

**COMMITTEE ON NATURAL RESOURCES**  
**113<sup>th</sup> 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: [REDACTED] [Information Redacted for Privacy]
5. Business Phone Number: [REDACTED] [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 Department of the Interior (and/or other agencies invited) 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 Department of the Interior (and /or other agencies invited) 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.

l. 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-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

**2012**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

LACKAWANNA COLLEGE

24-0839402

Name and title of officer

MARK VOLK  
PRESIDENT

**Part I Type of Return and Return Information** (Whole Dollars Only)

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.

|    |                          |                                       |   |  |    |                 |
|----|--------------------------|---------------------------------------|---|--|----|-----------------|
| 1a | Form 990 check here      | ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>21471939</u> |
| 2a | Form 990-EZ check here   | ▶ <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9)                      | 2b |                 |
| 3a | Form 1120-POL check here | ▶ <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | 3b |                 |
| 4a | Form 990-PF check here   | ▶ <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |                 |
| 5a | Form 8868 check here     | ▶ <input type="checkbox"/>            | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |                 |

**Part II 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

I authorize MCGRAIL MERKEL QUINN & ASSOCIATES, P.C. to enter my PIN 12345  
ERO firm name Enter five numbers, but 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.

Officer's signature ▶ *Mark Volk* Date ▶ 5/5/2014

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing 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 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's signature ▶ \_\_\_\_\_ Date ▶ 05/01/14

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

**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

|   |   |  |   |
|---|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>LACKAWANNA COLLEGE                                   |  | <b>D Employer identification number</b><br>24-0839402   |
|   | Doing Business As   |  | <b>E Telephone number</b><br>(570) 961-7846   |
|   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | <b>G Gross receipts \$</b> 30,518,944. |   |
|   | City, town, or post office, state, and ZIP code<br>SCRANTON, PA 18509                 |  | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |

**F Name and address of principal officer:** MARK VOLK  
 501 VINE STREET, SCRANTON, PA 18509

**I Tax-exempt status:**  501(c)(3)  501(c)( ) (Insert no.)  4947(a)(1) or  527

**J Website:** ▶ WWW.LACKAWANNA.EDU

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 1957 **M State of legal domicile:** PA

| Part I Summary   |  | Prior Year  | Current Year                             |
|--|--|---|--|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: LACKAWANNA COLLEGE IS AN ACCREDITED, PRIVATE, NONPROFIT HIGHER EDUCATION INSTITUTION WHOSE |   |  |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                |   |  |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)  | 3   | 19                                       |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 4   | 19                                       |
|  | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)   | 5   | 658                                      |
|  | 6 Total number of volunteers (estimate if necessary)   | 6   | 0  |
|  | 7 a Total unrelated business revenue from Part VIII, column (C), line 12   | 7a  | 0.                                       |
| b Net unrelated business taxable income from Form 990-T, line 34                     | 7b   | 0.  |  |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)  | 1,503,392.  | 672,970.                                 |
|  | 9 Program service revenue (Part VIII, line 2g)   | 20,863,744.   | 20,537,570.                              |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 646,212.  | 234,610.                                 |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 18,218.   | 26,789.                                  |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 23,031,566.   | 21,471,939.                              |
|  | Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0.                                       |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     |  | 0.  | 0.                                       |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | 11,568,322.   | 12,065,979.                              |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    |  | 0.  | 0.                                       |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 322,105.               |  |   |  |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |  | 9,546,468.  | 9,755,862.                               |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         |  | 21,114,790.   | 21,821,841.                              |
| 19 Revenue less expenses. Subtract line 18 from line 12                              |  | 1,916,776.  | -349,902.                                |
| Net Assets or Fund Balances  |  | 20 Total assets (Part X, line 16)                                   | Beginning of Current Year<br>52,032,752. |
|  | 21 Total liabilities (Part X, line 26)   | 18,959,459.   | 18,946,871.                              |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20  | 33,073,293.   | 32,731,436.                              |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|  |  |   |  |
|--|--|---|--|
| Sign Here  | Signature of officer <i>Mark Volk</i>                  | Date  | 5/5/2014   |
|  | MARK VOLK, PRESIDENT                                   | Type or print name and title                  |  |
| Paid Preparer Use Only                                   | Print/Type preparer's name<br>MARY ANN NOVAK, CPA      | Preparer's signature<br><i>Mary Ann Novak</i> | Date<br>05/01/14   |
|  | Firm's name<br>MCGRAIL MERKEL QUINN & ASSOCIATES, P.C. | Firm's EIN<br>23-2226550                      | Check <input type="checkbox"/> if self-employed<br>PTIN<br>P01056330 |
| Firm's address<br>1173 CLAY AVENUE<br>SCRANTON, PA 18510 |  | Phone no. (570) 961-0345                      |  |

