${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and}$ the Rules of the Committee on Natural Resources

Oversight hearing titled "American Energy Jobs: Opportunities for Education."

June 24, 2014

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Mark Volk
2. Name of Organization(s) You are Representing at the Hearing: Lackawanna College
3. Business Address: 501 Vine Street, Scranton, PA 18509
4. Business Email Address: [Information Redacted for Privacy]
5. Business Phone Number: [Information Redacted for Privacy]

For all Witnesses

Name/Organization: Mark Volk/Lackawanna College

Title/Date of Hearing: Oversight hearing titled "American Energy Jobs: Opportunities for States and Localities" / June 18, 2014

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- BA, History; MA, History; MA, National Security Strategy; PhD Candidate
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. None.
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

President, Lackawanna College – present

- COL, U.S. Army (Ret.) In my last position I was responsible for training and qualification of officers in two specialties, was responsible for integrating Joint Professional Learning Objectives across Army Schools and served as the Army Staff Liaison to the Army War College
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract. None.
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. None.
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. None.
- g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Witnesses Representing Organizations

Name/Organization: Mark Volk/Lackawanna College

Title/Date of Hearing: Oversight hearing titled "American Energy Jobs: Opportunities for States and Localities" / June 18, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President, Lackawanna College

- i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s). None.
- j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s). None.
- k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. None.
- 1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Form 8879-EO

IRS e-fileSignature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning JUL 1 , 2012, and ending JUN 30 ,20 13

OMB No. 1545-1878

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service Employer identification number Name of exempt organization 24-0839402 LACKAWANNA COLLEGE Name and title of officer MARK VOLK PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) _______1b _____21471939 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) ______ 3b _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here ► **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 12345 X | authorize MCGRAIL MERKEL QUINN & ASSOCIATES, P.C. to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Ph Date > 5/5/2014 Officer's signature Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 23345112345 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

Date ▶ 05/01/14

ERO's signature

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public

JUL 1, 2012A For the 2012 calendar year, or tax year beginning and ending JUN 30, 2013 D Employer identification number B Check If applicable: C Name of organization Address change LACKAWANNA COLLEGE Name change 24-0839402 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (570)961 - 7846Termin-501 VINE STREET Amended return 30,518,944. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-SCRANTON, PA 18509 H(a) Is this a group return pending 」Yes X No F Name and address of principal officer:MARK VOLK for affiliates? 501 VINE STREET, SCRANTON, PA 18509 H(b) Are all affiliates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or If "No," attach a list. (see instructions)) (insert no.) J Website: WWW.LACKAWANNA.EDU H(c) Group exemption number ▶ L Year of formation: 1957 M State of legal domicile: PA K Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: LACKAWANNA COLLEGE IS AN Activities & Governance ACCREDITED, PRIVATE, NONPROFIT HIGHER EDUCATION INSTITUTION WHOSE oxed if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ▶ 19 Number of voting members of the governing body (Part VI, line 1a) $\overline{19}$ Number of independent voting members of the governing body (Part VI, line 1b) 658 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 672,970. 1,503,392. Contributions and grants (Part VIII, line 1h) Revenue 20,537,570. 20,863,744. Program service revenue (Part VIII, line 2g) 234,610. 646,212. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 18,218. 26,789. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 21,471,939 23,031,566. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 11,568,322. 12,065,979. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 9,546,468. 9,755,862. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,114,790 21,821,841. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -349,902. 1,916,776. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 51,678,307. 52,032,752. 20 Total assets (Part X, line 16) 18,946,871. 18,959,459. 21 Total liabilities (Part X, line 26) 32,731,436. 33,073,293. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign 2014 MARK VOLK, PRESIDENT Here Type or print name and title Check Print/Type preparer's name Preparer's signature 05/01/14 P01056330 MARY ANN NOVAK, CPA Paid P.C. 23-2226550 Firm's name MCGRAIL MERKEL QUINN & Firm's EIN Preparer Firm's address 1173 CLAY AVENUE Use Only (570) 961-0345 SCRANTON, PA 18510

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

Form 8868 (Rev. 1-2013)				Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ktension,	complete only Part II and check th	nis box	X
Note. Only complete Part II if you have already been granted an			filed Form 8868.	
If you are filing for an Automatic 3-Month Extension, comple				
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origi	nal (no copies needed)	
		Enter filer'	s identifying number, see in	structions
Type or Name of exempt organization or other filer, see instru	ıctions		Employer identification nun	nber (EIN) or
print				
File by the LACKAWANNA COLLEGE			24-08394	02
due date for filling your return. See 501 VINE STREET	see instruc	tions.	Social security number (SS	N)
return. See instructions. City, town or post office, state, and ZIP code. For a form	oreign add	dress, see instructions.		
SCRANTON, PA 18509				
Enter the Return code for the return that this application is for (file	e a senara	te application for each return)		0 1
Enter the fletum code for the return that this application is for this	c a separa	tte application for each return;		
Application	Return	Application		Return
Is For	Code	Is For		Code
Form 990 or Form 990-EZ	01			00
Form 990-BL	02	Form 1041-A		08
Form 4720 (individual)	03	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOP! Do not complete Part II if you were not already granted			viously filed Form 8868.	
ALYCIA SCHWARTS				
• The books are in the care of • 501 VINE STREET	r – sc			
Telephone No. ► <u>(570)</u> 961–7845		FAX No. ▶		
If the organization does not have an office or place of business				
If this is for a Group Return, enter the organization's four digit				
box . If it is for part of the group, check this box		ch a list with the names and ElNs o	of all members the extension	is for.
		<u>15, 2014</u> .	TITE 20 2012	
5 For calendar year, or other tax year beginning			_{ng} JUN 30, 2013	······································
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final return	
Change in accounting period				
7 State in detail why you need the extension			TO TITE & COMP	T DON'T
TAXPAYER IS AWAITING INFORMAT	ION FI	ROM A THIRD PARTY	TO FILE A COMP	TE,T,E
AND ACCURATE RETURN.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei	nter the tentative tax, less any		_
nonrefundable credits. See instructions.			8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		
tax payments made. Include any prior year overpayment alle	owed as a	credit and any amount paid		
previously with Form 8868.			8b \$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using		
EFTPS (Electronic Federal Tax Payment System). See instru	ictions.		8c \$	0.
		st be completed for Part II	only.	
Under penalties of perjury, I declare that I have examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp			belief,
	17/1		Date ▶ 2/8/14	•
Signature ► May A May Title ► MogRAIL MERKEL QUINN & ASSOCIATES, P.C.	1 175			Rev. 1-2013)
THE THE HIGH GOTTING AND SOUTH I ES. F.U.			1 0000 (1	1011 12010)

MCGRAIL MERKEL QUINN & ASSOCIATES, P.C. CERTIFIED PUBLIC ACCOUNTANTS 1173 CLAY AVENUE

1173 CLAY AVENUE SCRANTON, PA 18510 I.D. 23-2226550

mailed 2/10/14

Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			• X
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do no	t complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electro	onic filing <i>(e-file).</i> You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6	6 months for a corp	oration
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an e	extension
of time	to file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for 7	Fransfers .	Associated With Ce	ertain
	al Benefit Contracts, which must be sent to the IRS in pap					
	vw.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part	000000		submit original (no copies ne	eded).		
	oration required to file Form 990-T and requesting an autor					
Part I c					>	▶ □
	er corporations (including 1120-C filers), partnerships, REM				sion of time	
	ncome tax returns.	1700, 4110 (radio madi add i dim rad i ta raquad	(a) (b) ((b)	,5,5.1, 5, 1,,5	
Туре о	r Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	ber (EIN) or
print	,,,,,,,,			, ,		, ,
F	LACKAWANNA COLLEGE				24-08394	02
File by th	e N	ee instruc	tions	Social se	curity number (SSI	 V)
due date filing you	501 VINE STREET	00 111011100	tiono.	000,0,		7
return. Se instructio	90	oreign add	ress see instructions			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SCRANTON, PA 18509	or cigir add	ress, see metractions.			
Enter ti	ne Return code for the return that this application is for (file	a senara	te application for each return)			0 1
LITTOL	to recurr code for the recurr that this application is for the	o a sopara	to application for each reterity	••••••		
Applica	ation	Return	Application		100000	Return
Is For	2001	Code	Is For			Code
	90 or Form 990-EZ	01	Form 990-T (corporation)	***		07
Form 9		02	Form 1041-A			08
			Form 4720			09
	720 (individual)	03	1		A - A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	10
Form 9		04	Form 5227			
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	ALYCIA SCHWARTZ					
	books are in the care of 501 VINE STREET	r – St				
	phone No. ► <u>(570)</u> 961–7845		FAX No. ►			
	e organization does not have an office or place of business					• 🗀
	s is for a Group Return, enter the organization's four digit	•				
box 🕨	. If it is for part of the group, check this box 🕨 🔙	and atta	ch a list with the names and EINs of	all memb	ers the extension is	s for.
1	request an automatic 3-month (6 months for a corporation					
	FEBRUARY 15, 2014 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
İs	for the organization's return for:					
•						
•	X tax year beginning JUL 1, 2012	, an	dending JUN 30, 2013		`	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🔲 Initial return 🔲 🛚	Final retur	n	
[Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	onrefundable credits. See instructions.	,	•	3a	\$	0.
-	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	stimated tax payments made. Include any prior year overp			3b	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa					
	vusing EFTPS (Flectronic Federal Tax Payment System)	-		3с	\$	0.

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

Form **990** (2012)

Form	990 (2012) LACKAWANNA COLLEGE	24-0839402	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission: LACKAWANNA COLLEGE IS AN ACCREDITED, PRIVATE, NONPROFIT EDUCATION INSTITUTION WHOSE MISSION IS TO PROVIDE A QUAI TO ALL PERSONS WHO SEEK TO IMPROVE THEIR LIVES AND BETTE	LITY EDUCATI ER THE	ON
	COMMUNITIES IN WHICH THEY LIVE. THE COLLEGE STRIVES TO E	3E AN	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	3,
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
40	revenue, if any, for each program service reported. (code:) (Expenses \$ 11,025,785 · Including grants of \$	16,549,	678.)
4a	(Code:) (Expenses \$		
	COLLEGE IS AN ACCREDITED, PRIVATE, NON-PROFIT EDUCATIONAL		
	PROVIDING OPPORTUNITIES FOR CAREER AND PERSONAL DEVELOPMENT	MENT WITHIN	
	SELECTED ASSOCIATE DEGREES. ALL MUNICIPAL POLICE OFFICE		S
	ARE REQUIRED TO UNDERTAKE THE MUNICIPAL POLICE OFFICERS		
	TRAINING PROGRAM, ACT 120 PRIOR TO THEIR CERTIFICATION	TO SERVE AS	
	POLICE OFFICERS IN PENNSYLVANIA.		
		4.	
4b	(Code:)(Expenses \$ 1,184,036. Including grants of \$) (Revent AUXILIARY ENTERPRISE REVENUE GENERATED FROM RESIDENT HOUSING FOR MEN AND AUXILIARY COLLEGE PROVIDES RESIDENT HOUSING FOR MEN AUXILIARY COLLEGE PROVIDES RESIDENT	USING. D WOMEN STUD	ENTS
	ATTENDING THE INSTITUTION'S SCRANTON CAMPUS. ALL FULL-		
	ATTENDING THE SCRANTON CAMPUS WHO DO NOT COMMUTE DAILY I		
	THEIR PARENT(S), LEGAL GUARDIAN(S), OR SPOUSE MUST RESIDENCE.	DE IN CAMPUS	1
	HOUSING WHEN THEY ARE ACTIVELY ENROLLED IN COLLEGE COURS	SES. THIS	7/1/1
	POLICY APPLIES TO ANY TIME OF ENROLLMENT, INCLUDING SUM	MER SESSIONS	AND
	INTERSESSION.		
4c	(Code:) (Expenses \$ 1,472,791 • including grants of \$) (Revenue)	ue\$ 2,210,	657.)
	CONTINUING EDUCATION AND MISCELLANEOUS PROGRAM REVENUE.		· · · · · · · · · · · · · · · · · · ·
	COLLEGE'S CONTINUING EDUCATION DEPARTMENT ADDRESSES THE	NEEDS OF TH	Œ
	COMMUNITY THAT DO NOT FALL UNDER THE TRADITIONAL COLLEGI	E CREDIT	
	STRUCTURE. THE CONTINUING EDUCATION DEPARTMENT OFFERS A	VARIETY OF	
	COURSES FOR BOTH PERSONAL AND PROFESSIONAL DEVELOPMENT.	INDIVIDUAL	ıs
	MAY CHOOSE COURSES THAT FILL A PERSONAL NEED, DEVELOP BY	ASIC SKILLS,	
	PROVIDE RETRAINING FOR NEW CAREER OR ALLOW ADVANCEMENT	IN THEIR CUR	RENT
	CAREERS. CONTINUING EDUCATION OFFERINGS INCLUDE CREDIT	AND NON-CRE	DIT
	COURSES, CERTIFICATE PROGRAMS, SPECIALIZED JOB TRAINING	AND SEMINAR	RS.
			40.00
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$\left \lncluding grants of \$\left\$ \right) (Revenue \$\left\$)	
4e	Total program service expenses ► 13,682,612.		

3.00.7.1	Officerial of required deficacies		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
'	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
·	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			ı
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	(00000000000000000000000000000000000000
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		17	
	Part VI	11a	X	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.1		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	İ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	Λ	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	•
	Schedule D, Parts XI and XII	120		
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	10h		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	_ <u></u>	X
14a	Did the organization maintain an office, employees, or agents outside of the Office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.70		
b	bid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
4-	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1.0		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	1. It is the state of the state	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
~		Form	990	(2012)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified 26 Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV..... 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note, All Form 990 filers are required to complete Schedule O

Part V	Statements I	Regarding	Other	IRS	Filings	and	Tax	Complia	nce

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	160			
	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Χ	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	658			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	0000000000	X
b	If "Yes," enter the name of the foreign country: ►		- 0779781			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action'	?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					.,
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts			İ
	were not tax deductible?			6b	********	
7	Organizations that may receive deductible contributions under section 170(c).			- -		V
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		luirea	7-		x
	to file Form 8282?			7c		- A
d	If "Yes," indicate the number of Forms 8282 filed during the year			7e		Х
e ,	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
9	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
h o	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	000000000000	0000000000
9	Sponsoring organizations maintaining donor advised funds.		no danny mo year.			
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	?	12a	*********	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	١	i.			
	organization is licensed to issue qualified health plans	13b		1		
	Enter the amount of reserves on hand	13c		14-	 	Х
14a	Did the organization receive any payments to make a			14a 14b		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	1 0 0 .			990	(2012)

Form 990 (2012) LACKAWANNA COLLEGE 24-0839402 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X						
Sec	tion A. Governing Body and Management			,								
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other										
	officer, director, trustee, or key employee?		L	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the											
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X						
6	Did the organization have members or stockholders?											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a											
	more members of the governing body?		L	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s											
	persons other than the governing body?		L	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye											
a	The governing body?		[8a	X							
b	Each committee with authority to act on behalf of the governing body?			8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea											
_	organization's malling address? If "Yes," provide the names and addresses in Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R		***									
			_		Yes							
10a	Did the organization have local chapters, branches, or affiliates?		[10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such c											
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		1?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a			[12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I	'es," describe										
	in Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	Х							
14	Did the organization have a written document retention and destruction policy?			14	X	90000000						
15	Did the process for determining compensation of the following persons include a review and approv											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official		[15a		X						
b	Other officers or key employees of the organization			15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a	2000									
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's										
	exempt status with respect to such arrangements?			16b	<u> </u>	Ш_						
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶PA											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s o	niy) a	vailat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain	n in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of interest polic	y, and	d fina	ncial							
	statements available to the public during the tax year.											
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the orga	anizat	ion:	-							
	ALYCIA SCHWARTZ, CFO - (570) 961-7845											
	501 VINE STREET, SCRANTON, PA 18509											

