

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.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

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) ▶ \$ <u>14,247,899</u>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	<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)	6,454			
	<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	36,014	36,014		
	<b>4</b> Dividends and interest from securities	284,294	284,294		
	<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	282,218			
	<b>b</b> Gross sales price for all assets on line 6a	2,782,645			
	<b>7</b> Capital gain net income (from Part IV, line 2)		282,218		
	<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	608,980	602,526	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)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	123,195	81,195	0	42,000
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	29,775	29,775	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)	12,396	0	0	12,396
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	165,366	110,970	0	54,396
	<b>25</b> Contributions, gifts, grants paid	666,000			666,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	831,366	110,970	0	720,396	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-222,386				
<b>b Net investment income</b> (if negative, enter -0-)		491,556			
<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 . . . . .	69,008	175,451	175,451
	<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) . . . . .	15,929,898	14,072,448	14,072,448
	<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)	15,998,906	14,247,899	14,247,899	
<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 . . . . .	15,998,906	14,247,899	
	<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) . . . . .	15,998,906	14,247,899		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	15,998,906	14,247,899		

<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>	15,998,906
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	-222,386
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____		<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	15,776,520
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____		<b>5</b>	1,528,621
<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>	14,247,899

**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	2018-01-01	2018-12-31
<b>b</b> MORGAN STANLEY	P	2017-01-01	2018-12-31
<b>c</b> WILMINGTON TRUST	P	2018-01-01	2018-12-31
<b>d</b> WILMINGTON TRUST	P	2017-01-01	2018-12-31
<b>e</b> CAPITAL GAINS DIVIDENDS	P		

(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> 315,339		318,472	-3,133
<b>b</b> 1,153,923		1,026,249	127,674
<b>c</b> 169,423		165,162	4,261
<b>d</b> 1,128,763		990,544	138,219
<b>e</b> 15,197			15,197

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>			-3,133
<b>b</b>			127,674
<b>c</b>			4,261
<b>d</b>			138,219
<b>e</b>			15,197

<b>2</b> 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 }	<b>2</b>	282,218
<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>	1,128

**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.

<b>1</b> 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))
2017			
2016			
2015			
2014			
2013			
<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 0, 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 2018 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			<b>8</b>

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.

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 calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 161.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of LAURA DUCCESCHI ADMINISTRATOR Telephone no (570) 347-6203

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 15

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)

**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. **5b**

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? **6b**  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? **7b**  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?  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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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	666,000
<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>	
<b>Total.</b> 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>	15,707,664
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	120,130
<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>	15,827,794
<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>	15,827,794
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	237,417
<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>	15,590,377
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	779,519

**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>	779,519
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	9,831
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	9,831
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	769,688
<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>	769,688
<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>	769,688

**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>	720,396
<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>	720,396
<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>	720,396

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				769,688
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .			65,024	
<b>e</b> From 2017. . . . .			83,105	
<b>f</b> Total of lines 3a through e. . . . .	148,129			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>720,396</u>				
<b>a</b> Applied to 2017, 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 2018 distributable amount. . . . .				720,396
<b>e</b> Remaining amount distributed out of corpus				0
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	49,292			49,292
<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	98,837			
<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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				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 2013 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	98,837			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .			15,732	
<b>d</b> Excess from 2017. . . . .			83,105	
<b>e</b> Excess from 2018. . . . .				

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 2018, 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 foundation 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 to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

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, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments (14, 36,014), 4 Dividends and interest from securities (14, 284,294), 5 Net rental income or (loss) from real estate (a, b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (18, 282,218), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal (0, 602,526, 0), 13 Total (602,526, 602,526).

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

Table with 2 columns: Line No. and Explanatory text. The 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 (other than by providing funds for such purposes) (See instructions)'.

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

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
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. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

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) (other than section 501(c)(3)) or in section 527? [ ] Yes [x] No

b If "Yes," complete the following schedule
Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.
Sign Here [Signature] 2019-10-22 [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: DAVID P RUDIS CPA
Preparer's Signature
Date: 2019-10-22
Check if self-employed [ ]
PTIN: P01201089
Firm's name: SNYDER & CLEMENTE
Firm's EIN: 23-2535812
Firm's address: 575 PIERCE STREET SUITE 400 KINGSTON, PA 18704
Phone no: (570) 288-6464