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|  |  | Enter filer's identifying number, see instructions |  |
|--|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions                             | Employer identification number (EIN) or            |  |
| File by the due date for filing your return. See instructions. | LACKAWANNA COLLEGE   | 24-0839402   |  |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.                   | Social security number (SSN)                       |  |
|  | 501 VINE STREET  |  |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |  |
|  | SCRANTON, PA 18509   |  |  |

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

ALYCIA SCHWARTZ, CFO

• The books are in the care of  501 VINE STREET - SCRANTON, PA 18509

Telephone No.  (570) 961-7845

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2014.

5 For calendar year , or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

TAXPAYER IS AWAITING INFORMATION FROM A THIRD PARTY TO FILE A COMPLETE AND ACCURATE RETURN.

|  |           |    |    |
|--|-----------|----|----|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$ | 0. |
| <b>b</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 allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.   | <b>8c</b> | \$ | 0. |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  [Signature] Title  CPA

Date  2/8/14

McGRAIL MERKEL QUINN & ASSOCIATES, P.C.  
 CERTIFIED PUBLIC ACCOUNTANTS  
 1173 CLAY AVENUE  
 SCRANTON, PA 18510  
 I.D. 23-2226550

Form 8868 (Rev. 1-2013)

*mailed 2/10/14*

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

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

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

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

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

Part I only

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

|  |   |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>LACKAWANNA COLLEGE</b>                            | Employer identification number (EIN) or<br><b>24-0839402</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>501 VINE STREET</b>                      | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SCRANTON, PA 18509</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                   | 03          | Form 4720                | 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          |

**ALYCIA SCHWARTZ, CFO**

- The books are in the care of ▶ **501 VINE STREET - SCRANTON, PA 18509**

Telephone No. ▶ **(570) 961-7845** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

**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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2013)

Part 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 HIGHER EDUCATION INSTITUTION WHOSE MISSION IS TO PROVIDE A QUALITY EDUCATION TO ALL PERSONS WHO SEEK TO IMPROVE THEIR LIVES AND BETTER THE COMMUNITIES IN WHICH THEY LIVE. THE COLLEGE STRIVES TO BE 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? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 11,025,785. Including grants of \$ ) (Revenue \$ 16,549,678.) 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.

4b (Code: ) (Expenses \$ 1,184,036. Including grants of \$ ) (Revenue \$ 1,777,235.) 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 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.

4c (Code: ) (Expenses \$ 1,472,791. Including grants of \$ ) (Revenue \$ 2,210,657.) CONTINUING EDUCATION AND MISCELLANEOUS PROGRAM REVENUE. LACKAWANNA 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 13,682,612.



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

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990 questions and answers including: 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 160; 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0; 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 658; 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X; 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X; 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X; 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X; 7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X; 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? X; 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X; 7d If "Yes," indicate the number of Forms 8282 filed during the year; 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X; 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X; 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?; 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?; 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?; 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?; b Did the organization make a distribution to a donor, donor advisor, or related person?; 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12; b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities; 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders; b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.); 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?; b 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. a Is the organization licensed to issue qualified health plans in more than one state?; 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; c Enter the amount of reserves on hand; 14a Did the organization receive any payments for indoor tanning services during the tax year? X; b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 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 appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
ALYCIA SCHWARTZ, CFO - (570) 961-7845
501 VINE STREET, SCRANTON, PA 18509