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average	/	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	unle	ss pe	son i	s bot	h an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director				_	ŀ	the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or c	蠫			satec		(W·2/1099·MISC)	(14-27 1099 111100)	organization
	organizations	truste	al trus		85	эшы		(11 22 1000 111100)		and related
	below	idual	Institutional trustee	Ja	Кеу етріоуее	estoc	ᅜ			organizations
	line)	vipul	Insti	Officer	Key	Highest compensated employee	Former			
(1) RICHARD BEASLEY	0.20									
TRUSTEE SECRETARY		X					<u> </u>	0.	0.	0.
(2) VINCE BENEDETTO	0.20									_
TRUSTEE		X						0.	0.	0.
(3) CATHERINE A. BOLTON	0.20							_		_
TRUSTEE		Х						0.	0.	0.
(4) DAVIS R. CHANT	0.20								•	_
TRUSTEE		Х				_		0.	0.	0.
(5) JODY CORDARO	0.20									
TRUSTEE		Х						0.	0.	0.
(6) WILLIAM CONABOY, ESQ	0.20						ĺ			_
TRUSTEE VICE CHAIRPERSON		X					_	0.	0.	0.
(7) RICHARD E. GRIMM	0.20	ļ								
TRUSTEE		X				ļ	_	0.	0.	0.
(8) TIMOTHY HOLMES	0.20									
TRUSTEE		X	ļ				ļ	0.	0.	0.
(9) MICHAEL M. MURPHY	0.20									
TRUSTEE		X		<u> </u>	ļ		-	0.	0.	0.
(10) MICHAEL NARCAVAGE	0.20								_	
TRUSTEE		X	_			ļ	_	0.	0.	0.
(11) NICHOLAS NILES	0.20									
TRUSTEE		X	<u> </u>			_	ļ	0.	0.	0.
(12) JAMES OTT	0.20									
TRUSTEE		Х	-		_			0.	0.	0.
(13) P. THOMAS PADDEN	0.20	١							0.	0.
TRUSTEE		X			<u> </u>	<u> </u>	↓	0.	0.	<u> </u>
(14) JACK TRUSCHEL, ED. D. PSY. D.	0.20	١	-						0.	0.
TRUSTEE		X		-	ļ	-	<u> </u>	0.	0.	- 0.
(15) JOYCE VAN SCHOOVENELD	0.20						Ì	0.	0.	0.
TRUSTEE	0.00	X	-	ļ	<u> </u>	-	+	0.	0.	0.
(16) TIMOTHY R. WARFIELD	0.20	١.,			ļ			0.	0.	0.
TRUSTEE	1 0 00	X	-	\vdash		+	-	<u> </u>	1	0.
(17) JOHN P. WIERCINSKI	0.20	١,,						0.	0.	0.
TRUSTEE		Х			<u></u>	<u> </u>		<u> </u>		Form 990 (2012)

(A)	(B)			(C				ompensated Employee (D)	(E)	(F)
Name and title	Average hours per week	hours per do not check more box, unless person					an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) DAVID KAPLAN TRUSTEE	0.20	Х						0.	0	. 0
(19) DOMINICK DENAPLES TRUSTEE CHAIRPERSON	0.20	X						0.	0	. 0
(20) MARK VOLK	40.00			х				108,841.	0	. 25,753
PRESIDENT (21) ALYCIA SCHWARTZ	40.00			Х			:	36,639.	0	
VP FOR FINANCE AND ADMINISTRATION (22) DR. JILL MURRAY	40.00			Х		:		86,416.	0	
EXECUTIVE VICE PRESIDENT (23) PAUL STRUNK /P FOR ADVANCEMENT	40.00			Х				6,885.	0	
1b Sub-total								238,781.	0	. 63,530
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 238,781.	0	. 0
Total number of individuals (including but r compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s										Yes No
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization	4 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	lion	from	any	uni	elat	ed organization or indivi		. 5 X
Section B. Independent Contractors									<u> </u>	
Complete this table for your five highest co the organization. Report compensation for										
(A) Name and business	. addrasa							(B) Description of s	vandoos	(C) Compensation

(A) Name and business address	(B) Description of services	(C) Compensation
SPANO CONSTRUCTION		
1012 PRICE STREET, SCRANTON, PA 18508	CONTRACTOR	1,274,069.
STIRNA'S RESTAURANT		
120 WEST MARKET STREET, SCRANTON, PA 18508	FOOD SERVICE	892,605.
ANTHONY R WALDRON		
8 SILK MILL DRIVE, HAWLEY, PA 18428	ATTORNEY	320,839.
QUALITY BUILDING		
PO BOX 317, DUNMORE, PA 18512	JANITORIAL/CLEANING	243,200.
PRIME ELECTRIC	ELECTRICAL	
137 LAKE STREET, DUNMORE, PA 18512	CONTRACTOR	208,008.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 8	ed above) who received more than	
		- 000 (0040)

Form 990 (2012) LACKAWA
Part VIII Statement of Revenue

100.000.00A	Check if Schedule O contains a response to any question in this Part VIII										
			Orieck ii Ochedule O Conte	ania a response	o arry question	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from tax under		
							exempt function revenue	business revenue	sections 512, 513, or 514		
(A (A)							10401100		310, 01 314		
in a			Federated campaigns								
اع ق			Membership dues	[T							
ξķ			Fundraising events								
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		272 112						
Sir			Government grants (contribution		270,419.						
er.			All other contributions, gifts, grant	1 1							
흔된			similar amounts not included abov	Casal	402,551.						
d d		-	Noncash contributions included in lines		20,839.						
Oe		<u>h</u>	Total. Add lines 1a-1f			672,970.					
ŀ					Business Code		46 540 680				
ice	2		EDUCATIONAL		611710	16,549,678.	16,549,678.				
le e		_	AUXILIARY		611710	2,210,657.	2,210,657.				
en S		С	CONTINUING ED AND MISC	PROGRAM	611710	1,777,235.	1,777,235.				
Re		d									
Program Service Revenue		e	A.V. (1)								
-			All other program service rever		. •	20,537,570.					
\rightarrow			Total. Add lines 2a-2f			20,537,570.					
	3		Investment income (including		L .	238,612.			238,612.		
			other similar amounts)			230,012.			, , , , , , , , , , , , , , , , , , , ,		
	4				_						
	5		Royalties	(i) Real	(ii) Personal						
	6	_	Gross rents	(I) Neal	(II) 1 ersonai						
	6		Gross rents								
			•								
			Rental income or (loss) Net rental income or (loss)		•		500000000000000000000000000000000000000				
			Gross amount from sales of	(i) Securities	(ii) Other						
	′	a	assets other than inventory	8,924,164.	T						
		h	Less: cost or other basis								
		-	and sales expenses	8,928,767.	4,789.						
		c	Gain or (loss)								
			Net gain or (loss)		_	-4,002.			-4,002.		
<u>o</u>			Gross income from fundraising								
			including \$								
eve			contributions reported on line	1c). See							
μ α			Part IV, line 18		140,238.						
Other Reven		b	Less: direct expenses	b	113,449.						
٥			Net income or (loss) from fund			26,789.			26,789.		
	9	а	Gross income from gaming ac	tivities. See	!						
			Part IV, line 19	a							
		b	Less: direct expenses	b							
		С	Net income or (loss) from gam	ing activities	<u> </u>						
	10	а	Gross sales of inventory, less	returns							
			and allowances	a							
			Less: cost of goods sold								
		С	Net income or (loss) from sale	s of inventory							
			Miscellaneous Revenu	e	Business Code						
	11	а							-		
		b									
		С									
			All other revenue								
		е	Total. Add lines 11a-11d		_	21 471 020	20 537 570	0.	261,399.		
	12		Total revenue. See instructions.		<u></u>	21,471,939.	20,537,570.	· · · · · · · · · · · · · · · · · · ·			

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).								
20011	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX											
Do 1	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the United States. See Part IV, line 21											
2	Grants and other assistance to individuals in											
	the United States. See Part IV, line 22											
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	United States. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	238,781.		231,896.	6,885.							
	trustees, and key employees	230/101.		20170201								
6	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	8,190,546.	6,629,192.	1,413,653.	147,701.							
8	Pension plan accruals and contributions (include	-										
•	section 401(k) and 403(b) employer contributions)	316,836.	249,174.	61,852.	5,810.							
9	Other employee benefits	2,668,425.	2,098,567.	520,922.	48,936.							
10	Payroll taxes	651,391.	512,282.	127,163.	11,946.							
11	Fees for services (non-employees):											
а	Management			101								
b	Legal	196,429.		196,429.								
С	Accounting	42,000.		42,000.								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch O.)	305,310.	305,310.									
12	Advertising and promotion	303,310.	303,310.									
13	Office expenses											
14 15	Royalties											
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings			670 000								
20	Interest	672,383.		672,383.								
21	Payments to affiliates	0 000 000		2 222 020								
22	Depreciation, depletion, and amortization	2,332,828.		2,332,828.								
23	Insurance											
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line											
	24e amount exceeds 10% of line 25, column (A)											
	amount, list line 24e expenses on Schedule O.) EDUCATIONAL EXPENSES	3,888,087.	3,888,087.									
a	ADMINISTRATIVE EXPENSES	2,217,998.	0,000,001	2,217,998.								
b c	DEVELOPMENT EXPENSES	100,827.		,	100,827.							
d												
e	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	21,821,841.	13,682,612.	7,817,124.	322,105.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here If following SOP 98-2 (ASC 958-720)				5 000 (0040)							

(B) End of year
98,707.
5,403,991.
143,254.
262,094.
· · · · · · · · · · · · · · · · · · ·
300000000000000000000000000000000000000
200000000000000000000000000000000000000
727,746.
282,684.
35,849,129.
8,213,522.
60,000.
637,180.
51,678,307.
1,216,909.
688,757.
000,737.
17,041,205.
18,946,871.
<u> 29,859,988.</u>
2,811,448.
60,000.
32,731,436.
51,678,307.
Form 990 (2012)
32

Form **990** (2012)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12)	21,471, 21,821, -349, 33,073,	841.
Check if Schedule O contains a response to any question in this Part XI	21,471, 21,821, -349,	841.
	21,471, 21,821, -349,	841.
1 Total revenue (must equal Part VIII column (A) line 12)	21,821, -349,	841.
	-349,	
2 Total expenses (must equal Part IX, column (A), line 25)		002
3 Revenue less expenses. Subtract line 2 from line 1	33.073.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4		
5 Net unrealized gains (losses) on investments5	8,	045.
6 Donated services and use of facilities 6		
7 Investment expenses 7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain in Schedule O)		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
column (B))	32,731,	436.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		. X
	Ye	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	2c X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133?	3a X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number Name of the organization 24-0839402 LACKAWANNA COLLEGE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated Type III - Non-functionally integrated a Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) of your support? governing document? above or IRC section (see instructions)) No Yes No Yes No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	,					
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here					>
	ction C. Computation of Pub						
	Public support percentage for 2012					14	%
15	Public support percentage from 201	1 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this box	and •
	stop here. The organization qualifies	as a publicly supp	oorted organization	۱			
Ŀ	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check thi	s box
	and stop here. The organization qua	difies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	st - 2012. If the org	ganization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fa-	cts-and-circumstan	nces" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
t	10% -facts-and-circumstances tes	st - 2011. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets t	the "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	, <u> </u>
	organization meets the "facts-and-cir	rcumstances" test.	The organization	qualifies as a publ	icly supported org	anization	
18	Private foundation. If the organization	<u>on did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	>
					Scho	edule A (Form 990 e	or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in		;				
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						ļ
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain	,					
	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				l		
14	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u></u>
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
	Public support percentage for 2012						%
	Public support percentage from 201					16	%
	ction D. Computation of Inve					T /	
17	Investment income percentage for 26						
18	Investment income percentage from	2011 Schedule A	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. Th	e organization qua	lifies as a publicly	supported organi	ization	▶∟
ı	33 1/3% support tests - 2011. If the	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The org	anization qualifies	s as a publicly sup	ported organization	`
20	Private foundation. If the organization	on did not check a	a box on line 14, 19	a, or 19b, check	this box and see i	nstructions	<u></u> ▶∟⊥

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 24-0839402

90*******	LACKAWANNA COLLEGE	Euroda ox Appounts Complete if the
Par		runas or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p	
00000000	impermissible private benefit?	Yes No
Par	rt II Conservation Easements. Complete if the organization answered "Yes" to Forn	1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f an historically important land area
	Protection of natural habitat	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	
b		
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	• • • • • • • • • • • • • • • • • • • •	
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	d by the organization during the tax
	year -	
4	Number of states where property subject to conservation easement is located	U f
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
_		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and or	
9	In Part XIII, describe now the organization reports conservation easements in its revenue and the conservation of the statements that do	porthos the organization's accounting for
	include, if applicable, the text of the footnote to the organization's financial statements that de	Scribes the organization's accounting for
БА	conservation easements. It III Organizations Maintaining Collections of Art, Historical Treasures	or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	, 0, 0
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue	e statement and balance sheet works of art.
10	historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue st	atement and balance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for	
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	
2	D	
a	Assets included in Form 990, Part X	
D	Assets illoluded ill I offil aso, I all A	

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		NNA COLLEGI					•	39402		age Z		
	tilli Organizations Maintaining C											
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are	a signi	ficant use	of its c	ollection	i item	s		
	(check all that apply):											
а	Public exhibition	d	Loan or excl	nange programs								
b	Scholarly research	е	Other									
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sir	nilar as	sets			_	,		
	to be sold to raise funds rather than to be ma						L	Yes		No		
Par	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or											
	reported an amount on Form 990, Par											
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets	not inc	luded			_	٦.		
	on Form 990, Part X?						L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:									
								Amount				
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance		,			1f						
2a	Did the organization include an amount on Fe	orm 990, Part X, line	217					Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part	XIII							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, li	ne 10.							
		(a) Current year	(b) Prior year	(c) Two years bad	ck (d)	Three years	back	(e) Four	years	back		
1a	Beginning of year balance	3,768,025.	3,610,625.	3,128,42	22.	2,970,	237.	3	,062	950.		
b	Contributions	190,456.	76,047.	59,68	33.	45,	147.		258	955.		
	Net investment earnings, gains, and losses	170 000										
d	Grants or scholarships	64,619.	57,470.	57,34	18.	143,	575.	. 41,568.		,568.		
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	4,232,392.	3,768,025.	3,610,62	25.	3,128,	422.	2	,970	,237.		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:								
а	Board designated or quasi-endowment	77.00	_%									
	Permanent endowment ► 1.00	%										
С	Temporarily restricted endowment ▶ 2	2.00 %										
	The percentages in lines 2a, 2b, and 2c shou											
3a	Are there endowment funds not in the posse		ation that are held a	nd administered	for the	organizatio	n					
	by:								Yes	No		
	(i) unrelated organizations							3a(i)		X		
	(ii) related organizations							3a(ii)		X		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?					3b				
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X, line 10.									
	Description of property	(a) Cost or o		or other (c) Accu	ımulated		(d) Boo	k valu	le		
	, , , ,	basis (investr	ment) basis	(other)	depre	ciation						
	Land			5,481.			376	1,52				
b	Buildings					1,115		0,02				
C	Leasehold improvements			3,658.		2,706		1,28				
d	Equipment				5,21	1,881	•	2,54				
	Other	ı	47	1,015.						<u>15.</u>		
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)		<u></u>	3	5,84	9,1	<u> 29.</u>		

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 LACKAWANNA C			24-	-0839402 _{Page}	3
Part VII Investments - Other Securities. See	Form 990, Part X, line (b) Book value	12.	valuation: Cost or end	of vear market value	
(a) Description of security or category (including name of security)	(b) book value	(c) Method of	Valuation. Cost of crid	or year market value	
(1) Financial derivatives					_
(2) Closely-held equity interests					_
(3) Other					
(A)					
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related. See	Form 990, Part X, line	∍ 13.			_
(a) Description of investment type	(b) Book value	(c) Method of	valuation: Cost or end	·of·year market value	_
(1)					_
(2)					_
(3)					
(4)					
(5)					_
(6)					
(7)					_
(8)					
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					<u>@@</u>
Part IX Other Assets. See Form 990, Part X, line 1	5. escription			(b) Book value	_
	escription			(4) 20011 14140	
(1)					_
(2)					_
(3)		Mis distance			
(4)		******			
(5) (6)	10				
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>		
Part X Other Liabilities. See Form 990, Part X, Iir					
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)			_		
(3)			_		
(4)			_		
(5)			_		
(6)			_		
(7)			_		
(8)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2012

(9) (10) (11)

24

IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD GUIDANCE ON

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT EVALUATED THE

COLLEGE'S TAX POSITIONS AND CONCLUDED THAT THE COLLEGE HAD TAKEN NO

UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW

EXCEPTIONS, THE COLLEGE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY
Schedule D (Form 990) 2012

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

LACKAWANNA COLLEGE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Employer identification number 24-0839402

Schedule E (Form 990 or 990-EZ) (2012)

Pa)			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
?	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	00000000
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	X	
	NEWSPAPER ADVERTISEMENTS			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	<u> </u>
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
1	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
h	Admissions policies?	5b		Х
c	Employment of faculty or administrative staff?	5с		X
ď	Scholarships or other financial assistance?	5d		X
	Educational policies?	5е		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
"	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	If you allowold 165 to any of the above, please explain if you need the epiles, 155 to any of the above, please explain if you need the epiles, 155 to any of the above, please explain if you need the epiles, 155 to any of the above, please explain if you need the epiles, 155 to any of the above, please explain if you need the epiles, 155 to any of the above, please explain if you need the epiles, 155 to any of the above, please explain if you need the epiles, 155 to any of the above, 155 to			
_	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
D	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Does the organization certify that it has compiled with the applicable requirements of sections 4.5 fith longer 4.55 or an explain on Part II	7	X	-possition

Sched	ule E (i	For	n 990	or 990)-EZ)	(2012))LAC	CKAV	VAN1	NA C	COLL	EGE_								Page 2
Part	0	Su as	pple: applica	ment able. A	tal l i Nso c	nforr omple	natio	on. Co s part	omple to pro	te this vide a	part to ny othe	provid r addit	e the exp lonal info	planat ormati	tions required on.	by Part I	, lines 3, 4d,	5h, 6t	o, and 7,	
SCH	EDUI	ĹΕ	Ε,	LI	NE	6 -	- EX	(PL	'ANA	TION	1 OF	GO7	VERNN	MEN'	r FINAN	CIAL	AID:			
THE	COI	L	EGE	PA	RTI	CIE	PATE	ES]	IN '	THE	DEP	T OI	F ED'	'S	STUDENT	FIN	ANCIAL	ASS	SISTA	ANCE
PRO	GRAI	vī.	ALS	so,	FU	INDI	ING	IS	RE	CEI	/ED	FOR	ОТНЕ	ER I	EDUCATI	ONAL	PROGRA	MS	AND	FOR
CAP	ITAI	<u>. </u>	PRO	JEC	TS.															
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Name of the organization		Employer identification number 24-0839402					
F	NA COLLEGE	swered "Y	es" to	Form 990, Part IV, li			
required to complete this part.	omplete if the organization and	weled i		, , OIIII 990, 1 ait 14, ii	110 177 1 011		Thors are not
 1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or o key employees listed in Form 990, Part b If "Yes," list the ten highest paid individ compensated at least \$5,000 by the organization 	e Solic f Solic g Spec ral agreement with any indivic VII) or entity in connection wit uals or entities (fundraisers) p	sitation of sitation of cial fundra lual (includ h profess	non·g gover lising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did alser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	ined by) liser	(vi) Amount paid to (or retained by) organization
		Yes	No				
	Marine Marine						
	12.00						

						-	-
Total			. ▶				
3 List all states in which the organization i or licensing.	s registered or licensed to sol	icit contrib	oution	s or has been notified	d it is exem	pt from r	egistration
			-				
	William .						

Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012 LACKAWANNA COLLEGE

Part II

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

(a) Event #1

(b) Event #2

GOLF

CONCERTS

TOURNAMENTS

2

4-0839402 Page 2

(c) Other events

(add col. (a) through

			(a) Event #1	(b) Event #2 GOLF	(c) Other events	(d) Total events
			CONCERTS	TOURNAMENTS	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
u						
Revenue	1	Gross receipts	78,897.	31,153.	30,188.	140,238.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	78,897.	31,153.	30,188.	140,238.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment	70 FC1	21,194.	12,694.	113,449.
	9	Other direct expenses		<u> </u>		(113,449)
	10					26,789.
808	11	Gaming. Complete if the organization	answered "Yes" to Form	990. Part IV. line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	anomorous transfer	, , , , , , , , , , , , , , , , , , , ,	•	
	T	ψτο,000 οπτ οππ σσο <u>ΕΣ, ππο</u> σα.	/ \ D:	(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
une Une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes%	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	()
	8	Net gaming income summary. Combine line	1, column d, and line /			
^	Cn	nter the state(s) in which the organization opera	ates gaming activities:			
9	r.lo	the organization licensed to operate gaming a	ctivities in each of these	states?		Yes No
		"No," explain:				
	9 11	110, OAPIGITI				
	-					
10	a W	ere any of the organization's gaming licenses	revoked, suspended or t	erminated during the tax	year?	Yes No
	b If	"Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2012 LACKAWANNA COLLEGE	24 - 0	<u> 339</u>	<u>402</u>	Page 3
 11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?			Yes	☐ No
10	to administer charitable gaming?				
	The organization's facility		13a		·
	o An outside facility		13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:			
• •					
	Name				
	Address			Vaa	No
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	INC
Ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amo	unt			
	of gaming revenue retained by the third party ▶\$				
•	o If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ►	 		ran-	
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17					
;	a is the organization required under state law to make charitable distributions from the gaming proceeds to			Yes	□ N
	retain the state gaming license?	in the	. —	103	
	 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$ 	III tilo			
200000 D (*	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column 1997.	umns (iii)	and (v), and	Part III,
3.55	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf	ormation	(see	instru	ctions).
			·-···		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Open to Public

Employer identification number

Inspection

ž 24-0839402 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable LACKAWANNA COLLEGE Part 3 General Information on Grants and Assistance (P) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government PartII

Schedule I (Form 990) (2012)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance o, 855,322. (c) Amount of cash grant 33 418 (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS 232102 12-18-12 PartIV

Page 2

24-0839402

LACKAWANNA COLLEGE

Schedule I (Form 990) (2012)

Part III

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

ANNUALLY.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

LACKAWANNA COLLEGE

Employer identification number 24-0839402

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION IS TO PROVIDE A QUALITY EDUCATION TO ALL PERSONS WHO SEEK TO IMPROVE THEIR LIVES AND BETTER THE COMMUNITIES IN WHICH THEY LIVE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AFFORDABLE TWO-YEAR, OPEN-ENROLLMENT COLLEGE, PROVIDING A HIGH QUALITY AND TRANSFERABLE EDUCATION THAT EXCEEDS ACADEMIC EXPECTATIONS FOR STUDENTS AT ALL LEARNING LEVELS. THE COLLEGE IS COMMITTED TO PROVIDING EDUCATIONAL OPPORTUNITIES FOR STUDENTS WHO ARE ACADEMICALLY UNDERPREPARED FOR COLLEGE LEVEL WORK, AND NURTURING STUDENTS' SENSE OF SELF-WORTH AND CAPACITY TO MAKE A DIFFERENCE. THE COLLEGE IS ALSO COMMITTED TO CULTIVATING AND MAINTAINING ACTIVE PARTNERSHIPS WITH OUR REGIONAL COMMUNITY, INCLUDING OTHER EDUCATIONAL INSTITUTIONS, BUSINESSES, AND NON-PROFIT AGENCIES. THE COLLEGE DELIVERS SERVICE THROUGH EXCELLENCE IN PROGRAMS THAT PREPARE STUDENTS TO SUCCEED IN THE WORKFORCE. FORM 990, PART VI, SECTION B, LINE 11: A PDF COPY OF THE 990 IS SENT TO THE FORM 990 IS THEN DISCUSSED AT THE BOARD MEMBERS PRIOR TO MEETING. BOARD MEETING PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH BOARD MEMBERS AND EACH MEMEBR SIGNS A DISCLOSURE STATEMENT

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

Schedule O (Form 990 or 990·EZ) (2012)		Page 2
Name of the organization LACKAWANNA COLLEGE	Employer ide	ntification number 39402
INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILAB	LE UPON	REQUEST.
		~
FORM 990, PART XII, LINE 2C		
THE ORGANIZATION HAS NOT CHANGED ITS AUDITOR OVERSIGHT OR	SELECTI	ON
PROCESS DURING THE TAX YEAR.	· · ·	
	- 40	

OMB No. 1545-1878 IRS e-file Signature Authorization Form 8879-EO for an Exempt Organization For calendar year 2011, or fiscal year beginning JUL 1 , 2011, and ending JUN 30 ,20 12 Do not send to the IRS. Keep for your records. Department of the Treasury See instructions. Internal Revenue Service Employer Identification number Name of exempt organization 24-0839402 LACKAWANNA COLLEGE Name and title of officer MARK VOLK PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _______ 1b ______ 2 30 31 5 6 6 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here ►L Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct deblt) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize MCGRAIL MERKEL QUINN & ASSOCIATES, P.C. 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have Indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filling identification number (EFIN) followed by your five-digit self-selected PIN.

23345112345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Francis J. Merkel, CPA
Joseph J. Quinn, CPA/ABV, CVA
Daniel J. Gerrity, CPA
Mary Ann E. Novak, CPA

APRIL 30, 2013

CLIENT COM

LACKAWANNA COLLEGE 501 VINE STREET SCRANTON, PA 18509

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MARY ANN NOVAK, CPA

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning JUL 1 , 2011, and ending JUN 30 ,20 12 Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	See instructions.		
Name of exempt organization		Employer	identification number
LACKAWANNA CO	TJEGE	24-0	839402
Name and title of officer			
MARK VOLK			
PRESIDENT			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
Check the box for the retu	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from	om the reti	urn. If you check the box
on line to 2a 3a 4a or 5	a, below, and the amount on that line for the return being filed with this form was blank, tank (do not enter ·0·). But, if you entered ·0· on the return, then enter ·0· on the applicable	then leave	w. Do not complete more
1a Form 990 check here	▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	23031566
2a Form 990 EZ check he		2b	
3a Form 1120-PQL check		3b	
4a Form 990-PF check he	(7)		
5a Form 8868 check here			
	1 Authorization of Officer		
Part II Declarat	tion and Signature Authorization of Officer I declare that I am an officer of the above organization and that I have examined a copy	of the ore	rentzetlon's 2011
intermediate service provide a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected	nount in Part I above is the amount shown on the copy of the organization's electronic reder, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceapplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organizatitution to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial incompanies and incompanies are personal identification number (PIN) as my signature for the organization's electronic reflectronic funds withdrawal.	essing the electronic at the e	return or refund, and (c) funds withdrawal (direct deral taxes owed on this Financial Agent at s involved in the ssues related to the
Officer's PIN: check one	•		my PIN 12345
X I authorize MC	GRAIL MERKEL QUINN & ASSOCIATES, P.C.	to enter r	ny PIN <u>12343</u> Enter five numbers, but
	ERO firm name		do not enter all zeros
ls being filed wi enter my PIN or	e on the organization's tax year 2011 electronically filed return. If I have indicated within t th a state agency(les) regulating charities as part of the IRS Fed/State program, I also au n the return's disclosure consent screen.	ithorize the	
Indicated within program, I will e	the organization, I will enter my PIN as my signature on the organization's tax year 2011 in this return that a copy of the return is being filed with a state agency(les) regulating character my PIN on the return's disclosure consent screen.	arities as p	at of the the Leavergre
Officer's signature 🕨	Date ►		
Part III Certifica	ation and Authentication		
220000000000000000000000000000000000000	our six-digit electronic filling identification		
	y your five-digit self-selected PIN. 23345112343 do not enter all zeros		
certify that the above nu confirm that I am submitt e-file Providers for Busine	umeric entry is my PIN, which is my signature on the 2011 electronically filed return for th ing this return in accordance with the requirements of Pub. 4163, Modernized e-File (Me ess Returns	ie organiza F) Informa	ation indicated above. I tion for Authorized IRS
ERO's signature	Date ► 04	/30/1	3
Tito o diduatoro b	EDO M. A Databa This Forms Con Instructions		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D	o So	

LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11

Form 8879-EO (2011)

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	2011 calendar year, or tax year beginning $$ JUL 1 , $$ 2011 $$ and ending	JUN 30, 201	.2
В	Check If applicable;	C Name of organization	D Employer iden	tification number
	Address	LACKAWANNA COLLEGE		
	Name change	Doing Business As	24-	-0839402
	initial retum Temin- ated	Number and street (or P.O. box if mail is not delivered to street address) 801 VINE STREET		70)961-7846
	Amende relum	d City or town, state or country, and ZIP + 4	G Gross recelpts \$	34,459,251.
	Applica-	SCRANTON, PA 18509	H(a) Is this a group	
	pending	F Name and address of principal officer; PIACK VOLIK	for affiliates?	Yes X No
	***	501 VINE STREET, SCRANTON, PA 18509		Included? Yes No
				n a list. (see instructions)
		:▶ WWW.LACKAWANNA.EDU	H(c) Group exemp	
		rganization: X Corporation Trust Association Other ► L Y Summary	ear of formation: 1937	M State of legal domicile: PA
411121	1 E	riefly describe the organization's mission or most significant activities: $ ext{LACKAWAN}$	NA COLLEGE I	S AN
Activities & Governance	'	ACCREDITED, PRIVATE, NON-PROFIT EDUCATIONAL	INSTITUTION	
rnaı		heck this box		
ζe	i	iumber of voting members of the governing body (Part VI, line 1a)		3 22
ã	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4 22
γχ	l .	otal number of Individuals employed in calendar year 2011 (Part V, line 2a)	l I	5 642
ij		otal number of volunteers (estimate if necessary)		6 1
cţ		otal unrelated business revenue from Part VIII, column (C), line 12		7a 0.
Q	j.	let unrelated business taxable Income from Form 990-T, line 34	1	7b 0.
			Prior Year	Current Year
<u>o</u>	8 0	iontributions and grants (Part VIII, line 1h)	1,394,088	
en	9 F	rogram service revenue (Part VIII, line 2g)	19,987,822	
Revenue	10 la	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	290,621	
ш.	11 (other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,615	
		otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,697,146	
	1	irants and similar amounts paid (Part IX, column (A), lines 1·3)		0.
	1	enefits pald to or for members (Part IX, column (A), line 4)		0.
S	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,179,311	
Expenses	16a F	rofessional fundralsing fees (Part IX, column (A), line 11e)	l .	0.
盎	bT	otal fundralsing expenses (Part IX, column (D), line 25) 254, 867.	8,998,935	5. 9,546,468.
-	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,178,246	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,518,900	
0 S	19 F	levenue less expenses. Subtract line 18 from line 12	Beginning of Current Ye	
		1.1 1. /O 1. V. N	50,677,402	
Asset:	20 7	otal assets (Part X, line 16)	19,571,083	
Net /	22	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	31,106,319	
		Signature Block	0 = 1 = 0 0 / = = =	
		les of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of	of my knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prep		
	,, 0011001	\		
Sig	ın	Signature of officer	Date	-1-1-
He		MARK VOLK, PRESIDENT	-	1/2/2013
		Type or print name and title		
		Print/Type preparer's name Preparer's signeture	Date Check	house and
Pai	d (MARY ANN NOVAK, CPA Way & Mil (1/4	04/30/13 self-en	
Pre	parer	THIII O HOUTHS	P.C. Firm's EiN	<u>23−2226550</u>
Use	Only	Firm's address 1173 CLAY AVENUE		.EGO. 061 064E
		SCRANTON, PA 18510	Phone no.	(570) 961-0345
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Form 88	68 (HeV, 1-2012)						Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this	xod e			X
	nly complete Part II if you have already been granted an a		•	lled Form 8	3868.		
	are filing for an Automatic 3-Month Extension, complet						
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies n	eeded).	
			Enter filer's	identifyin	g numbe	r, seeins	tructions
Type or	Name of exempt organization or other filer, see instru-	ctions	•	Employer	identifica	ation numb	oer (EIN) or
print							
File by the	LACKAWANNA COLLEGE		· · · · · · · · · · · · · · · · · · ·	[X]	24-0	83940)2
due date fo filing your return, See	Number, street, and room or sulte no. If a P.O. box, so 5 0 1 VINE STREET	ee instruc	lions.	Social se	curity nur	nber (SSN	J)
Instructions	City, town or post office, state, and ZIP code. For a for SCRANTON, PA 18509	oreign add	ress, see instructions.				
	permitter, 11 10005				· · ·		
Entor the	e Return code for the return that this application is for (file	a censts	te application for each return)				01
Cilifet (ile	a Naturi Code for the return that this application is for the	a sepaia	te application for each return,	*************			[
Applicat	Non	Return	Application				Return
Is For	,	Code	Is For				Code
Form 99	0	01					
Form 99		02	Form 1041-A				08
Form 99		01	Form 4720				09
Form 99		04	Form 5227				10
	0·T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	0-T (trust other than above)	06	Form 8870				12
	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 8	3868.	
	ALYCIA SCHWART	Z, CF	O				
• The b	books are in the care of 501 VINE STREE :	r - S	CRANTON, PA 18509				
Teler	hone No. ► (570) 961–7845		FAX No. ►				·
	organization does not have an office or place of business	s in the Ur	lited States, check this box			>	
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the who	le group,	check this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the e	xtension is	s for.
4 r	equest an additional 3-month extension of time until	MAY	15, 2013				
5 Fo	or calendar year, or other tax year beginning	JUL 1	, 2011 , and endir	ng JUN	30,	2012	
	the tax year entered in line 5 is for less than 12 months, o			Final r	etum		
	Change in accounting period						
7 St	ate in detail why you need the extension	•					
${f T}$	AXPAYER IS AWAITING INFORMAT	ION F	ROM A THIRD PARTY	TO FI	LE A	COMP	LETE
Ā	ND ACCURATE RETURN.						·
							