(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/ DIR 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)				
<b>a</b> <i>Paid during the year</i>				
ADVOCACY ALLIANCE 846 JEFFERSON AVE SCRANTON, PA 18501		PC	SUPPORT FOR PROGRAMS	30,000
ALLONE FOUNDATION 70 NORTH MAIN STREET WILKES BARRE, PA 18711		PC	SUPPORT FOR PROGRAMS	21,000
CATHERINE MCAULEY CENTER 430 PITTSTON AVENUE SCRANTON, PA 18505		PC	SUPPORT FOR PROGRAMS	30,000
<b>Total . . . . .</b> ▶ <b>3a</b>				666,000

**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>				
EVERHART MUSEUM 1901 MULBERRY STREET SCRANTON, PA 18510		PC	SUPPORT FOR PROGRAMS	10,000
GREATER SCRANTON YMCA 706 N BLAKELY STREET DUNMORE, PA 18512		PC	SUPPORT FOR PROGRAMS	30,000
JEWISH COMMUNITY CENTER 601 JEFFERSON AVE SCRANTON, PA 18510		PC	SUPPORT FOR PROGRAMS	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				666,000



**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>				
KINGS COLLEGE 133 NORTH RIVER STREET WILKES BARRE, PA 18711		PC	SUPPORT FOR PROGRAMS	20,000
LACKAWANNA COUNTY MEDICAL SOCIETY PO BOX 203 OLYPHANT, PA 18447		PC	SUPPORT FOR PROGRAMS	5,000
LEUKEMIA & LYMPHOMA SOCIETY 100 N 20TH STREET SUITE 405 PHILADELPHIA, PA 19103		PC	SUPPORT FOR PROGRAMS	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				666,000

**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>				
LUZERNE COUNTY CHILD ADVOCACY CENTER 187 HANOVER STREET WILKESBARRE, PA 18702		PC	SUPPORT FOR PROGRAMS	20,000
MEALS ON WHEELS 541 WYOMING AVENUE SCRANTON, PA 18509		PC	SUPPORT FOR PROGRAMS	20,000
MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612		PC	SUPPORT FOR PROGRAMS	25,000
<b>Total . . . . . ▶ 3a</b>				666,000

**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>				
MUSCULAR DYSTROPHY ASSOCIATION 2132 SOUTH 12TH STREET ALLENTOWN, PA 18103		PC	SUPPORT FOR PROGRAMS	5,000
NEPA COMMUNITY HEALTH CARE 498 SOUTH MAIN ST SUITE D MONTROSE, PA 18801		PC	SUPPORT FOR PROGRAMS	10,000
NORTHEAST REGIONAL CANCER INSTITUTE 334 JEFFERSON AVE SCRANTON, PA 18510		PC	SUPPORT FOR PROGRAMS	15,000
<b>Total . . . . . ▶ 3a</b>				666,000

**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>				
NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM PO BOX 200 DIMOCK, PA 18816		PC	SUPPORT FOR PROGRAMS	5,000
VOLUNTARY ACTION CENTER 829 JEFFERSON AVE SCRANTON, PA 18510		PC	SUPPORT FOR PROGRAMS	10,000
VOLUNTEERS IN MEDICINE 190 NORTH PENNSYLVANIA AVE WILKES BARRE, PA 18702		PC	SUPPORT FOR PROGRAMS	40,000
<b>Total . . . . .</b> ▶ <b>3a</b>				666,000

**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>				
VOLUNTEERS OF AMERICA PENNSYLVANIA 2112 WALNUT STREET HARRISBURG, PA 17103		PC	SUPPORT FOR PROGRAMS	25,000
WYOMING COUNTY CULTURAL CENTER 60 E TIOGA STREET TUNKHANNOCK, PA 18657		PC	SUPPORT FOR PROGRAMS	10,000
GEISINGER COMMONWEALTH SCHOOL OF MEDICINE 525 PINE STREET SCRANTON, PA 18510		PC	SUPPORT FOR PROGRAMS	320,000
<b>Total . . . . . ▶ 3a</b>				666,000

**TY 2018 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	6,988,567	6,988,567
MORGAN STANLEY	FMV	7,083,881	7,083,881

**TY 2018 Other Decreases Schedule**

**Name:** NORTHEASTERN PENNSYLVANIA HEALTH CARE  
FOUNDATION

**EIN:** 27-5501471

<b>Description</b>	<b>Amount</b>
UNREALIZED LOSS ON INVESTMENTS	1,528,621

**TY 2018 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	1,398	0	0	1,398
BANK CHARGES	24	0	0	24
OTHER	10,974	0	0	10,974



**TY 2018 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	42,000	0	0	42,000
INVESTMENT ADVISORY FEES	81,195	81,195	0	0

**TY 2018 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>
2017 EXCISE TAX	29,775	29,775	0	0