**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

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

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

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

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) RICHARD BEASLEY<br>TRUSTEE SECRETARY             | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) VINCE BENEDETTO<br>TRUSTEE                       | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) CATHERINE A. BOLTON<br>TRUSTEE                   | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) DAVIS R. CHANT<br>TRUSTEE                        | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) JODY CORDARO<br>TRUSTEE                          | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) WILLIAM CONABOY, ESQ<br>TRUSTEE VICE CHAIRPERSON | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) RICHARD E. GRIMM<br>TRUSTEE                      | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) TIMOTHY HOLMES<br>TRUSTEE                        | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) MICHAEL M. MURPHY<br>TRUSTEE                     | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) MICHAEL NARCAVAGE<br>TRUSTEE                    | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) NICHOLAS NILES<br>TRUSTEE                       | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) JAMES OTT<br>TRUSTEE                            | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) P. THOMAS PADDEN<br>TRUSTEE                     | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) JACK TRUSCHEL, ED. D. PSY. D.<br>TRUSTEE        | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) JOYCE VAN SCHOOVENELD<br>TRUSTEE                | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (16) TIMOTHY R. WARFIELD<br>TRUSTEE                  | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (17) JOHN P. WIERCINSKI<br>TRUSTEE                   | 0.20  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) DAVID KAPLAN<br>TRUSTEE                                   | 0.20  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) DOMINICK DENAPLES<br>TRUSTEE CHAIRPERSON                  | 0.20  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) MARK VOLK<br>PRESIDENT                                    | 40.00   |   |                       | X       |              |                              |        | 108,841.   | 0.  | 25,753.   |
| (21) ALYCIA SCHWARTZ<br>VP FOR FINANCE AND ADMINISTRATION      | 40.00   |   |                       | X       |              |                              |        | 36,639.  | 0.  | 20,209.   |
| (22) DR. JILL MURRAY<br>EXECUTIVE VICE PRESIDENT               | 40.00   |   |                       | X       |              |                              |        | 86,416.  | 0.  | 13,146.   |
| (23) PAUL STRUNK<br>VP FOR ADVANCEMENT                         | 40.00   |   |                       | X       |              |                              |        | 6,885.   | 0.  | 4,422.  |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 238,781.   | 0.  | 63,530.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 238,781.   | 0.  | 63,530.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| SPANO CONSTRUCTION<br>1012 PRICE STREET, SCRANTON, PA 18508       | CONTRACTOR                     | 1,274,069.          |
| STIRNA'S RESTAURANT<br>120 WEST MARKET STREET, SCRANTON, PA 18508 | FOOD SERVICE                   | 892,605.            |
| ANTHONY R WALDRON<br>8 SILK MILL DRIVE, HAWLEY, PA 18428          | ATTORNEY                       | 320,839.            |
| QUALITY BUILDING<br>PO BOX 317, DUNMORE, PA 18512                 | JANITORIAL/CLEANING            | 243,200.            |
| PRIME ELECTRIC<br>137 LAKE STREET, DUNMORE, PA 18512              | ELECTRICAL CONTRACTOR          | 208,008.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