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any	1			_
	onrefundable credits. See Instructions.		•	8a	\$		· 0.
	this application is for Form 990 PF, 990 T, 4720, or 6069,						
	x payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid				^
	reviously with Form 8868.			86	\$		0.
-	alance due. Subtract line 8b from line 8a. include your pa	-	th this form, if required, by using				0
E	TPS (Electronic Federal Tax Payment System). See instr	uctions.	· · · · · · · · · · · · · · · · · · ·	80	 \$		0.
			st be completed for Part II				
Under pe It is true,	nalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this f	iing accom orm.	panying schedules and statements, and l			viedge and	belief,
Signatur	⇒ MgA MM Title ►	(11/2)		Date		7////	3
		**			Foi	m 8868 (F	Rev. 1-2012)

eg. 4d 10/31/12

Form **8868**

(Rev. January 2012)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

ternal Re	venue Service	rate appir	Catton for Can retarm		<u> </u>	
If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			X
lf you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	o mplete only Part II (on page 2 of t	his form).		
Do not	complete Part II unless you have already been granted a	an automat	tic 3-month extension o n a previous	ly filed Forr	n 8868.	
lectro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	ne to file (6 i	months for a c	orporation
eaulred	to file Form 990-T), or an additional (not automatic) 3-mor	nth extensi	ion of time. You can electronically fi	le Form 886	38 to request a	n extension
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers As	ssociated With	Certain
ersone	l Benefit Contracts, which must be sent to the IRS in pap	er format (see Instructions). For more details o	on the elect	ronic filing of th	ıls form,
	w.irs.gov/efile and click on e-file for Charitles & Nonprofits					
Part	Automatic 3-Month Extension of Time	s. Only s	<u>ubmit original (no copies ne</u>	eded).		
corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	nth extension • check this box and o	complete		
art I or	nly					.▶ Ш
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and tr	usts must use Form 7004 to reques	t an extens	lon of tlme	
уре or	Name of exempt organization or other filer, see instru	ctlons.		Employer	dentification n	umber (EIN) or
orint	LACKAWANNA COLLEGE			X	24-0839	402
Tie by the lue date f iling your		ee Instruct	llons.	Social sec	urity number (38N)
eturn, Sec nstruction		oreign add	ress, see instructions.			
	DOLLET STATE OF THE STATE OF TH					
∃nter th	e Return code for the return that this application is for (file	e a separa	te application for each return)	• • • • • • • • • • • • • • • • • • • •		0 1
	Alau	Return	Application			Return
Applica	nion	Code	Is For			Code
s For	20	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 9		01	Form 4720			09
Form 9		04	Form 5227			10
	90·T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	ALYCIA SCHWART	Z, CF	Ō			
• The	books are in the care of ▶ 501 VINE STREE	T - S	CRANTON, PA 18509			
Tele	phone No. ► (570) 961-7845		FAX No. ▶			
If the	e organization does not have an office or place of busines	s In the Ur	nited States, check this box			▶ 🔲
● If th	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for	the whole gro	up, check this
box 🕨	, if it is for part of the group, check this box	and atta	ach a list with the names and EINs c	of all member	ers the extensl	on is for.
1	request an automatic 3-month (6 months for a corporation FEBRUARY 15, 2013, to file the exemption of the first state of the fir	n required	to file Form 990-T) extension of time	e until ed above	The extension	
-	s for the organization's return for:	Ji Organiza	MOIT lettiff for the organization ham	100 000701	1110 07110110101	·
	► calendar year or ► X tax year beginning JUL 1, 2011	. ar	nd ending JUN 30, 2012	2		
,	[K] tax year beginning 001 17 1011	, u	id offding			
2	the tax year entered in line 1 is for less than 12 months, Change in accounting period	check reas	son: Initial return	Final retur	n	
3a	f this application is for Form 990·BL, 990·PF, 990·T, 4720,	or 6069, e	enter the tentative tax, less any			^
ĭ	onrefundable credits. See Instructions.			3a	\$	0.
b i	f this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			0
•	estimated tax payments made. Include any prior year over	rpayment a	allowed as a credit.	3b	\$	0.
c I	Balance due. Subtract line 3b from line 3a. Include your p	ayment wi	th this form, if required,			^
1	oy using EFTPS (Electronic Federal Tax Payment System)	, See instru	uotions.	3c	\$	0.
		JAL ALI F	0000 Farm 04E9.EO and I	Corm 9970.	EO for naumer	it Instructions

Form 990 (2011)

F	990 (2011) LACKAWANNA COLLEGE 24-08394	02		age C	<u>-</u>
Form Y	Checklist of Required Schedules		· · ·	Ni-	
			Yes	No	-
	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	.	х		
		1	$\frac{\Lambda}{X}$		-
		2	^		-
2	to the appear in direct political campaign activities on behalf of on opposition to survive			v	
		3		X	_
	and the properties of the organization engage in lobbying activities, of flave a section of the organization			17	
4	during the tax year? If "Yes," complete Schedule C, Part II	4		X	_
	TO A CONTROL OF THE PROPERTY O	1		١	
		5		X	
		1			
6	Did the organization maintain any donor advised funds of any similar funds of accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts?	6_		X	
	provide advice on the distribution or investment of amounts in such folias of accounts to preserve open space.	.			
7	provide advice on the distribution of investment of carbonic in the distribution of carbonic in the distribution of	7		X	
	Did the organization receive or noid a conservation economics for the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				
8	Did the organization maintain collections of works of art, historical treasures, of other air field account to the control air field account to the control air field account to the control air field account to the control air field account to the control air field account to the control air field air field account to the control	8		X	
9	the new Village Official College Official International College Official C	9		X	
	a we all we sale of dobt addition services (1) 165, complete services			T	
10	the state of the s	10	х	1	
	LORIVA COMPLETE COMPL			巘	**
11	endowments, or quasi-endowments? If "Yes," complete schedule b, Parts VI, VII, VIII, IX, or X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X				*
		100000000		818888	2000
_	PLUI		Х		
		11a	1	+-	
	to the fee investments a other securities in Fall Action 12 to 12			1,	K
	A DE LA SE LOGIE IVAN COMOLOTO SCHOOLING DE PART VII	11b			<u>-</u>
	to investments - program related in Part A, life to that is over the	١.,	1	1,	K
		110	├	+-	<u>, </u>
	to the second for other peeds in Part X. line 15 that is 370 or more of its total additional		1	١,	v
		11d		-	<u>X</u>
	I t It It liabilities in Dort X line 25 (II THS. CUIIDIGG COIICGG D) T	11e		+	<u>^</u>
			١,,		
f		11f	X		
	the organization's liability for uncertain tax positions under 1 in 45 (130 115). Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		١	.	
12a	Schedule D, Parts XI, XII, and XIII	128	X	\perp	
	the design of th	1	1		
.	Was the organization included in consolidated, independent addited final statements with the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional If "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Parts XI, XII, and XIII is optional	12t			<u>X</u> _
	If "Yes," and if the organization answered "No" to line 12a, their completing complete Schedule E Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	. X		
13	Is the organization a school described in section 170(0)(1)(A)(ii) 711 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the section 170(0)(1)(A)(ii) 7es, complete constant in the	148	•		X
14	a Did the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents of the organization maintain and org	1			
	a Did the organization maintain an office, employees, or agents obtains of the organization maintain an office, employees, or agents obtained of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, build the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, build the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, but the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, but the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, but the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, but the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.		ļ	İ	
		141	0		X
				- 1	
. 15	or more? If "Yes," complete Schedule F, Parts I and IV	18	;		X
16			3		Χ_
17	then the former than the following the follo		,	- 1	Х
• •		·			
18	the date of the control of the contr		3 3	x	
		• •	1	_	
19	the state of the s	i .	9	1	X
13				-+	X
n			-	-+	
21	Da Did the organization operate one or more nospital facilities? In Yes, complete services to this return? b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ن ا د ۱	rm 99	90 Ø	2011

[11,717,13		T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		103	'''
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a				
	last day of the year, that was Issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	İ	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		ĺ	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a	ļ	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
C	· · · · · · · · · · · · · · · · · · ·			l .,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ŀ	v
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
	If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
0.4	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33_		Λ
34	Was the organization related to any tax-exempt or taxable entity?	34		Х
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		X
35a		30a		
þ	section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ilne 2	35b		Х
26		330		
36	Section 501 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	[Х
37	If "Yes," complete Schedule R, Part V, line 2	100	 -	1
u/	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	-	 	- - -
JU	Note. All Form 990 filers are required to complete Schedule O	38	x	
	1000 Unit of this say ilieta are tedrited to cottibue octionale o	J	990	20111
	•	1 21111		

LACKAWANNA COLLEGE

(Focus	S.V.	Check if Schedule O contains a response to any question in this Part V		•			
				***************************************		Yes	No
1a	Enter t	the number reported in Box 3 of Form 1096. Enter ·0· If not applicable	1a	125			
		the number of Forms W·2G included in line 1a. Enter ·0· If not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to vendors and re	eport	able gaming			
		ling) winnings to prize winners?			1c	Х	
2a		the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,					
		or the calendar year ending with or within the year covered by this return	2a	642			
b		ast one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	***********	2b	Χ	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes	s," has It filed a Form 990·T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other	autho	rlty over, a			
	financi	lal account in a foreign country (such as a bank account, securities account, or other financial a	accol	ınt)?	4a	***********	X
b	If "Yes	s, ⁿ enter the name of the foreign country: >					
	See in	structions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accol	ınts.			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax year?			5а		_X_
b	Did an	y taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ictlon	?	5b		X
С	If "Y es	s," to line 5a or 5b, did the organization file Form 8886-T?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did th					
		ontributions that were not tax deductible?			6a	.,	X
b	If "Yes	s," did the organization include with every solicitation an express statement that such contribut	ions	or gifts			
	were n	not tax deductible?			6b		**********
7		rizations that may receive deductible contributions under section 170(c).		•			
		organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		X
		,			7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		v
		Form 8282?		l .	7c	******	X
		s," Indicate the number of Forms 8282 filed during the year			_		v
		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit o			7e		X
f		e organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contr			7f_		Δ.
9		organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization to the state of th			7h		
8		oring organizations maintaining donor advised funds and section 609(a)(3) supporting organizations. Di			8	********	
^		zation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any u	the driving the year?	0	******	
9		soring organizations maintaining donor advised funds,			9a	*******	
		e organization make any taxable distributions under section 4966?			9b		
		e organization make a distribution to a donor, donor advisor, or related person?	• • • • • • • •		30		
10		on 501(c)(7) organizations. Enter: on fees and capital contributions included on Part VIII, line 12	10a				
a b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11		on 501(c)(12) organizations. Enter:	100				
		Income from members or shareholders	11a				
		income from other sources (Do not net amounts due or paid to other sources against			1		
~		nts due or received from them.)	11b				
12a		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	*****	
		s," enter the amount of tax-exempt interest received or accrued during the year	12b				
13		on 501 (c)(29) qualified nonprofit health insurance issuers.					
		organization licensed to issue qualified health plans in more than one state?	,	************************	13a		
		See the instructions for additional information the organization must report on Schedule O.					
ь		the amount of reserves the organization is required to maintain by the states in which the					
-		ization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				
				***********	14a		X
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O .		14b	L	<u> </u>
				4	Form	990	(2011)

Form 990 (2011)

LACKAWANNA COLLEGE

Part VI

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

	to and day of the below, describe the encurristances, processes, or changes in extraction of each metrolicitist			
	Check if Schedule O contains a response to any question in this Part VI			<u>X</u>
Sec	tion A. Governing Body and Management			
		_ 100000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_X_
7a	Dld the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		_X_
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Χ	***********
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c	Х	
13	Did the organization have a written whistieblower policy?	13_	X	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u> _
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," dld the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd flnar	ıclal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation: 🕨		
	ALYCIA SCHWARTZ, CFO - (570) 961-7845			
<u> የወለሰው</u>	501 VINE STREET, SCRANTON, PA 18509			,

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2.4

LACKAWANNA COLLEGE

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List all of the organization's ourrent officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no (A)	(B)	лga		- (C)		ioal	(D)	(E)	(F)
Name and Title	Average hours per week	(do not check			DSITION ck more than one person is both an a director/trustee)			Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) VINCE BENEDETTO TRUSTEE	0.20	Х						0.	0.	0.
(2) CATHERINE A. BOLTON TRUSTEE	0.20	Х						0.	0.	0.
(3) THOMAS CHAMBERLAIN	0.20	Х						0.	0.	0,
(4) DAVIS R. CHANT TRUSTRE	0.20	Х						0	. 0.	0.
(5) JUDGE TRISH CORBETT TRUSTEE	0.20	х			_			0	. 0.	0 .
(6) JODY CORDARO TRUSTEE	0.20	X	-			_	_	0	0.	0
(7) WILLIAM CONABOY, ESQ TRUSTEE VICE CHAIRPERSON	0.20	x					_	. 0	. 0.	0
(8) DOMINICK DENAPLES TRUSTEE CHAIRPERSON	0.20	Х			-	_	_	0	. 0.	0
(9) RICHARD E, GRIMM TRUSTEE	0.20	X	\perp		<u> </u>	-		0	0.	. 0
(10) TIMOTHY HOLMES TRUSTEE	0.20	Х			-	_	_ _	0	. 0.	. 0
(11) JACKIE JOHNSON TRUSTEE	0.20	X		-	-	-	-	0	. 0	. 0
(12) MICHAEL M. MURPHY TRUSTEE	0.20	X				_	\downarrow	0	. 0	. 0
(13) MICHAEL NARCAVAGE TRUSTEE	0.20	X		_	_			0	. 0	0
(14) NICHOLAS NILES TRUSTEE	0.20	Y	<u> </u>	-	-	+	+	. 0	. 0	. 0
(15) JAMES OTT TRUSTEE	0.20	7	ζ	-	-	\downarrow	_	0	. 0	. 0
(16) P. THOMAS PADDEN TRUSTEE	0.20	2	ζ	1	_	-	-	0	. 0	. 0
(17) JACK TRUSCHEL, ED. D. PSV. D. TRUSTEE	0.20) >	<					0	. 0	Form 990 (201

	ANNA COLLI								24-00	39402 Page
Part VII Section A. Officers, Director	s, Trustees, Key Ei	mple	уее	s, a	nd f	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Г отег	the organization (W·2/1099·MISC)	organizations (W·2/1099·MISC	compensation from the organization and related organizations
(18) JOYCE VAN SCHOOVENELD TRUSTEE	0.20	Х						0.	l	0.
(19) TIMOTHY R. WARFIELD										
TRUSTEE	0.20	X	<u> </u>	ļ		ļ.,		0.		0. 0
(20) THOMAS WELBY										
TRUSTEE	0.20	X	ļ	-		ļ	_	0.		0. 0
(21) JOHN P. WIERCINSKI	0.20	Х						0.		0.
TRUSTEE (22) RAYMOND ANGELI	0,20	1		_			-			
PRESIDENT	40.00			x			ļ	106,800.		0. 29,389
(23) MARK VOLK		\vdash								
EXECUTIVE VICE PRESIDENT	40.00			Х				88,569.		0. 10,142
(24) GAIL SCARAMUZZO										
VP FOR ADMINISTRATION	40.00			X				79,008.		0. 20,343
(25) DR. JILL MURRAY	40.00									10 506
VP FOR ACADEMIC AFFAIRS	40.00	-	_	Х	ļ	-		75,418.		0. 12,586
(26) DAN MRYKALO	40.00			Х	Ì			81,159.		0. 20,623
VP FOR FINANCIAL AFFAIRS		1	l		l	Ļ	l	430,954.		0. 93,083
1b Sub-total								66,486.		0. 25,815
d Total (add lines 1b and 1c)								497,440.		0. 118,898
Total number of Individuals (including compensation from the organization.)	but not limited to th						no re	······································	,000 of reportable	
3 Did the organization list any former o line 1a? If "Yes," complete Schedule	l for such Individual									Yes No
4 For any individual listed on line 1a, is and related organizations greater than										4 X
6 Did any person listed on line 1a receive rendered to the organization? If "Yes,	e or accrue compe	nsat	lon 1	rom	any	uni	elat	ed organization or indiv	idual for services	5 X
Section B. Independent Contractors	COMPLETE OCHROLI	Jul	J, 3	<u> </u>	ة إن ب	.0()				1 - 1
Complete this table for your five higher	est compensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensation from
the organization. Report compensation										
(# Name and bus	A)							(B) Description of s		(C) Compensation
OBICINOED HEATHU CYCHI	INC 100 NO	201	TITT				\dashv			

(A) Name and business address	(B) Description of services	(C) Compensation
GEISINGER HEALTH SYSTEMS, 100 NORTH	·	
ACADEMY AVENUE, DANVILLE, PA 17822	HEALTH CARE	2,004,273.
STIRNA'S RESTAURANT		
120 WEST MARKET STREET, SCRANTON, PA 18508	FOOD SERVICE	752,801.
FOLLETT HIGHER EDUCATION, 2233 WEST MARKET		
STREET, RIVER GROVE , IL 60171	EDUCATIONAL SUPPLIES	714,562.
SMART RECYCLING		
1210 WHEELER AVENUE, DUNMORE, PA 18512	CONSTRUCTION	443,438.
QUALITY BUILDING	•	
PO BOX 317, DUNMORE, PA 18512	JANITORIAL/CLEANING	238,200.
2 Total number of independent contractors (Including but not limited to those lister \$100,000 of compensation from the organization ▶ 8	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011) LACKAWAN									24-083	940Z
Part VII Section A. Officers, Directors, Ti	ustees, Key E	mpl	oyee	s, a	nd l	ligh	est	Compensated Employ		
(A) Name and title	(B) Average hours	(c		Pos all f	ltlon		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуга	Highest compensated employee	former	from the organization (W·2/1099·MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) BRIDGET FITZPATRICK	40.00							56 406	0	05 015
SSOCIATE VP OF ADVANCEMENT	40.00	┼	-	X	_			66,486.	0.	25,815
28) RICHARD BEASLEY	0.20			х				0.	0.	(
ECRETARY	0.20			Λ				· ·		
otal to Part VII, Section A, line 1c								66,486.		25,81

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

COTTIF	olete columns (B), (C), and (D).				
	Check if Schedule O contains a respon		is Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22		·		
3	Grants and other assistance to governments,		,		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits pald to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	497,440.	75,418.	355,536.	66,486.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	7,510,605.	6,352,188.	1,082,757.	75,660.
7	Other salaries and wages				
6	Pension plan accruals and contributions (Include				
	section 401(k) and section 403(b) employer contributions)	307,082.	246,477.	55,154.	5,451.
9	Other employee benefits	2,640,531.	2,119,406.	474,255.	46,870.
10	Payroll taxes	612,664.	491,751.	110,038.	10,875.
11	Fees for services (non-employees):				
а	Management				
ь	Legal	220,580.		220,580.	
C	Accounting	34,500.		34,500.	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				•
g	Other		•		
12	Advertising and promotion	281,160.	281,160.		
13	Office expenses	•			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	794,471.		794,471.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,297,656.		2,297,656.	
23	Insurance				,
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	EDUCATIONAL EXPENSES	3,515,621.	3,515,621.		
b	ADMINISTRATIVE EXPENSES	2,352,955.		2,352,955.	
c	DEVELOPMENT EXPENSES	49,525.			49,525.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	21,114,790.	13,082,021.	7,777,902.	254,867.
26	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here III If following SOP 98-2 (ASC 958-720)				
					Form 990 (2011)

