOR PROGRAMS	9,000
PENNSYLVANIA ELKS MAJOR PROJECTS 703 GEORGIAN PLACE SOMERSET, PA 15501		PC	SUPPORT FOR PROGRAMS	10,000
PITTSTON MEMORIAL LIBRARY 47 BROAD STREET PITTSTON, PA 18640		PC	SUPPORT FOR PROGRAMS	8,000
<b>Total . . . . .</b> ▶ <b>3a</b>				759,500

**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)				
<b>a</b> <i>Paid during the year</i>				
SCRANTON MUSIC ASSOCIATION 1833 N MAIN AVENUE SCRANTON, PA 18508		PC	SUPPORT FOR PROGRAMS	3,000
SCRANTON POLICE DEPARTMENT 100 S WASHINGTON AVE SCRANTON, PA 18503		PC	SUPPORT FOR PROGRAMS	40,000
SERVING SENIORS INC 538 SPRUCE STREET 408 SCRANTON, PA 18503		PC	SUPPORT FOR PROGRAMS	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				759,500

**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)				
<b>a</b> <i>Paid during the year</i>				
ST MARY'S VILLA CAMPUS 516 SAINT MARYS VILLA ROAD ELMHURST TOWNSHIP, PA 18444		PC	SUPPORT FOR PROGRAMS	30,000
UNITED NEIGHBORHOOD CENTERS 777 KEYSTONE INDUSTRIAL PARK ROAD THROOP, PA 18512		PC	SUPPORT FOR PROGRAMS	30,000
VICTIMS RESOURCE CENTER 71 N FRANKLIN STREET 106 WILKESBARRE, PA 18701		PC	SUPPORT FOR PROGRAMS	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				759,500

**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)				
<b>a</b> <i>Paid during the year</i>				
THE WRIGHT CENTER MEDICAL GROUP PC 111 N WASHINGTON AVE SCRANTON, PA 18503		PC	SUPPORT FOR PROGRAMS	30,000
WYOMING COUNTY COMMUNITY HEALTH FOUNDATION 5954 SR TUNKHANNOCK, PA 18657		PC	SUPPORT FOR PROGRAMS	3,500
<b>Total . . . . .</b> ▶ <b>3a</b>				759,500

**TY 2017 Investments - Other Schedule**

**Name:** NORTHEASTERN PENNSYLVANIA HEALTH CARE  
FOUNDATION

**EIN:** 27-5501471

**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
WILMINGTON TRUST	FMV	7,854,564	7,854,564
MORGAN STANLEY	FMV	8,075,334	8,075,334



**TY 2017 Legal Fees Schedule**

**Name:** NORTHEASTERN PENNSYLVANIA HEALTH CARE  
FOUNDATION

**EIN:** 27-5501471

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROFESSIONAL FEES	12,397	0	0	6,922

**TY 2017 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
INSURANCE	1,444	0	0	1,444
BANK CHARGES	46	0	0	46
OTHER	8,349	0	0	8,349

**TY 2017 Other Increases Schedule**

**Name:** NORTHEASTERN PENNSYLVANIA HEALTH CARE  
FOUNDATION

**EIN:** 27-5501471

<b>Description</b>	<b>Amount</b>
UNREALIZED GAIN ON INVESTMENTS	1,465,445

**TY 2017 Other Professional Fees Schedule**

**Name:** NORTHEASTERN PENNSYLVANIA HEALTH CARE  
FOUNDATION

**EIN:** 27-5501471

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROFESSIONAL FEES	44,500	0	0	49,975
INVESTMENT ADVISORY FEES	78,677	78,677	0	0

**TY 2017 Taxes Schedule**

**Name:** NORTHEASTERN PENNSYLVANIA HEALTH CARE  
FOUNDATION

**EIN:** 27-5501471

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
2016 EXCISE TAX	4,415	4,415	0	0