**Part VIII Statement of Revenue**

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

|  |  |  |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512,<br>513, or 514 |         |
|--|--|--|---------------|----------------------|---|---|---|---------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |               |                      |   |   |   |         |
|  | <b>b</b> Membership dues .....   | <b>1b</b>  |               |                      |   |   |   |         |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>  |               |                      |   |   |   |         |
|  | <b>d</b> Related organizations .....   | <b>1d</b>  |               |                      |   |   |   |         |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>  | 270,419.      |                      |   |   |   |         |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b>  | 402,551.      |                      |   |   |   |         |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  | 20,839.       |                      |   |   |   |         |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  |               | 672,970.             |   |   |   |         |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> EDUCATIONAL   | Business Code  | 611710        | 16,549,678.          | 16,549,678.                                     |   |   |         |
|  | <b>b</b> AUXILIARY   |  | 611710        | 2,210,657.           | 2,210,657.                                      |   |   |         |
|  | <b>c</b> CONTINUING ED AND MISC PROGRAM  |  | 611710        | 1,777,235.           | 1,777,235.                                      |   |   |         |
|  | <b>d</b> .....   |  |               |                      |   |   |   |         |
|  | <b>e</b> .....   |  |               |                      |   |   |   |         |
|  | <b>f</b> All other program service revenue .....   |  |               |                      |   |   |   |         |
|  | <b>g Total.</b> Add lines 2a-2f .....  |  |               | 20,537,570.          |   |   |   |         |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  |               | 238,612.             |   |   | 238,612.  |         |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |               |                      |   |   |   |         |
|  | <b>5</b> Royalties .....   |  |               |                      |   |   |   |         |
|  | <b>6 a</b> Gross rents .....   | (i) Real   | (ii) Personal |                      |   |   |   |         |
|  |  | <b>b</b> Less: rental expenses .....                           |               |                      |   |   |   |         |
|  |  | <b>c</b> Rental income or (loss) .....                         |               |                      |   |   |   |         |
|  | <b>d</b> Net rental income or (loss) .....   |  |               |                      |   |   |   |         |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   | (ii) Other    | 8,924,164.           | 5,390.  |   |   |         |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |               | 8,928,767.           | 4,789.  |   |   |         |
|  |  | <b>c</b> Gain or (loss) .....                                  |               | -4,603.              | 601.  |   |   |         |
|  |  | <b>d</b> Net gain or (loss) .....                              |               |                      | -4,002.   |   |   | -4,002. |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   |               | 140,238.             |   |   |   |         |
|  |  | <b>b</b> Less: direct expenses .....                           | <b>b</b>      | 113,449.             |   |   |   |         |
|  |  | <b>c</b> Net income or (loss) from fundraising events .....    |               |                      | 26,789.   |   |   | 26,789. |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  | <b>a</b>   |               |                      |   |   |   |         |
| <b>b</b> Less: direct expenses .....                                       |  | <b>b</b>   |               |                      |   |   |   |         |
| <b>c</b> Net income or (loss) from gaming activities .....                 |  |  |               |                      |   |   |   |         |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>a</b>   |  |               |                      |   |   |   |         |
|  | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |               |                      |   |   |   |         |
|  | <b>c</b> Net income or (loss) from sales of inventory .....  |  |               |                      |   |   |   |         |
| Miscellaneous Revenue  |  | Business Code  |               |                      |   |   |   |         |
| <b>11 a</b> .....  | <b>a</b>   |  |               |                      |   |   |   |         |
|  | <b>b</b> .....   |  |               |                      |   |   |   |         |
|  | <b>c</b> .....   |  |               |                      |   |   |   |         |
|  | <b>d</b> All other revenue .....   |  |               |                      |   |   |   |         |
|  | <b>e Total.</b> Add lines 11a-11d .....  |  |               |                      |   |   |   |         |
| <b>12 Total revenue.</b> See instructions. ....                            |  |  |               | 21,471,939.          | 20,537,570.                                     | 0.                                      | 261,399.  |         |

**Part IX Statement of Functional Expenses**

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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, trustees, and key employees  | 238,781.              |                                 | 231,896.                               | 6,885.                      |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 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):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 196,429.              |                                 | 196,429.                               |                             |
| c Accounting  | 42,000.               |                                 | 42,000.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e 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.)   |                       |                                 |  |                             |
| 12 Advertising and promotion  | 305,310.              | 305,310.                        |  |                             |
| 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   | 672,383.              |                                 | 672,383.                               |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 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.) |                       |                                 |  |                             |
| a EDUCATIONAL EXPENSES  | 3,888,087.            | 3,888,087.                      |  |                             |
| b ADMINISTRATIVE EXPENSES   | 2,217,998.            |                                 | 2,217,998.                             |                             |
| 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)