Form 9	990 (2	1011) LACKAWANNA COLLEGE	- International Control of the Contr		
Part	X	Balance Sheet	(A)	T	(B)
			Beginning of year		End of year
 -			84,279.	1	78,634.
l		Cash · non-interest-bearing	3,114,662.	2	4,858,062.
-		Savings and temporary cash investments	1,664,974.	3	151,365.
		Pledges and grants receivable, net	1,664,974. 215,304.	4	71,326.
	4	Accounts receivable, net			
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		5	_
		of Schedule L			
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
}		employers and sponsoring organizations of section 501(c)(9) voluntary			
ļ		employers and sponsoring organizations of section of (C/O) voluntary	***************************************	6	
g l	_	employees' beneficiary organizations (see instructions)	569,260.	7	450,991.
Assets	7	Notes and loans receivable, net		8	
4	8	Inventorles for sale or use Prepald expenses and deferred charges	130,007.	9	83,023.
	9				
1	10a	Land, bulldings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 52,188,392.			
		Less: accumulated depreciation 10b 17,334,705.	33,017,434.	10c	34,853,687.
1		Investments - publicly traded securities	11,100,436.	11	10,689,871.
	11	Investments - other securities. See Part IV, line 11	60,000.	12	60,000.
Ì	12	Investments · program·related. See Part IV, line 11		13	
	13 14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	721,046.		735,793.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	50,677,402.		52,032,752.
-	17	Accounts payable and accrued expenses	1,171,517.	17	877,032.
}	18	Grants payable		18	506 007
]	19	Deferred revenue	1,131,799.		586,827.
	20	Tax-exempt bond liabilities		20	
y,	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
Ξ.		of Schedule L	10 000 707	22	17,495,600.
	23	Secured mortgages and notes payable to unrelated third parties	17,267,767	1	17,495,000.
	24	Unsecured notes and loans payable to unrelated third parties		24_	
	25	Other liabilities (including federal income tax, payables to related third		1	}
		parties, and other liabilities not included on lines 17:24). Complete Part X of		25	
		Schedule D	19,571,083		18,959,459.
	26	Total liabilities, Add lines 17 through 25	19/3/1/003	- 20	20/222/
		Organizations that follow SFAS 117, check here X and complete			
S	ļ	lines 27 through 29, and lines 33 and 34.	28,367,373	. 27	30,139,073.
anc	27	Unrestricted net assets	0 670 046		
ä	28	Temporarily restricted net assets	60,000	. 29	
ğ	29	Permanently restricted net assets	00/000		
폎		Organizations that do not follow SFAS 117, check here and			
or	Į.	complete lines 30 through 34.		30	
şets	30	Capital stock or trust principal, or current funds		31	
v)	1 04	Paid-in or capital surplus, or land, building, or equipment fund		32	
As	31	مادرية برحاله على المراجع المر		1 02	
let As	32	Retained earnings, endowment, accumulated income, or other funds			20 072 202
Net Assets or Fund Balances	ş	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances	31,100,319	. 33	33,073,293.

	990 (2011) LACKAWANNA COLLEGE	24-0839	402	Page	<u> 12</u>
	Reconciliation of Net Assets			,	- -
(00000 000	Check if Schedule O contains a response to any question in this Part XI	······································		<u> </u>	X
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 23 2 21 3 1 4 31	,031 ,114 ,916 ,106	,56 ,79 5,77 5,31	76. 19.
6 Pai	XIII Financial Statements and Reporting				
(6.65-4)	Check if Schedule O contains a response to any question in this Part XII		·····		X No
1 2a b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule of the composition of the process of the composition of the	audit,	2a 2b 2c	X	X
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both: X Separate basis	on a			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit	3a	х	
b	Act and OMB Circular A-133?	red audit	3b	X	
	of doctrol attended to the second sec		Form	990 6	2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of th	ne organizatio	on .			•			E	Employer ide			ber
	J		NNA COLLEGE						24-	-0839	402	
Part I	Reason f	or Public Chari	ty Status (All organiza	ations mus	t complete	this part) See Instr	uctions.				
1	A church, con A school desc A hospital or a A medical res	vention of churches orlbed in section 170 a cooperative hospite earch organization o	ecause it is: (For Ilnes 1 , or association of churc 0(b)(1)(A)(ii). (Attach Sch al service organization d perated in conjunction (hes descri nedule E.) lescribed in	ibed in sec n section :	etion 170(170(b)(1)(b)(1)(A)(i). 4)(iii).	b)(1)(A)(iii). Enter the	hospital'	s name),
		on operated for the b	penefit of a college or un	iversity ow	ned or op	erated by	a governm	nental ur	nit described	İn ·		_
7	A federal, stat An organization section 170(to A community An organization activities related income and under section to An organization An organization organization publicity	on that normally rece o)(1)(A)(vi). (Complet trust described in se on that normally rece ed to its exempt fun nrelated business ta 509(a)(2). (Complete on organized and op on organized and op supported organiza	ent or governmental unit plyes a substantial part of e Part II.) ection 170(b)(1)(A)(vi). (plyes: (1) more than 33 1 ctions · subject to certa exable income (less sect Part III.) erated exclusively to test erated exclusively for the tions described in section	of its support Complete /3% of its in exceptic ion 511 tax est for public te benefit con 509(a)(1	ort from a g Part II.) support frons, and (2 g) from bus c safety. S of, to perfor) or sectio	governme om contrib) no more sinesses a ee section rm the fur n 509(a)(2	outlons, me than 33 1/ cquired by n 509(a)(4/ octions of,	embersh /3% of it y the org). or to cal	nip fees, and is support fro panization aft rry out the pi	gross rec om gross er June 3 urposes c	elpts fi Investn 0, 1975 f one o	rom nent
e	a Type I By checking to foundation m If the organize supporting or	b this box, I certify that anagers and other th ation received a writt ganization, check th	t the organization is not nan one or more publicly ten determination from t is box	tontrolled supported the IRS the	e III · Funct directly or d organiza it it is a Typ	tionally int indirectly tions desc pe i, Type	by one or orlbed in se II, or Type	ection 50 ill	squalified pe 09(a)(1) or se	Type III • C ersons oth ection 509	er than	
g h	(ii) A person the gove (ii) A family (iii) A 35% c	n who directly or Indi erning body of the su member of a person controlled entity of a	rganization accepted ar irectly controls, either al upported organization? I described in (i) above? person described in (i) o about the supported org	one or togo or (II) above	ether with	persons d	escribed i	n (ii) and	i (iii) below,	11g(i) 11g(ii) 11g(iii)	Yes	No
	of supported anization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	(iv) is the o in col. (i) lis governing		organizat	u notify the ion in col. r support?	organiza (I) organ	Is the ition in col. nized in the I.S.?		nount of	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>							<u>-</u>
					<u> </u>							
									,			
												
T.1.												
Total		199000000000000000000000000000000000000	100000000000000000000000000000000000000	MONTH (1990)	<i>www.</i>	4.000.00000000000	renning and the second	AT 100 COLUMN 1995				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

امد	nedule A (Form 990 or 990∙EZ) 2011						Page 2
	art II Support Schedule for	Organization	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	
8888	(Complete only if you checke						
	falls to qualify under the tests				,-,, ,,	2	
Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(4) 2007	10) 2000	(0) 2000	(4) 2010	(0) 2011	
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	·			<u> </u>		
_	ization's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.		1		<u> </u>		
	ction B. Total Support	110000	1 41,000		1,00010	1 (10044	40 T 1 1
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4				 		
0	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9					 		
Ū	activities, whether or not the						
	business is regularly carried on					,	
10	Other Income. Do not include gain				_		
	or loss from the sale of capital) [*]					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	lons)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
_	organization, check this box and stor	here					▶ 🔔
	ction C. Computation of Publ						
	Public support percentage for 2011 (I						9/
	Public support percentage from 2010						<u> </u>
16	a 33 1/3% support test - 2011. If the c						
	stop here. The organization qualifies						
	b 33 1/3% support test - 2010. If the cand stop here. The organization qual						
	and stop here, the oldshizstion dust	mos as a DUDIICIV	aupported digdilla	auun			

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions > Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and					,	
	membership fees received. (Do not	ā				1	
	Include any 'unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
ว	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
		·					
4	Tax revenues levled for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					ļ	,
7;	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received						•
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		,				
(Add lines 7a and 7b						
	Public support (Subtractline 7c from line 8.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6 ,						
10:	a Gross income from Interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)		first seemed this	d fourth or fifth t	ov voor og glagetle	501/0/3) organi	zation .
14	First five years. If the Form 990 is for						
<u>-</u>	check this box and stop here ction C. Computation of Publ				***************************************		
				adumm (f)		15	%
	Public support percentage for 2011 (16	
	Public support percentage from 2010					110 1	
	ction D. Computation of Inve			40 -1(0)		147	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment Income percentage from					18	
19	a 33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box a						
1	b 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19 <u>b, check t</u>	his box and see in	structions	<u></u> ▶∟_

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Name of the organization

Employer identification number 24-0839402

10020000	LACKAWANNA COLLEGE	Sunda ay Othay Similay Fund	24-0005402
Par		unds or Other Similar Fund	S of Accounts. Complete it the
	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Decry advised funds	(b) Funds and other accounts
	·	(a) Donor advised funds	(b)) ulida alid ottler accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	are the organization's property, subject to the organization's exc	lusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
1007000000	Impermissible private benefit?		Yes No
Par	Conservation Easements. Complete if the organization		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or educ	· —	istorically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space .		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		GXXXXXXX
•			Held at the End of the Tax Year
` a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certifled historic structu		
d	Number of conservation easements included in (c) acquired after	r 8/17/06, and not on a historic struc	eture
	listed in the National Register		
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation easem	ent is located 🟲	
5	Does the organization have a written policy regarding the periodic	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	i enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements durin	g the year ► \$
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	Organizations Maintaining Collections of A	rt, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990		
1 a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit		rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes	these Items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	atlon, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part Vill, line 1		\$
	(ii) Assets Included In Form 990, Part X		
2	If the organization received or held works of art, historical treasu	res, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets Included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2011 LACKAWAI	NNA COLLEGI	<u>.</u>		2	24-0839	402	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Simila	ar Assets	(continu	ed)
3	Using the organization's acquisition, accession							
	(check all that apply):	•						
а	Public exhibition	d	Loan or exch	nange programs				
b	Scholarly research	е						
c	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's ex	earua tame	se In Part XI	V.	
5	During the year, did the organization solicit or	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
•	to be sold to raise funds rather than to be ma					🗀 ү	es [☐ No
Par	t IV Escrow and Custodial Arrang							
umm	reported an amount on Form 990, Par					•	·	
1a	is the organization an agent, trustee, custodi	an or other Intermed	lary for contribution	s or other assets no	t included			
	on Form 990, Part X?					🗀 ү	es l	No
b	If "Yes," explain the arrangement in Part XIV							
		,	-			Ar	mount	
c	Beginning balance				·1c			
d	Additions during the year				1 1			
е	Distributions during the year				(- I			
f	Ending balance				1 . 1			
2a	Did the organization include an amount on Fo					У	es	No
b	If "Yes," explain the arrangement in Part XIV.		***************************************					
	t V Endowment Funds. Complete If	the organization ans	swered "Yes" to For	m 990, Part IV, line	10.			
<u> </u>		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back (e	e) Four ye	ars back
1a	Beginning of year balance	3,610,625,	3,128,422.	2,970,237.		62,950.		
b	Contributions	76,047.	59,683.	45,147.	2	58,955.		
С	Net Investment earnings, gains, and losses	138,823.	479,868.	256,613.	-3	10,100.		
d	Grants or scholarships	57,470,	57,348,	143,575.		41,568.		
	Other expenditures for facilities			· · · · · · · · · · · · · · · · · · ·				
	and programs							
f	Administrative expenses							
g	End of year balance	3,768,025,	3,610,625,	3,128,422.	2,9	70,237.		
2	Provide the estimated percentage of the curr							
а	Board designated or quasi-endowment	74.00	%	,,				
b	Permanent endowment ► 2.00	%	- **					
	Temporarily restricted endowment ► 24					•		
	The percentages in lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posse		ition that are held ar	nd administered for	the organiz	ation		
	by:		., ., ., ., ., .,				Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations					-	3b	
4	Describe in Part XIV the Intended uses of the	· ·						
Par	Land, Buildings, and Equipm							
<u> </u>	Description of property	(a) Cost or ot		or other (c)	Accumulate	d (d) Book v	alue
	2	basis (investm	1 ' '	i '	preciation	,	•	
1a	Land		1,41	7,088.		1,	,417,	088.
	Buildings				023,2			955.
	Leasehold improvements		1,65	5,757.	587,5		,068,	,178.
	Equipment	f			723,9	12. 2,	,709,	012.
	Other			7,454.				454.
$\overline{}$. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0(c).)	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ 34	, 853	687.

(10)(11)

132053 01-23-12

) a b a	dule D (Form 990) 2011 LACKAWANNA COLLEGE			24-	0839402 Pa	age 4
Day	Ki Reconciliation of Change in Net Assets from Form 990 to A	Audite	ed Financial S	tatemen	ts	
	Total revenue (Form 990, Part VIII, column (A), line 12)		1		23,031,5	66.
1	Total expenses (Form 990, Part IX, column (A), line 25)		2		21,114,7	90.
2					1,916,7	76.
3 .	Excess or (deficit) for the year. Subtract line 2 from line 1				50,1	98.
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments			,		
8	Other (Describe in Part XIV.)		8		50,1	98.
9	Total adjustments (net). Add lines 4 through 8		9		1,966,9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	or Dotur		73.
Par	XII Reconciliation of Revenue per Audited Financial Statemen	ts w	ith Revenue p	er netur	23,168,4	58
1	Total revenue, gains, and other support per audited financial statements			1	23,100,4	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	ro 1	00		
а	Net unrealized gains on investments	2a	50,1	98.		
b	Donated services and use of facilities	2b				
c	Recoverles of prior year grants	2c			,	
d	Other (Describe in Part XIV.)					
	Add lines 2a through 2d			2e	50,1	98.
3	Subtract line 2e from line 1				23,118,2	60.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
а ь	Other (Describe in Part XIV.)	4b	-86,6	94.		
	Add lines 4a and 4b	<u> </u>		40	-86,6	94.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				23,031,5	
5 D.A.	Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses	per Ret		
	Total expenses and losses per audited financial statements			1	21,201,4	84.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
2	Amounts included on line 1 but not on Form 990, Part IX, line 20.	2a				
а	Donated services and use of facilities					
b	Prior year adjustments	_				
C		2c 2d	86,6	94		
	Other (Describe in Part XIV.)				86,6	94.
е	Add lines 2a through 2d				21,114,7	90
3	Subtract line 2e from line 1		***************************************	د ا	21/111/1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	İ			
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)	4b				Λ
C	Add lines 4a and 4b			4c	01 114 7	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	21,114,7	90.
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines :	1a and 4; Part IV,	lines 1b and	2b; Part V, line 4;	Part
X, Iln	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	ete thi	s part to provide a	any addition	al information.	
PA!	RT X, LINE 2: THE COLLEGE IS EXEMPT FROM FE	DER	AL AND ST	'ATE II	COME	
				NT.		
TA	KES UNDER SECTION 501(C)(3) OF THE INTERNAL	<u>RE</u>	VENUE COL)E•		
					CD THE ON	
IN	ACCORDANCE WITH THE FINANCIAL ACCOUNTING S	MAT	DARDS BOA	ARD GU.	LDANCE ON	
		-			an mili	
AC	COUNTING FOR UNCERTAINTY IN INCOME TAXES, M	ANA	GEMENT EV	ALUATI	ED THE	
					337 37O	
CO.	LLEGE'S TAX POSITIONS AND CONCLUDED THAT TH	IE C	OLLEGE HA	INALL OF	EN NO	
					, T	
ИŅ	CERTAIN TAX POSITIONS THAT REQUIRE ADJUSTME	TMT	TO THE F	NANCI	٣٠	
ST.	ATEMENTS TO COMPLY WITH THE PROVISIONS OF T	CHIS	GUIDANCI	. WIT	H FEW	
					4 T 3 T M T C 3 T C	שמ
EX	CEPTIONS, THE COLLEGE IS NO LONGER SUBJECT	TO	INCOME TA		MINATIONS	
				Qah.	COULD IT INDEM SUIT	ロンロエキ

Schedule D (Form 990) 2011 LACKAWANNA COLLEGE Part XIV Supplemental Information (continued)	24-0839402 Page	5
		_
THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS	BEFORE 2008.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES	-86,694	<u>1.</u>
PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES	86,694	4.
		_ `.

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

LACKAWANNA COLLEGE

Employer identification number 24-0839402

Pai	ANNO CONTRACTOR CONTRA		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	3	X	{*************************************
	If you need more space, use Part II			
1	Does the organization maintain the following?		v	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	4b	^	
С	admissions, programs, and scholarships?	4c	X	
d	Coples of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
_	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:	F-		X
	Students' rights or privileges?	5a 5b		X
	Admissions policies?	5c		X
c d	Scholarships or other financial assistance?	5d		Х
	Educational policies?	5е		Х
	Use of facilities?	5f	ļ	Х
g	Athletic programs?	5g	<u> </u>	X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6.	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	1
	Has the organization's right to such ald ever been revoked or suspended?			X
~	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Boy Brook 75.50, 1975.2 C. P. 597, covering reals handlest minetian? If "No " explain on Part II	7	X	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) (2011)

,							- HOH				24-	-083	9402	Page 2
Schedule Part II	E (Form 99)	o or 990-l	Z) (2011) I Inform	LACKI nation.	AWANN Completed to pro	e this part	to provide her additk	the explan	ations required	by Part I	, lines 3, 4d,	5h,6b	, and 7,	
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											Schedule E	E (Form	990 or	990-EZ) (20

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1646-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

	Attach to Form 990 or Form 990-	EZ. 7 360	<i>,</i> 00F			tification number	
of the organization	NNA COLLEGE				24-08394	02	
LACKAWA	NNA COLLEGE . Complete if the organization ansv	vered "Yes	to	Form 990, Part IV, lir	ne 17. Form 990-EZ	illers are not	
required to complete this par- ndicate whether the organization rais	and funds through any of the follow	ving activiti	les, C	Theck all that apply.			
Mail solicitations	9	actors of the	.,, ., ., .	vernment grants ment grants			
Internet and email solicitations	f Solicit	al fundrais	lna e	vents			
Phone solicitations	.						
In-person solicitations Did the organization have a written of	or oral agreement with any individu	ıal (includir	ng of	ficers, directors, trus	tees or	No	
Did the organization have a written of key employees listed in Form 990, F	Part VII) or entity in connection with	professio	nal fu	undralsing services?	Yes Yes		
If "Yes." list the ten highest paid inc	lividuals or entities (futidialsels) bo	irsuant to a	agree	ements under which	THE INNOTAISEL IS TO	50	
compensated at least \$5,000 by the	e organization.						
		(iii) o fundral	ld	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by	
i) Name and address of Individual	(ii) Activity	have custody or control of contributions?			fundralser listed in col. (i)	organization	
or entity (fundralser)					listed in col. (i)		
		Yes	No				
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tal		11 14 11 11	nutic	one or has been notif	lled It is exempt fron	registration	
List all states in which the organiz	ation is registered or licensed to so	ORCH COITH	Done				
or licensing.							
	······································						

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

24-0839402 Page 2 Schedule G (Form 990 or 990 EZ) 2011 LACKAWANNA COLLEGE Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events GOLF (add col. (a) through TOURNAMENTS 2 CONCERTS col. (c)) (event type) (total number) (event type) Revenue 104,912. 56,973. 35,213 12,726. Gross receipts 2 Less: Charitable contributions 56,973. 35,213. 12,726. 104,912. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Expenses Rent/facility costs Direct Food and beverages 8 Entertainment 86,694. 62,062. 19,636. 4,996. Other direct expenses 86,694 10 Direct expense summary. Add lines 4 through 9 in column (d) 18,218. 11 Net income summary. Combine line 3, column (d), and line 10..... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gamlng (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Sirect Sirect Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary, Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2011

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2011 LACKAWANNA COLLEGE	24 - 0	839402	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	**********	Yes	No
13	Indicate the percentage of gaming activity operated in:	ļ		
	a The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor			
	Name ▶			
	Address ►			
15e	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party 🕨 🕏			
(olf "Yes," enter name and address of the third party:			
	Name ►			. <u> </u>
	Address ►			
16				
, •				
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided·►			
			· .	
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		. Yes	No
i	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
30000	organization's own exempt activities during the tax year ▶ \$			d David III
	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	iormatlon	and (v), and (see instru	ictions).
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		<u> </u>		

Department of the Treasury SCHEDULE 1 (Form 990)

Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public

Inspection

Schedule I (Form 990) (2011) § Employer identification number 24-0839402 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(f) Method of valuation (book, if applicable cash grant or government or government or government or government cash assistance assistance or government or government or government cash grant from the duplicated if additional space is needed.

(g) Description of cash grant from be duplicated if additional space is needed.

(g) Description of cash assistance or government or governmen Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table LACKAWANNA COLLEGE General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Partt Partif

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 0 797,262. (c) Amount of cash grant (b) Number of recipients 450 LACKAWANNA COLLEGE (a) Type of grant or assistance Schedule | (Form 990) (2011) SCHOLARSHIPS 132102 01-27-12 PartIV

24-0839402

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2011

open to Public Inspection

Employer identification number

Schedule M (Form 990) (2011)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

24-0839402 LACKAWANNA COLLEGE Types of Property (d) (a) (b) (c) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g tems contributed Art - Works of art Art · Historical treasures 2 Art · Fractional interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles Boats and planes Intellectual property 8 Securities · Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities · Miscellaneous 13 Qualified conservation contribution · Historic structures Qualified conservation contribution · Other... 14 15 Real estate - Residential 16 Real estate - Commercial Real estate · Other 17 18 Collectibles 19 Food Inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 441,050. APPRAISAL INSTRUCTIONAL) Х 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1.28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? _____ b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

LHA

describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 24-0839402 LACKAWANNA COLLEGE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITIES FOR CAREER AND PERSONAL DEVELOPMENT WITHIN SELECTED ASSOCIATE DEGREE, CERTIFICATE AND CONTINUING EDUCATION PROGRAMS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LACKAWANNA COLLEGE DISTINGUISHES ITSELF BY OFFERING HIGHER EDUCATION OPPORTUNITIES TO ALL PERSONS WHO SEEK TO IMPROVE THEIR LIVES REGARDLESS OF THEIR SOCIO-ECONOMIC STATUS, PAST ACHIEVEMENTS, GENDER, NATIONAL IN DOING SO, THE COLLEGE RECOGNIZES ORGIN, AGE, RACE, COLOR OR CREED. ITS RESPONSIBILITY TO MAINTAIN A COMPREHENSIVE PROGRAM OF SERVICES TO SUPPORT STUDENTS ASPIRING TO TRANSFER TO FOUR-YEAR INSTITUTIONS, SEEK EMPLOYMENT, UPGRADE THEIR JOB SKILLS OR DEVELOP PROFESSIONALLY. EMPHASIS ON ACADEMIC EXCELLENCE, LACKAWANNA COLLEGE INTRODUCES ITS STUDENTS TO BODIES OF KNOWLEDGE AND CAREER/LIFE SKILLS THAT WILL HELP THEM TO LIVE, LEARN AND WORK IN AN INFORMED SOCIETY. FORM 990, PART III, LINE 1 CONTINUATION OF ORGANIZATION MISSION STUDENTS CAN EXPECT TO IMPROVE THEIR ABILITY TO LEARN EFFECTIVELY, SEEK AND GATHER INFORMATION, COMMUNICATE BOTH ORALLY AND IN WRITING, APPLY COMPUTER TECHNOLOGY, WORK INTERDEPENDENTLY, GAIN PRACTICAL WORK EXPERIENCE, THINK CRITICALLY, MAKE INFORMED DECISIONS, SOLVE PROBLEMS, BECOME SELF-DIRECTED, UNDERSTAND THE NEED FOR COMMUNITY SERVICE, AND APPRECIATE THE HISTORICAL, POLITICAL, ECONOMIC, SCIENTIFIC, SOCIAL AND

CULTURALLY DIVERSE CONTEXTS OF THE WORLD IN WHICH THEY LIVE.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

			3~: III~M II V []			
ælendar year 2010, or fiscal year beginning	JUL	1	, 2010, and ending	JUN	30	,20 1

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization			P Do not s	send to the IRS, K	eep for your reco	rde		-	2010
traine of exempt or \$311128601	<u> </u>			See instru	ctions.	i us.			
	1						Emp	loyer identi	fication number
	LACK	ANNAWA	COLLEC	GE				1 0000	1400
Name and title of officer		, , , , , , , , , , , , , , , , , , , ,				- 		4-0839	402
•		iond s.	ANGEL	ľ					
Part I Type of		IDENT	- Info						
	iro for whi	ch you ere us	n intorma	ition (Whole Doll	ars Only)				
Check the box for the retu on line 1a, 2a, 3a, 4a, or 5 whichever is applicable, bi than 1 line in Part I.	a, below, a lank (do no	and the amou ot enter -0-). B	int on that lir But, if you en	ne for the return be tered -0- on the ret	er the applicable a ing filed with this t um, then enter -0-	mount, if form was on the ap	any, from the blank, then le plicable line	e return. If eave line 1 below. Do	you check the box b, 2b, 3b, 4b, or 50 not complete mor
1a Form 990 check here	► X	b Total i	revenue, if a	iny (Form 990, Par	VIII. oolumn (A). II	40\			0160814
2a Form 990-EZ check h			tal revenue	if any (Form 990-	7111, COMMIT (A), 11 7. line 91	ne 12)		1b	2169714
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Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2010
Open to Public

JUL 1, 2010 and ending JUN 30, 2011 A For the 2010 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization LACKAWANNA COLLEGE Name change 24-0839402 Doing Business As Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) (570)961-7846Termin-501 VINE STREET Amended return 29,652,990. G Gross receipts \$ City or town, state or country, and ZIP + 4]Applica-∃tion SCRANTON, PA 18509 H(a) Is this a group return pending F Name and address of principal officer: RAYMOND S. Yes X No ANGELI for affiliates? 501 VINE STREET, SCRANTON, PA 18509 H(b) Are all affiliates included? __Yes └__No I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) ____ 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.LACKAWANNA.EDU H(c) Group exemption number ▶ Association Other L Year of formation: 1957 M State of legal domicile: PA K Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: LACKAWANNA COLLEGE IS AN Activities & Governance ACCREDITED, PRIVATE, NON-PROFIT EDUCATIONAL INSTITUTION PROVIDING Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) $\overline{22}$ 4 Number of independent voting members of the governing body (Part VI, line 1b) 657 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2,489,735. 18,824,230. 1,394,088. Contributions and grants (Part VIII, line 1h) Revenue 19,987,822. Program service revenue (Part VIII, line 2g) 247,114 290,621. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,314. 24,615. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,583,393. 21,697,146. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. O. 14 Benefits paid to or for members (Part IX, column (A), line 4) 11,179,311. 10,153,585. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 8,998,935. 8,000,522. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 20,178,246. 18,154,107. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,518,900. 3,429,286. 19 Revenue less expenses. Subtract line 18 from line 12 20% Beginning of Current Year **End of Year** 50,677,402. 43,434,474. 20 Total assets (Part X, line 16) 19,571,083. 14,132,371. 21 Total liabilities (Part X, line 26) 29,302,103. 31,106,319. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 3-5-2012 ELECTRONICALLY SIGNED & FILED Sign RAYMOND S. ANGELI, PRESIDENT Here Type or print name and title Preparer's signature Print/Type preparer's name 01/12/12 self-employed Paid P.C. MCGRAIL MERKEL QUINN & ASSOCIATES Firm's EIN Preparer Firm's name Firm's address 1173 CLAY AVENUE Use Only Phone no. (570) 961-0345SCRANTON, PA 18510 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	# III Statement of Program Service Accomplishments
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
'	LACKAWANNA COLLEGE IS AN ACCREDITED, PRIVATE, NON-PROFIT EDUCATIONAL
	INSTITUTION PROVIDING OPPORTUNITIES FOR CAREER AND PERSONAL
	DEVELOPMENT WITHIN SELECTED ASSOCIATE DEGREE, CERTIFICATE AND
	CONTINUING EDUCATION PROGRAMS. WITH EMPHASIS ON ACADEMIC EXCELLENCE,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: (Expenses \$ 10,040,145 • including grants of \$) (Revenue \$ 16,255,981 •)
4a	(Code:) (Expenses \$ 10,040,145. including grants of \$)(Revenue \$ 16,255,981.) TUITION & FEES FOR DEGREE AND ACT 120 EDUCATIONAL SERVICES. LACKAWANNA
	COLLEGE IS AN ACCREDITED, PRIVATE, NON-PROFIT EDUCATIONAL INSTITUTION
	PROVIDING OPPORTUNITIES FOR CAREER AND PERSONAL DEVELOPMENT WITHIN
	SELECTED ASSOCIATE DEGREES. ALL MUNICIPAL POLICE OFFICER CANDIDATES
	ARE REQUIRED TO UNDERTAKE THE MUNICIPAL POLICE OFFICERS EDUCATION AND
	TRAINING PROGRAM, ACT 120 PRIOR TO THEIR CERTIFICATION TO SERVE AS
	POLICE OFFICERS IN PENNSYLVANIA.
	1 005 (54
4b	(Code:) (Expenses \$ 1,389,488. including grants of \$) (Revenue \$ 1,905,654.)
	AUXILIARY ENTERPRISE REVENUE GENERATED FROM RESIDENT HOUSING.
	LACKAWANNA COLLEGE PROVIDES RESIDENT HOUSING FOR MEN AND WOMEN STUDENTS ATTENDING THE INSTITUTION'S SCRANTON CAMPUS. ALL FULL-TIME STUDENTS
	ATTENDING THE INSTITUTION S SCRANTON CAMPUS. AND FOLD-TIME STODENTS ATTENDING THE SCRANTON CAMPUS WHO DO NOT COMMUTE DAILY FROM THE HOME OF
	THEIR PARENT(S), LEGAL GUARDIAN(S), OR SPOUSE MUST RESIDE IN CAMPUS
	HOUSING WHEN THEY ARE ACTIVELY ENROLLED IN COLLEGE COURSES. THIS
	POLICY APPLIES TO ANY TIME OF ENROLLMENT, INCLUDING SUMMER SESSIONS AND
	INTERSESSION.
	1 000 107
4c	(Code:) (Expenses \$ 1,270,648. including grants of \$) (Revenue \$ 1,826,187.)
	CONTINUING EDUCATION AND MISCELLANEOUS PROGRAM REVENUE, LACKAWANNA COLLEGE'S CONTINUING EDUCATION DEPARTMENT ADDRESSES THE NEEDS OF THE
	COLLEGE'S CONTINUING EDUCATION DEPARTMENT ADDRESSES THE NEEDS OF THE COMMUNITY THAT DO NOT FALL UNDER THE TRADITIONAL COLLEGE CREDIT
	STRUCTURE. THE CONTINUING EDUCATION DEPARTMENT OFFERS A VARIETY OF
	COURSES FOR BOTH PERSONAL AND PROFESSIONAL DEVELOPMENT. INDIVIDUALS
	MAY CHOOSE COURSES THAT FILL A PERSONAL NEED, DEVELOP BASIC SKILLS,
	PROVIDE RETRAINING FOR NEW CAREER OR ALLOW ADVANCEMENT IN THEIR CURRENT
	CAREERS. CONTINUING EDUCATION OFFERINGS INCLUDE CREDIT AND NON-CREDIT
	COURSES, CERTIFICATE PROGRAMS, SPECIALIZED JOB TRAINING AND SEMINARS.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 12,700,281.