**Part X Balance Sheet**

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

|                             |   | (A)<br>Beginning of year  |                 | (B)<br>End of year |             |
|-----------------------------|---|---|-----------------|--------------------|-------------|
| Assets                      | 1   | Cash - non-interest-bearing   | 78,634.         | 1                  | 98,707.     |
|                             | 2   | Savings and temporary cash investments  | 4,858,062.      | 2                  | 5,403,991.  |
|                             | 3   | Pledges and grants receivable, net  | 151,365.        | 3                  | 143,254.    |
|                             | 4   | Accounts receivable, net  | 71,326.         | 4                  | 262,094.    |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                 | 5                  |             |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L |                 | 6                  |             |
|                             | 7   | Notes and loans receivable, net   | 450,991.        | 7                  | 727,746.    |
|                             | 8   | Inventories for sale or use   |                 | 8                  |             |
|                             | 9   | Prepaid expenses and deferred charges   | 83,023.         | 9                  | 282,684.    |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 54,384,831. |                    |             |
|                             | 10b   | Less: accumulated depreciation  | 10b 18,535,702. |                    |             |
|                             | 10c   |   | 34,853,687.     | 10c                | 35,849,129. |
|                             | 11  | Investments - publicly traded securities  | 10,689,871.     | 11                 | 8,213,522.  |
|                             | 12  | Investments - other securities. See Part IV, line 11  | 60,000.         | 12                 | 60,000.     |
|                             | 13  | Investments - program-related. See Part IV, line 11   |                 | 13                 |             |
|                             | 14  | Intangible assets   |                 | 14                 |             |
| 15                          | Other assets. See Part IV, line 11  | 735,793.  | 15              | 637,180.           |             |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 52,032,752.   | 16              | 51,678,307.        |             |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 877,032.        | 17                 | 1,216,909.  |
|                             | 18  | Grants payable  |                 | 18                 |             |
|                             | 19  | Deferred revenue  | 586,827.        | 19                 | 688,757.    |
|                             | 20  | Tax-exempt bond liabilities   |                 | 20                 |             |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |                 | 21                 |             |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |                 | 22                 |             |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties  | 17,495,600.     | 23                 | 17,041,205. |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties  |                 | 24                 |             |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |                 | 25                 |             |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 18,959,459.     | 26                 | 18,946,871. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |                 |                    |             |
|                             | 27  | Unrestricted net assets   | 30,139,073.     | 27                 | 29,859,988. |
|                             | 28  | Temporarily restricted net assets   | 2,874,220.      | 28                 | 2,811,448.  |
|                             | 29  | Permanently restricted net assets   | 60,000.         | 29                 | 60,000.     |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |                 |                    |             |
|                             | 30  | Capital stock or trust principal, or current funds  |                 | 30                 |             |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |                 | 31                 |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |                 | 32                 |             |
|                             | 33  | <b>Total net assets or fund balances</b>  | 33,073,293.     | 33                 | 32,731,436. |
|                             | 34  | <b>Total liabilities and net assets/fund balances</b>   | 52,032,752.     | 34                 | 51,678,307. |

**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)  | 1  | 21,471,939. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 21,821,841. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -349,902.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 33,073,293. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 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)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 32,731,436. |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     | X   |    |

Form 990 (2012)

**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

**2012**

Open to Public Inspection

|   |   |
|---|---|
| <b>Name of the organization</b><br>LACKAWANNA COLLEGE | <b>Employer identification number</b><br>24-0839402 |
|---|---|

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b> |     |    |
| (ii) A family member of a person described in (i) above? <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>  |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| 4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar 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 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | %                        |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 .....   | 15 | %                        |
| 16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| 16b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| 17a <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....      |    | <input type="checkbox"/> |
| 17b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**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

**2012**

Open to Public Inspection

Name of the organization

LACKAWANNA COLLEGE

Employer identification number

24-0839402

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 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 advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) 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 financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 3,768,025.       | 3,610,625.     | 3,128,422.         | 2,970,237.           | 3,062,950.          |
| b Contributions                                  | 190,456.         | 76,047.        | 59,683.            | 45,147.              | 258,955.            |
| c Net investment earnings, gains, and losses     | 338,530.         | 138,823.       | 479,868.           | 256,613.             | -310,100.           |
| d Grants or scholarships                         | 64,619.          | 57,470.        | 57,348.            | 143,575.             | 41,568.             |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 4,232,392.       | 3,768,025.     | 3,610,625.         | 3,128,422.           | 2,970,237.          |

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

- a Board designated or quasi-endowment  77.00 %
- b Permanent endowment  1.00 %
- c Temporarily restricted endowment  22.00 %

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

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 1,525,481.                      |                              | 1,525,481.     |
| b Buildings  |                                      | 42,877,768.                     | 12,851,115.                  | 30,026,653.    |
| c Leasehold improvements   |                                      | 1,753,658.                      | 472,706.                     | 1,280,952.     |
| d Equipment  |                                      | 7,756,909.                      | 5,211,881.                   | 2,545,028.     |
| e Other  |                                      | 471,015.                        |                              | 471,015.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 35,849,129.    |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| (I)   |                |   |
| <b>Total.</b> (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)  |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (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) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |           |             |
|---|---|----|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1         | 21,593,433. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |             |
| a | Net unrealized gains on investments   | 2a | 8,045.    |             |
| b | Donated services and use of facilities  | 2b |           |             |
| c | Recoveries of prior year grants   | 2c |           |             |
| d | Other (Describe in Part XIII.)  | 2d |           |             |
| e | Add lines 2a through 2d   | 2e | 8,045.    |             |
| 3 | Subtract line 2e from line 1  | 3  |           | 21,585,388. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |           |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |           |             |
| b | Other (Describe in Part XIII.)  | 4b | -113,449. |             |
| c | Add lines 4a and 4b   | 4c | -113,449. |             |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |           | 21,471,939. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |          |             |
|---|--|----|----------|-------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1        | 21,935,290. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |             |
| a | Donated services and use of facilities   | 2a |          |             |
| b | Prior year adjustments   | 2b |          |             |
| c | Other losses   | 2c |          |             |
| d | Other (Describe in Part XIII.)   | 2d | 113,449. |             |
| e | Add lines 2a through 2d  | 2e | 113,449. |             |
| 3 | Subtract line 2e from line 1   | 3  |          | 21,821,841. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |          |             |
| b | Other (Describe in Part XIII.)   | 4b |          |             |
| c | Add lines 4a and 4b  | 4c | 0.       |             |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |          | 21,821,841. |