Form 990 (2010) LACKAWANNA C
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
0	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10	X	
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			-
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
_	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			,,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i	177	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	(2010)
		HOIM	・ココリ	1/010

Part IV	Checklist of	Required	Schedul	es (continued)
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			Yes	No
04	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		162	140
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa	<u> </u>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
		25b		l x
06	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		_	
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	<u>^</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	30		+
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
00	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	 	1
32		32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			۱,,
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	+^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2010)
		1 0111	,	(~UIU)

Par	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	121			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		e gaming		1.5	
Ŭ	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	657			
	If at least one is reported on line 2a, did the organization file all required federal employment tax rel			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
За				За		Х
				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		.,			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	al Account	s.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		Х
				5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
•	any contributions that were not tax deductible?			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contrib					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Division of the state of the st	services pro	ovided to the payor?	7a		X
				7b		
	many that the second se					
•	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1				
			?	7e		X
f				7f		X
	the state of the s			7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			1		
а	the state of the s	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а		_ 11a				
	amounts due or received from them.)	11b			1.7	1.55
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	rm 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.					1
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	. 13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
ь	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	lule O		14b		1

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

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
		•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	,	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
6	Does the organization have members or stockholders?		1 '		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the			
	governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	sons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	during the year			
	by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		۱ ۵۰	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
-				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization.				
		•	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fil			Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou		····		
-	to conflicts?		12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			<u> </u>
Ĭ	in Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?			Х	
14	Does the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approva		```		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,	4		
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	••••••			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
4	taxable entity during the year?		16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval				
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		1 100		J
	List the states with which a copy of this Form 990 is required to be filed ▶PA				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avail	able for		·····
10	public inspection. Indicate how you make these available. Check all that apply.	(551(5)(5)5 5111) 44411			
	Own website Another's website X Upon request				
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict of interest polic	v and fine	ancial	
19	• • • • • • • • • • • • • • • • • • • •	ornior or interest bolic	y, and iili	u iciai	
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books ar	nd records of the orac	nization:	•	
20	DAN MRYKALO, VP FINANCE - (570) 961-7845	ia recorde or the orga	mzatiOH, P		
	501 VINE STREET, SCRANTON, PA 18509				
	JOI VINE DIRECT, DORANTON, IN 10307			000	(0040)

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

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B))) Pos	C) Hior			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per week	H				at apply)		compensation from	compensation from related	amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	ОЯПсег	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
WILLIAM CONABOY, ESQ		Ī							_	_
VICE CHAIRPERSON	0.20	X			<u> </u>			0.	0.	0.
VINCE BENDETTO										
TRUSTEE	0.20	X			ļ	<u> </u>		0.	0.	0.
P. THOMAS PADDEN									_	
TRUSTEE	0.20	X			ļ.,.	<u> </u>		0.	0.	0.
THOMAS CHAMBERLAIN				į			ļ			
TRUSTEE	0.20	X				<u> </u>	<u></u>	0.	0.	0.
JUDGE TRISH CORBETT					1		1			
TRUSTEE	0.20	X		L	<u> </u>		<u> </u>	0.	0.	0.
DOMINICK DENAPLES										
CHAIRPERSON	0.20	X			<u> </u>			0.	0.	0.
RICHARD GRIMM								_		
TRUSTEE	0.20	X						0.	0.	0.
DAVIS CHANT				ļ				_		
TRUSTEE	0.20	X	<u> </u>					0.	0.	0.
NICHOLAS NILES						-		_		
TRUSTEE	0.20	X						0.	0.	0.
JACKIE JOHNSON										
TRUSTEE	0.20	X						0.	0.	0.
TIMOTHY HOLMES									_	_
TRUSTEE	0.20	X			<u> </u>			0.	0.	0.
RICHARD BEASLEY		ŀ							_	_
SECRETARY	0.20	X				<u></u>		0.	0.	0.
MICHAEL NARCAVAGE										_
VICE CHAIRPERSON	0.20	X						0.	0.	0.
THOMAS WELBY								_	_	_
TRUSTEE	0.20	X						0.	0.	0.
JAMES OTT									_	_
TRUSTEE	0.20	X						0.	0.	0.
TIMOTHY WARFIELD									_	_
TRUSTEE	0.20	X					_	0.	0.	0.
CATHERINE A, BOLTON									_	_
TRUSTEE	0.20	X						0.	0.	0 • Form 990 (2010)

Form **990** (2010)

Part VII Section A. Officers, Directors,		mple	yee			ligh	est	i				
(A)	(B)			_ (0	•			(D)	(E)		(F)	
Name and title	Average	/ / /	Position (check all that apply)					Reportable	Reportable		timate	
·	hours per week (describe hours for related	H		(all)				compensation from the organization (W-2/1099·MISC)	compensation from related organizations (W-2/1099-MISC)	com fr	nount on other pensation om the anizati	tion
	organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	(II Li iossi iiissi,	,	and	d relate anizatio	ed
TODY CORDARO									0			0
RUSTEE	0.20	X				<u> </u>		0.	0.			
MICHAEL MURPHY									0.			0
RUSTEE	0.20	X	<u> </u>					0.	U •			
JACK TRUSCHEL									0			^
TRUSTEE	0.20	X						0.	0.			0
JOHN WIERCINSKI			ĺ			ļ						_
TRUSTEE	0.20	X	_	ļ		_	<u>L</u>	0.	0.			
JOYCE VAN SCHOOVENELD									•	ĺ		_
TRUSTEE	0.20	X		<u> </u>		<u> </u>		0.	0.	ļ		0
RAYMOND S. ANGELI								50.050	0	,	0 1	^ -
PRESIDENT	40.00	_	<u> </u>	X	_	1		68,968.	0.	3	2,1	U /
BRIDGET FITZPATRICK								64 500	0	2	c -	F 0
VP OF ADVANCEMENT	40.00		lacksquare	X	ļ	lacksquare		64,578.	0.		6,5	20
DR. JILL MURRAY								E2 0E4	0	1	0 E	0.7
VP ACADEMIC AFFAIRS	40.00	1		X		ļ		73,251.	0.	<u> </u>	2,5	80
DANIEL MRYKALO								TO 006	0	١ ,	1 ~	2.0
TREASURER	40.00	<u> </u>	<u></u>	X				78,826.	0.	4	$\frac{1,6}{2}$	33
1b Sub-total								285,623.	0.		2,8	
c Total from continuation sheets to Pa								165,732.	0.		$\frac{7,7}{2}$	
d Total (add lines 1b and 1c)								451,355.	0.	13	0,6	83
2 Total number of individuals (including b	out not limited to t	hose	list	ed a	bov	e) w	ho r	eceived more than \$100	,000 in reportable			
compensation from the organization	<u> </u>										L.,	
											Yes	N
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J	for such individua	١							.,,,,,,,,,	3		2
4 For any individual listed on line 1a, is the and related organizations greater than	\$150,000? If "Yes	, " cc	тр	lete	Sch	edul	e J	for such individual		4		2
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"	or accrue compe	ensa	tion	from	ı an	y un	rela	ted organization or indiv	idual for services	5		2
Section B. Independent Contractors	complete contead			3.0.1	,,							

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
GEISINGER HEALTH SYSTEMS, 100 NORTH ACADEMY AVENUE, DANVILLE, PA 17822	HEALTH CARE	1,823,097.
FOLLETT HIGHER EDUCATION	EDUCATIONAL SERVICES	761,667.
STIRNA'S RESTAURANT 120 WEST MARKET STREET, SCRANTON, PA 18508	FOOD SERVICE	629,140.
LEEWARD CONSTRUCTION, INC 9 COLLAN PARK, HONSEDALE, PA 18431	CONSTRUCTION	253,759.
TROY MECHANICAL, INC 100 STATE HIGHWAY, MOOSIC , PA 18508	CONSTRUCTION	240,417.
 Total number of independent contractors (including but not limited to those listers \$100,000 in compensation from the organization ▶ 8 		
	HEETS	Form 990 (2010)

Part VII Section A. Officers, Directors, True				s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
AIL SCARAMUZZO	40.00			v				70 705	0.	21 008
P ADMINISTRATION	40.00	-		Х	├	<u> </u>		79,705.	U •	21,998
ARK VOLK	40.00			х				86,027.	0.	15,801
ADCUTIVE VF	40.00							00,0210		
			ļ							
		<u> </u>	_							
		ļ <u>-</u>		_	<u></u>					
		ļ				-				
		_			_		<u> </u>			
						_	<u> </u>			
		_	_		_		ļ			
		<u> </u>		ļ 						
				-	_					
Fotal to Part VII, Section A, line 1c								165,732.		37,799

Га		Statement of never			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants similar amounts not included above the contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 1d ions) 1e 1s, and 1a-1f:\$	970,390. 423,698. 6,815.	1,394,088.			
Program Service Revenue	2 a	EDUCATIONAL AUXILIARY CONTINUING ED A All other program service reve	ND MISC	Business Code 611710 611710 611710		16255981. 1,905,654. 1,826,187.		
	b c	Investment income (including other similar amounts) Income from investment of tax Royalties Gross Rents Less: rental expenses Rental income or (loss)	dividends, interest. x-exempt bond p (i) Real	est, and proceeds (ii) Personal	230,754.			230,754.
	7 a b c	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities 7925748. 7865881. 59,867.	(ii) Other	59,867.			59,867.
Other Revenue	8 a b	Gross income from fundraisin including \$	g events (not of 1c). See a	114,578.				24,615.
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from game	a building activities					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	a bes of inventory	· [
	11 a b c							
	12	Total revenue. See instructions.			21697146.	19987822.	0.	315,236.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		407 000	242 526	
	trustees, and key employees	451,355.	137,829.	313,526.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			- 4 0 10 0 0	105 051
7	Other salaries and wages	7,365,879.	6,188,638.	1,040,377.	136,864.
8	Pension plan contributions (include section 401(k)			40.500	4 000
	and section 403(b) employer contributions)	281,179.	227,557.	48,699.	4,923.
9	Other employee benefits	2,488,457.	2,013,902.	430,987.	43,568.
10	Payroll taxes	592,441.	479,461.	102,608.	10,372.
11	Fees for services (non-employees):				
а	Management				
b	Legal	115,304.		115,304.	
С	Accounting	36,500.		36,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other		0.10 0.54		
12	Advertising and promotion	240,071.	240,071.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			HEO 000	
20	Interest	752,833.		752,833.	
21	Payments to affiliates	0 004 000		-0 004 000	
22	Depreciation, depletion, and amortization	2,094,977.		2,094,977.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line	[시출화를 봤다고 됐]			e est properties
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)		<u> </u>		
а	EDUCATIONAL EXPENSES	3,412,823.	3,412,823.	0 000	
b	ADMINISTRATIVE EXPENSES	2,279,302.		2,279,302.	CT 10F
С	DEVELOPMENT EXPENSES	67,125.			67,125.
d					
е					
f	All other expenses	00 170 016	10 700 004	7 04 5 440	060 050
25	Total functional expenses. Add lines 1 through 24f	20,178,246.	12,700,281.	7,215,113.	262,852.
26	Joint costs. Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation	·			Form 990 (2010)

Part X | Balance Sheet (B) (A) End of year Beginning of year 84,279. 131,429. Cash - non-interest-bearing 3,715,532. 3,114,662. 2 2 Savings and temporary cash investments 1,246,873. 1,664,974. 3 Pledges and grants receivable, net 3 215,304. 166,996. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 521,264. 569,260. Notes and loans receivable, net 8 Inventories for sale or use _____ 141,527. 130,007. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 48,492,573. 10a basis. Complete Part VI of Schedule D 33,017,434. 15,475,139. 28,411,267. b Less: accumulated depreciation 10b 8,504,195. 11,100,436. 11 Investments - publicly traded securities 11 60,000. 60,000. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 535,391. 43,434,474. 721,046. 15 Other assets. See Part IV, line 11 15 50,677,402. Total assets. Add lines 1 through 15 (must equal line 34) . 16 16 1,444,005. 1,171,517. 17 Accounts payable and accrued expenses ______ 17 18 Grants payable _____ 18 1,131,799. 1,316,118. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 17,267,767. 11,372,248. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ______ 24 25 Other liabilities. Complete Part X of Schedule D 25 19,571,083. 14,132,371. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 28,367,373. 26,608,935. 27 27 Unrestricted net assets 2,678,946. 2,633,168. Temporarily restricted net assets 60,000. 60,000. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 29,302,103. 31,106,319. Total net assets or fund balances 33 50,677,402. 43,434,474. Total liabilities and net assets/fund balances 34

	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 2 3 4 5 5	21,69 20,17 1,51 29,30	7,1 8,2 8,9 2,1 5,3	46. 00. 03. 16.
Pai	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		,		X
	Check if Schedule O contains a response to any question in this hart Air			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	Ο,	2a		х
2a	Were the organization's financial statements audited by an independent accountant?	***************************************	2b	X	
C	to the literature of the arrespiration have a committee that accumes responsibility for oversight of the audit				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued.	d on a			
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	OI-	х	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		2010)
			FOHIL	000	2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Name of the organization

Employer identification number 24-0839402

	_	LACKAWAI	NNA COLLEGE						24	-0839	402	
Part I	Reason f		ty Status (All organiza	ations mus	t complete	e this part) See insti	ructions.				
he organ	ization is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1			, or association of churc					ı				
2 X			D(b)(1)(A)(ii). (Attach Sch									
з 🗔			al service organization o		n s ection	170(b)(1)(A)(iii).					
4	A medical res	earch organization o	perated in conjunction	with a hos	oital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the	ə hospital	's name	э,
- <u> </u>	city, and state		,	·								
5	An organization	on operated for the	penefit of a college or un	niversity ov	vned or op	erated by	a governn	nental unit	described	l in		
• —	=	b)(1)(A)(iv). (Comple		·	·							
6 🔲			ent or governmental unit	described	in section	n 170(b)(1)(A)(v).					
7 🗔	An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ıblic desc	ribed ir	า
. —	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
в 🔲			ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9 🗔	An organization	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	om contril	outions, m	embershi	p fees, and	l gross re	ceipts f	from
• —	activities relat	ted to its exempt fur	ctions - subject to certa	in exception	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross	invest	ment
	income and u	nrelated business ta	xable income (less sect	ion 511 ta	x) from bu	, sinesses a	cquired b	y the orga	nization af	ter June 3	30, 197	5.
		509(a)(2). (Complete			•		•					
10 🔲	An organizati	on organized and or	erated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	ł).				
11 🗔	An organizati	on organized and or	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	ctions of,	or to carr	y out the p	urposes c	of one o	or
—	more publicly	supported organiza	tions described in section	on 509(a)(1	l) or sectio	n 509(a)(2). See sec	tion 509 (a	a)(3). Chec	k the box	that	
			organization and compl									
	a Type I			; 🔲 тур			egrated		d∐.	Type III - (Other	
е 🗀	By checking		t the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified pe	ərsons oth	her tha	n
•	foundation m	anagers and other ti	nan one or more publicly	y supporte	d organiza	itions desc	ribed in s	ection 509	9(a)(1) or se	ection 509	3(a)(2).	
f			ten determination from t									
		ganization, check th										
g	Since August	: 17, 2006, has the c	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
•	(i) A persor	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	in (ii) and (iii) below,	, 	Yes	No
			upported organization?							11g(i)		
			n described in (i) above?									
			person described in (i)							11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
									, T			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	s the on in col.		mount o	f
	anization	, ,	(described on lines 1-9		sted in your document?		on in coi. support?	(i) organiz U.S	ed in the [sup	pport	
			above or IRC section		,			ļ —	,			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									 			
						<u> </u>	<u> </u>	<u> </u>				
												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked fails to qualify under the tests	the box on line 5	5, 7, or 8 of Part I o	or if the organizatio	n failed to qualify	under Part III. If th	e organization				
A. Public Support										
er (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	,					
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
•	by each person (other than a		* * * * * * * * * * * * * * * * * * * *				
	governmental unit or publicly			:	,		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
		-4					
•							
	Public support. Subtract line 5 from line 4.			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
		(a) 2000	(0) 2007	(0) 2000	(4) 233	, , , , , , , , , , , , , , , , , , ,	
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		Sill and the second				
11	Total support. Add lines 7 through 10					1.21	<u> </u>
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	or the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto	p here					
	ction C. Computation of Pub					T	0/
14	Public support percentage for 2010	(line 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 200	9 Schedule A, Par	t II, line 14			15	%
16	a 33 1/3% support test - 2010.If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and ▶□
	stop here. The organization qualifies	s as a publicly supi	ported organizatio	n			
1	o 33 1/3% support test - 2009.If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua	alifies as a publicly	supported organia	zation		,.,.,	
17:	a 10% -facts-and-circumstances te	st - 2010.If the org	ganization did not	check a box on line	ə 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa	cts-and-circumsta	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances	" test. The organiz	ation qualifies as a	a publicly supporte	ed organization		▶└ᆜ
i	b 10% -facts-and-circumstances te	st - 2009.If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets	the "facts-and-circ	umstances" test,	check this box and	l stop here. Expla	in in Part IV how th	е
	organization meets the "facts-and-ci	ircumstances" test	. The organization	qualifies as a pub	licly supported org	ganization	▶∟
18	Private foundation. If the organizati	ion did not check a	a box on line 13, 1	6a, 16b, 17a, or 17	'b, check this box	and see instruction	ns ▶∟⊥
					Sch	edule A (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization	n fails to
qualify under the tests listed below please complete Part II)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				!		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٥	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
18	3 received from disqualified persons						
H	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) ction B. Total Support				.l		
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
		(a) 2000	(6) 2007	(0) 2000	\		
	Amounts from line 6a Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources Unrelated business taxable income						
ŗ	(less section 511 taxes) from businesses						
					 		
	Add lines 10a and 10b						
11	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part IV.)			 			
13	Total support (Add lines 9, 10c, 11, and 12.)	<u> </u>	1 6 - 1 4 4-	rd fourth or fifth	tay year as a socti	on 501(c)(3) organi	zation
14	First five years. If the Form 990 is for						
_	check this box and stop here	le Cupport D	oroontago		***************************************		
Se	ction C. Computation of Publ	ic Support Pe	ercentage			15	%
15		line 8, column (f)	divided by line 13,	column (I))			<u> </u>
16		Schedule A, Par	t III, line 15			10	
Se	ction D. Computation of Inve	stment incon	ne Percentage	(4)		17	%
17							
18	Investment income percentage from	2009 Schedule A	, Part III, line 17	_ 11 al A 1 H			
19	a 33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	ാ 1/ാ‰, and iine ***********************************	It is tion
	more than 33 1/3%, check this box a	ınd stop here. Th	e organization qua	unes as a publicly	v supported organi	Zation	
-	b 33 1/3% support tests - 2009. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%	, ariu
	line 18 is not more than 33 1/3%, che	eck this box and	stop here. The org	janization qualifies	s as a publicly sup	porteu organizatioi	" \
20	Private foundation. If the organization	on did not check :	a box on line 14 <u>, 1</u>	∍a, or 19b, check	this box and see it	nstructions	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

LACKAWANNA COLLEGE

Employer identification number 24-0839402

Par	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can t	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
	impermissible private henefit?		Yes L_INO
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" to Form 990), Part IV, line /.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		t and the accompant on the last
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	rm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	•••••	
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str.	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	itter 8/17/06, and not on a historic stre	2d
	listed in the National Register	and outlinguished or terminated by	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	the organization dailing the term
	year >	coment is located	
4	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per	iodic monitoring inspection, handling	of
5	violations, and enforcement of the conservation easements it	holds?	Yes No
•	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easement	s during the year
6	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements dur	ring the year ▶ \$
7	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?		Yes INO
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expe	ense statement, and balance sheet, and
Э	include, if applicable, the text of the footnote to the organization	tion's financial statements that describ	oes the organization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections o	f Art, Historical Treasures, o	r Other Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue sta	atement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furth	nerance of public service, provide, in Part XIV,
	the text of the footpote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	3C 958), to report in its revenue staten	nent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	f public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for fina	nciai gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	• •
а	Revenues included in Form 990, Part VIII, line 1		
h	Assets included in Form 990. Part X		Р Ψ

		ollostions of Ar		I Tv	ageliros o	· Oth	ar Qir			S (conti		
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
3		on, and other records	s, check any c	i the	rollowing that	are a si	igninca	ant use o	i its c	Ollection	Hem	5
	(check all that apply):		┌ .									
а	Public exhibition	d			nange progran							
b	Scholarly research	е	L_J Other_									
С	Preservation for future generations					-1			Dout	VIV		
	Provide a description of the organization's co								Pan	ΛIV.		
5	During the year, did the organization solicit or								Γ	1 37		٦
	to be sold to raise funds rather than to be ma									Yes		<u>No</u>
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or											
	reported an amount on Form 990, Par					1 1		l - 4				
1a	Is the organization an agent, trustee, custodi								Γ	\		No
	on Form 990, Part X?								. —	Yes	L	J IVO
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:				г	1		A ====================================		
							<u> </u>			Amount		
	Beginning balance						··· —	<u>c </u>				
	Additions during the year						··· —	d				
е	Distributions during the year						··· —	e				
f	Ending balance							lf] _V		T
	Did the organization include an amount on Fo		21?						. L	Yes	_	J No
	If "Yes," explain the arrangement in Part XIV.		1 113 4 16		000 D-+1	1 15 4	10	····				
Par	t V Endowment Funds. Complete i							roa waara l	naok T	(e) Four	woore	back
		(a) Current year	(b) Prior ye		(c) Two years		(a) !!!!	ee years	Jack	(e) roui	years	Dack
	Beginning of year balance	3,128,422.	2,970,			`						
b	Contributions	59,683.		147.		,955.						
С	Net investment earnings, gains, and losses	479,868.		613,								
d	Grants or scholarships	57,348.	143	575.	41	,568.						
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses					0.0.0						
g	End of year balance	3,610,625,	3,128	422.	2,970	,237,			l			
2	Provide the estimated percentage of the year	r end balance h el d a	ıs;									
а	Board designated or quasi-endowment		_%									
b	Permanent endowment >	%										
	Tomi ordewinest	%										
3 a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held a	ınd administer	ed for t	the org	ganizatio	า	i		T
	by:										Yes	No X
	(i) unrelated organizations								• • • • • • •	3a(i)		
	(ii) related organizations											X
b	If "Yes" to 3a(ii), are the related organization									3b		i
4	Describe in Part XIV the intended uses of the											
Pai	t VI Land, Buildings, and Equipm								1			
	Description of investment	(a) Cost or o		•	t or other		ccum			(d) Boo	k valu	16
		basis (investr			(other)	de	precia	tion	+-	1 /1	7 0	QQ
1a	Land				7,088.		070	062		1,41 7,10		
b	Buildings				9,066.			,062		$\frac{7,10}{1,27}$		
С	Leasehold improvements				32,049.			,319				
d	Equipment				24,280.	<u>o,</u>	438	,758		$\frac{2,18}{1,04}$		
e	Other				0,090.					$\frac{1,04}{2,01}$		
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B)	, line	10(c).)			<u></u>		3,01		
								Sch	مايياه	D (Forn	ո ԿԿՈ	エンロ10

Part VII Investments - Other Securities.	See Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation: I-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	,		
(G)			
(H)			
(l) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII Investments - Program Related.	See Form 990 Part X line		
		(c) Met	thod of valuation:
(a) Description of investment type	(b) Book value		d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, li			(b) Book value
	a) Description		(3)
(1)			
(2)			
(3)			
(4)			
(5)	<u> </u>		
(6)			
(7)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		>
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	" 05)		
Total, (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote. FIN 48 (ASC 740).	IINE 25.)	stements that reports the organization's i	nability for uncertain tax positions under
2. FIN 48 (ASC 740).	,		Sahadula D /Farm 000\ 2010
032053 12-20-10	_	-	Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

_	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Finan	cial State	ment	ts		
Par				1		21,697,146.		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			2		20,178,246.		
2	Total expenses (Form 990, Part IX, column (A), line 25)			3		1,518,900.		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			4		285,316.		
4	Net unrealized gains (losses) on investments			5				
5	Donated services and use of facilities			6				
6	Investment expenses			7				
7	Prior period adjustments			8				
8	Other (Describe in Part XIV.)			9		285,316.		
9	Total adjustments (net). Add lines 4 through 8			10		1,804,216.		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	ote Wit	h Revei		eturr			
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	ILO VIII	11110101	ido por i	1	22,072,425.		
1	Total revenue, gains, and other support per audited financial statements							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	2.8	5,316.				
а	Net unrealized gains on investments			3,3200				
b	Donated services and use of facilities	2b			1			
С	Recoveries of prior year grants	2c			1			
d	Other (Describe in Part XIV.)	2d			,	285,316.		
е	Add lines 2a through 2d				2e	21,787,109.		
3	Subtract line 2e from line 1				<u></u>	21,707,1037		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1						
а	Investment expenses not included on Form 990, Part VIII, line 7b			9,963.	┪			
b	Other (Describe in Part XIV.)	4b			1	-89,963.		
С	Add lines 4a and 4b				4c	21,697,146.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	\A/	th Eve		5 Poti			
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statement	ents w	ith Expe	enses per	neu	20,268,209.		
1	Total expenses and losses per audited financial statements				1	20,200,200,		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			1			
а	Donated services and use of facilities	2a			-			
b	Prior year adjustments	2b			┨.			
С	Other losses	2c		0 0 6 2	┨			
d	Other (Describe in Part XIV.)	2d		39,963		89,963.		
е	Add lines 2a through 2d				2e	20,178,246.		
3	Subtract line 2e from line 1				3	20,170,240.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			4			
b	Other (Describe in Part XIV.)	4b			_	0.		
С	Add lines 4a and 4b				4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	20,178,246.		
Pa	rt XIV Supplemental Information							
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a	a and 4; F	art IV, lines	1b and	d 2b; Part V, line 4; Part		
	o But VI, line 9, Bot VII, lines 2d and 4b, and Part VIII, lines 2d and 4b, Also comp	olete this	part to pr	ovide any ad	noition	ai mormation.		
PA	RT X, LINE 2: THE COLLEGE IS EXEMPT FROM F.	EDER#	Tr YN) STAT.	E II	NCOME		
TA	XES UNDER SECTION 501(C)(3) OF THE INTERNA	L RE	/ENUE	CODE.				
					011	TDANGE ON		
IN	ACCORDANCE WITH THE FINANCIAL ACCOUNTING	STANI	DARDS	BOARD	GU.	IDANCE ON		
AC	COUNTING FOR UNCERTAINTY IN INCOME TAXES,	MANA	REWEN.	L EAVP	OA.1.1	ED LUE		
			7 T 17 (7)	כומוז ה	m 7x TZ T	ENI NIO		
CO	LLEGE'S TAX POSITIONS AND CONCLUDED THAT T	HE CC	אַנוונע	E RAD	THVI	EIN INO		
		י הואזריי ר	יזיח חיד	ר הדאדם ים	NICT :	Δ Τ.		
UN	CERTAIN TAX POSITIONS THAT REQUIRE ADJUSTM	'E'M.T, ,	TO TH	г тич	TACT	<u>7</u>		
SI	STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW							
121 72	CEPTIONS, THE COLLEGE IS NO LONGER SUBJECT	TO .	INCOM	E TAX	EXAI	MINATIONS BY		
ĽХ	CEPTIONS, THE COULEGE IS NO BONGER BODGHOT							

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

LACKAWANNA COLLEGE

Employer identification number 24-0839402

Part			YES	NO
4	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships r	2	X	
9	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			ı
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			í
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	3	Х	\$
	If you need more space, use Part II	<u> </u>		
	NEWSPAPER ADVERTISEMENTS			
4	Does the organization maintain the following?	4a	х	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4b	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Х	
	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
d	Copies of all material used by the organization of our its behalf to solicit contributions. If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	If you answered the to any of the above, please explain if you need the space of			
				1
5	Does the organization discriminate by race in any way with respect to:			1
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c	 	$\frac{1}{X}$
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e 5f	+-	X
f	Use of facilities?		+	X
g	Athletic programs?		+	+
h	Other extracurricular activities?			+
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
				1.5
		6a	x	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6b	+	+x
b	Has the organization's right to such aid ever been revoked or suspended?	00	1	+==
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Bey, Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) 2010

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization LACKAWAN	NNA COLLEGE				24-0839	402
	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the ten highest paid indiv compensated at least \$5,000 by the	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of i ion of i fundra (includ rofessi	non-go goverr ising o ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	of individual (ii) Activity have some con-		Did alser istody irol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						-
Total			. >			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is exempt from r	egistration
			· • • • • • • • • • • • • • • • • • • •			
		-				

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032082 01-13-11

Par	t II Fundra	aising Events. Complete if the aising event contributions and g	he organization answered	! "Yes" to Form 990, Part NEZ lines 1 and 6b. List 6	iv, line 18, or reported events with gross receit	ots greater than \$5,000.			
	of fundra	aising event contributions and g	(a) Event #1 CONCERT	(b) Event #2 GOLF TOURNAMEN	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))			
			(event type)	(event type)	(total number)				
Revenue	1 Gross receip	ots	91,332.	23,246.		114,578.			
ř	1 Gross jessip								
	2 Less: Charita	able contributions				111 550			
	3 Gross incom	ne (line 1 minus line 2)	91,332.	23,246.		114,578.			
	4 Cash prizes								
	4 Casii piizes				 				
ses	5 Noncash pri	zes							
cbens	6 Rent/facility	costs							
Direct Expenses		everages							
-		1							
		ont		19,742.		89,963.			
	9 Other direct	expensesnse summary. Add lines 4 throu				(89,963,			
ļ		O	imp (d) and line 10		•	24,615.			
Pa	rt III Gamir	ng. Complete if the organization	on answered "Yes" to Form	n 990, Part IV, line 19, or	reported more than				
		on Form 990-EZ, line 6a.				T			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve									
	1 Gross rever	nue							
ses	2 Cash prizes	3							
Direct Expenses	3 Noncash pr	rizes							
irect E	4 Rent/facility	costs							
Ü									
	5 Other direc	t expenses	Yes 9	6 Yes%	Yes9	%			
	6 Volunteer la	abor	No	No	No No				
	7 Direct expe	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming	g income summary. Combine lir	ne 1, column d, and line 7		_	.			
	10 Net gaming	, moonto camina, j. comano in	and the second s						
9	Enter the state	(s) in which the organization op	erates gaming activities:						
·	a is the organizat	tion licensed to operate gaming	g activities in each of thes	e states?		Yes No			
					v. voor?	Yes No			
		e organization's gaming license							
ı	b If "Yes," explai	n:							
					Schedule G (Form 990 or 990-EZ) 20			

chedule G (Form 990 or 990-EZ) 2010 LACKAWANNA COLLEGE	24-0839402 Page 3
chedule G (Form 990 or 990 EZ) 2010 LACKAWANNA COLLEGE 1 Does the organization operate gaming activities with nonmembers?	Yes No
 Does the organization operate gaming activities with normembers. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entities. 	ty loinled
to administer charitable gaming?	Yes No
3 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a
h An outside facility	
4 Enter the name and address of the person who prepares the organization's gaming/special events boo	ks and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming r	revenue? Yes No
Does the organization have a contract than a time party members of	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
t Considera	
16 Gaming manager information:	
Name	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
Director/officer Employee	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceed	ls to
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizate	tions or spent in the
organization's own exempt activities during the tax year ▶ \$	I line Oh, columns (iii) and (v), and Part III
Part IV Supplemental Information. Complete this part to provide the explanations required by Part	additional information (see instructions).
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any	additional information (SSS instructions).

SCHEDULE ! (Form 990)

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

ert IV, line 21 or 22. Open to Public Inspection

2010

Schedule I (Form 990) (2010)

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Employer identification number 24-0839402 Name of the organization LACKAWANNA COLLEGE Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed arms and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant (c) IRC section if applicable valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN or assistance non-cash assistance non-cash cash grant or government assistance 2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2010) LACKAWANNA COLLEGE					
ted States. Com	plete if the organiza	ation answered "Yes	to Form 990, Part IV, line 22.		
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
371	608,610.	0.			
de the informatio	n required in Part I,	line 2, and any othe	r additional information.		
	-2				
	34			Schedule I (Fo	rm 990) (2010)
	ted States. Com (b) Number of recipients 371 de the informatio	ted States. Complete if the organization of recipients (c) Amount of cash grant 608,610. 371 608,610. de the information required in Part I, THE TERMS ESTABLISITED BASED ON NEED	ted States. Complete if the organization answered "Yes (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance 371 608,610, 0. de the information required in Part I, line 2, and any other THE TERMS ESTABLISHED BY THE ITED BASED ON NEED OR ACADEM3	ted States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (book, FMV, appraisal, other) 371 608,610, 0. de the information required in Part I, line 2, and any other additional information. THE TERMS ESTABLISHED BY THE ITED BASED ON NEED OR ACADEMIC OR	ted States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (b) Number of (c) Amount of (d) Amount of non-cash assistance (book, FMV, appraisal, other) (7) Description of non-cash (book, FMV, appraisal, other) (6) Aethologous formation required in Part I, line 2, and any other additional information. THE TERMS ESTABLISHED BY THE ITED BASED ON NEED OR ACADEMIC OR

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LACKAWANNA COLLEGE	24-0839402
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
OPPORTUNITIES FOR CAREER AND PERSONAL DEVELOPMENT WITHIN	SELECTED
ASSOCIATE DEGREE, CERTIFICATE AND CONTINUING EDUCATION PRO	OGRAMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
LACKAWANNA COLLEGE INTRODUCES ITS STUDENTS TO BODIES OF K	NOWLEDGE AND
CAREER/LIFE SKILLS THAT WILL HELP THEM TO LIVE, LEARN AND	WORK IN AN
INFORMED SOCIETY.	
FORM 990, PART VI, SECTION B, LINE 11: A PDF COPY OF THE	990 IS SENT TO
BOARD MEMBERS PRIOR TO MEETING. THE FORM 990 IS THEN DIS	CUSSED AT THE
BOARD MEETING PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF I	NTEREST POLICY IS
REVIEWED WITH BOARD MEMBERS AND EACH MEMBER SIGNS A DISCL	OSURE STATEMENT
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILAB	LE UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	285,316
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS NOT CHANGED ITS AUDITOR OVERSIGHT OF	SELECTION
DROCEGG DITRING MUE MAY VEAR	

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Schedule O (Form 990 or 990-EZ) (2010) Page 2							
Name of the organization	LACKAWANNA	COLLEGE				Employer identification nu 24-0839402	ımber
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Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you Do not Electro required of time Persona visit ww Part A corpo Part I of All other to file in Type or	ration required to file Form 990-T and requesting an autor nly r corporations (including 1120-C filers), partnerships, REM come tax returns.	tension, of an automa you need a nth extens ception of per format a	complete only Part II (on page 2 of this tic 3-month extension on a previously find 3-month automatic extension of time to sion of time. You can electronically file Form 8870, Information Return for Transpection (see instructions). For more details on the bmit original (no copies needed).	form). led Fo o file (I form 8 nsfers / he elec	rm 8868. 6 months for a corp 868 to request an e Associated With Ce ctronic filing of this	xtension ortain form,		
print	LACKAWANNA COLLEGE	24-0839402						
due date f filing your return, Se	File by the due date for filling your return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Enter th	SCRANTON, PA 18509 e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applica	tion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 99		01	Form 990-T (corporation)		07			
Form 99		02	Form 1041-A		08			
Form 99		03	Form 4720 Form 5227		10			
	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
	00-T (trust other than above)	06	Form 8870			12		
i Onii o	DAN MRYKALO, VI					1 '-		
Tele _l • If the	books are in the care of \blacktriangleright 501 VINE STREE! Shows No. \blacktriangleright (570) $961-7845$ To organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur				Check this		
<u>box</u> ▶	. If it is for part of the group, check this box equest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2012, to file the exemp for the organization's return for: calendar year or	and atta required t organiza	ch a list with the names and EINs of all to file Form 990-T) extension of time unt	<u>memb</u> til	ers the extension is			
2 If	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period							
<u>n</u>	this application is for Form 990-BL, 990-PF, 990-T, 4720, onrefundable credits. See instructions. this application is for Form 990-PF, 990-T, 4720, or 6069,	3a	\$	0.				
estimated tax payments made. Include any prior year overp				3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa v using EFTPS (Electronic Federal Tax Payment System).	-	•	3c	\$	0.		
	n. If you are going to make an electronic fund withdrawal v				4			