**Part XIII Supplemental Information**

Complete 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE COLLEGE IS EXEMPT FROM FEDERAL AND STATE INCOME**

**TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**

**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**

**Part XIII** Supplemental Information (continued)

THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -113,449.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 113,449.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

LACKAWANNA COLLEGE

Employer identification number

24-0839402

**Part I**

|   | 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? .....   | X   |    |
| 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? .....  | 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. If you need more space, use Part II ..... | X   |    |
| <u>NEWSPAPER ADVERTISEMENTS</u>   |     |    |
| 4 Does the organization maintain the following?   |     |    |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? .....   | X   |    |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....   | X   |    |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....   | X   |    |
| d Copies of all material used by the organization or on its behalf to solicit contributions? .....  | X   |    |
| 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:  |     |    |
| a Students' rights or privileges? .....   |     | X  |
| b Admissions policies? .....  |     | X  |
| c Employment of faculty or administrative staff? .....  |     | X  |
| d Scholarships or other financial assistance? .....   |     | X  |
| e Educational policies? .....   |     | X  |
| f Use of facilities? .....  |     | X  |
| g Athletic programs? .....  |     | X  |
| h Other extracurricular activities? .....   |     | X  |
| If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.   |     |    |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? .....  | X   |    |
| b Has the organization's right to such aid 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 Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....  | X   |    |

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

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

**Part II** **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE COLLEGE PARTICIPATES IN THE DEPT OF ED'S STUDENT FINANCIAL ASSISTANCE PROGRAM. ALSO, FUNDING IS RECEIVED FOR OTHER EDUCATIONAL PROGRAMS AND FOR CAPITAL PROJECTS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

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.**

**Open To Public  
Inspection**

Name of the organization **LACKAWANNA COLLEGE** Employer identification number **24-0839402**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (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 |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

|                 |    | (a) Event #1  | (b) Event #2                        | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |             |
|-----------------|----|---|-------------------------------------|---------------------|--|-------------|
|                 |    | CONCERTS<br>(event type)                                    | GOLF<br>TOURNAMENTS<br>(event type) | 2<br>(total number) |  |             |
| 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.    |
| Direct Expenses | 4  | Cash prizes   |                                     |                     |  |             |
|                 | 5  | Noncash prizes  |                                     |                     |  |             |
|                 | 6  | Rent/facility costs   |                                     |                     |  |             |
|                 | 7  | Food and beverages  |                                     |                     |  |             |
|                 | 8  | Entertainment   |                                     |                     |  |             |
|                 | 9  | Other direct expenses                                       | 79,561.                             | 21,194.             | 12,694.  | 113,449.    |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |                                     |                     |  | ( 113,449.) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |                                     |                     |  | 26,789.     |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | 1 | Gross revenue   |   |   |   |
| Direct Expenses | 2 | Cash prizes   |   |   |   |
|                 | 3 | Noncash prizes  |   |   |   |
|                 | 4 | Rent/facility costs   |   |   |   |
|                 | 5 | Other direct expenses   |   |   |   |
|                 | 6 | Volunteer labor   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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?  Yes  No  
 b If "No," explain: \_\_\_\_\_

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

- 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
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**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 ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** 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

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

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

Name of the organization  
**LACKAWANNA COLLEGE**  
Employer identification number  
**24-0839402**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |

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

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



**Part III** 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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 418                      | 855,322.                 | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**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  
BOARD MEMBERS PRIOR TO MEETING. THE FORM 990 IS THEN DISCUSSED AT THE  
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  
ANNUALLY.

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

|  |  |
|--|--|
| Name of the organization<br>LACKAWANNA COLLEGE | Employer identification number<br>24-0839402 |
|--|--|

INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS AUDITOR OVERSIGHT OR SELECTION  
PROCESS DURING THE TAX YEAR.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

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

▶ See instructions.

Name of exempt organization

Employer identification number

LACKAWANNA COLLEGE

24-0839402

Name and title of officer

MARK VOLK  
PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

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.

|                             |                                       |  |    |                 |
|-----------------------------|---------------------------------------|--|----|-----------------|
| 1a Form 990 check here      | ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>23031566</u> |
| 2a Form 990-EZ check here   | ▶ <input type="checkbox"/>            | b Total revenue, if any (Form 990-EZ, line 9)                      | 2b | _____           |
| 3a Form 1120-POL check here | ▶ <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22)                               | 3b | _____           |
| 4a Form 990-PF check here   | ▶ <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b | _____           |
| 5a Form 8868 check here     | ▶ <input type="checkbox"/>            | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b | _____           |

**Part II 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 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

I authorize MCGRAIL MERKEL QUINN & ASSOCIATES, P.C.

ERO firm name

to enter my PIN 12345

Enter five numbers, but 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(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 2011 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.

Officer's signature

*Mark Volk*

Date ▶ 5/2/2013

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing 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's signature

*Mark Volk*

Date ▶ 04/30/13

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



# McGrail Merkel Quinn & Associates

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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

APRIL 30, 2013

CLIENT COPY

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**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 20 12

**2011**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ See instructions.

Name of exempt organization

Employer identification number

LACKAWANNA COLLEGE

24-0839402

Name and title of officer

MARK VOLK  
PRESIDENT

**Part I Type of Return and Return Information** (Whole Dollars Only)

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.

|  |  |    |                 |
|--|--|----|-----------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b | <u>23031566</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b |                 |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) .....                               | 3b |                 |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b |                 |
| 5a Form 8868 check here ▶ <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | 5b |                 |

**Part II 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 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

I authorize MCGRAIL MERKEL QUINN & ASSOCIATES, P.C. to enter my PIN 12345  
ERO firm name Enter five numbers, but 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(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 2011 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.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing 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's signature ▶ \_\_\_\_\_ Date ▶ 04/30/13

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

**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

**2011**

Open to Public Inspection

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, 2012**

|   |  |  |
|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>LACKAWANNA COLLEGE</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>501 VINE STREET</b><br>City or town, state or country, and ZIP + 4<br><b>SCRANTON, PA 18509</b><br><b>F</b> Name and address of principal officer: <b>MARK VOLK</b><br><b>501 VINE STREET, SCRANTON, PA 18509</b> | <b>D</b> Employer identification number<br><b>24-0839402</b><br><b>E</b> Telephone number<br><b>(570) 961-7846</b><br><b>G</b> Gross receipts \$ <b>34,459,251.</b><br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see Instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no. <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |
| <b>J</b> Website: ▶ <b>WWW.LACKAWANNA.EDU</b>   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |  |
| <b>L</b> Year of formation: <b>1957</b> <b>M</b> State of legal domicile: <b>PA</b>   |  |  |

**Part I Summary**

|                                    |  |   |  |                    |
|------------------------------------|--|---|--|--------------------|
|                                    | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>LACKAWANNA COLLEGE IS AN ACCREDITED, PRIVATE, NON-PROFIT EDUCATIONAL INSTITUTION PROVIDING</b> |  |                    |
| <b>Activities &amp; Governance</b> | <b>2</b>   | Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.                                       |  |                    |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>22</b>          |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>22</b>          |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2011 (Part V, line 2a)  | <b>5</b>   | <b>642</b>         |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>1</b>           |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>          |
|                                    | <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>  | <b>0.</b>          |
| <b>Revenue</b>                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>1,394,088.</b>  | <b>1,503,392.</b>  |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>19,987,822.</b>   | <b>20,863,744.</b> |
|                                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>290,621.</b>  | <b>646,212.</b>    |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)  | <b>24,615.</b>   | <b>18,218.</b>     |
|                                    | <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>21,697,146.</b>   | <b>23,031,566.</b> |
|                                    | <b>Expenses</b>  | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>0.</b>          |
| <b>14</b>                          |  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>  | <b>0.</b>          |
| <b>15</b>                          |  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>11,179,311.</b>   | <b>11,568,322.</b> |
| <b>16a</b>                         |  | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>  | <b>0.</b>          |
| <b>b</b>                           |  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>254,867.</b>   |  |                    |
| <b>17</b>                          |  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>8,998,935.</b>  | <b>9,546,468.</b>  |
| <b>Net Assets or Fund Balances</b> | <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>20,178,246.</b>   | <b>21,114,790.</b> |
|                                    | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>1,518,900.</b>  | <b>1,916,776.</b>  |
|                                    | <b>20</b>  | Total assets (Part X, line 16)  | <b>50,677,402.</b>   | <b>52,032,752.</b> |
|                                    | <b>21</b>  | Total liabilities (Part X, line 26)   | <b>19,571,083.</b>   | <b>18,959,459.</b> |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20 | <b>31,106,319.</b>  | <b>33,073,293.</b>   |                    |

**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.

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | Signature of officer<br><b>MARK VOLK, PRESIDENT</b> <i>malvol</i><br>Type or print name and title | Date<br><b>5/2/2013</b>  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>MARY ANN NOVAK, CPA</b>  | Preparer's signature<br><i>Mary Ann Novak CPA</i>                        |
|                               | Date<br><b>04/30/13</b>   | Check <input type="checkbox"/> PTIN<br>if self-employed <b>P01056330</b> |
|                               | Firm's name ▶ <b>MCGRAIL MERKEL QUINN &amp; ASSOCIATES, P.C.</b>                                  | Firm's EIN ▶ <b>23-2226550</b>   |
|                               | Firm's address ▶ <b>1173 CLAY AVENUE<br/>SCRANTON, PA 18510</b>                                   | Phone no. <b>(570) 961-0345</b>  |

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|  |  |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions                             | Employer identification number (EIN) or        |
| File by the due date for filing your return. See instructions. | LACKAWANNA COLLEGE   | <input checked="" type="checkbox"/> 24-0839402 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.                   | Social security number (SSN)                   |
|  | 501 VINE STREET  | <input type="checkbox"/>                       |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |
|  | SCRANTON, PA 18509   |  |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 01          | 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 an automatic 3-month extension on a previously filed Form 8868.**

ALYCIA SCHWARTZ, CFO

- The books are in the care of **501 VINE STREET - SCRANTON, PA 18509**  
Telephone No. **(570) 961-7845** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2013**
- 6 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**TAXPAYER IS AWAITING INFORMATION FROM A THIRD PARTY TO FILE A COMPLETE AND ACCURATE RETURN.**

|   |    |    |    |
|---|----|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | 8c | \$ | 0. |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *M. Schwartz* Title *CFO* Date *2/11/13*

*mailed 2/11/13*



ef. d. 10/31/12

Form **8868**  
(Rev. January 2012)  
Department of the Treasury  
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

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

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

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

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

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

|               |   |  |
|---------------|---|--|
| Type or print | Name of exempt organization or other filer, see instructions.<br><b>LACKAWANNA COLLEGE</b>                            | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>24-0839402</b> |
|               | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>501 VINE STREET</b>                      | Social security number (SSN)<br><input type="checkbox"/>   |
|               | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SCRANTON, PA 18509</b> |  |

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

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 01          | 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          |

**ALYCIA SCHWARTZ, CFO**  
501 VINE STREET - SCRANTON, PA 18509

- The books are in the care of ▶ **501 VINE STREET - SCRANTON, PA 18509**  
Telephone No. ▶ **(570) 961-7845** FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2012)

Part 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, NON-PROFIT EDUCATIONAL INSTITUTION PROVIDING OPPORTUNITIES FOR CAREER AND PERSONAL DEVELOPMENT WITHIN SELECTED ASSOCIATE DEGREE, CERTIFICATE AND CONTINUING EDUCATION. COMMITTED TO AN OPEN ADMISSIONS POLICY,

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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.

4a (Code: ) (Expenses \$ 10,643,597. Including grants of \$ ) (Revenue \$ 17,021,199.) 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.

4b (Code: ) (Expenses \$ 1,333,237. Including grants of \$ ) (Revenue \$ 2,075,134.) 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 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.

4c (Code: ) (Expenses \$ 1,105,187. Including grants of \$ ) (Revenue \$ 1,767,411.) CONTINUING EDUCATION AND MISCELLANEOUS PROGRAM REVENUE. LACKAWANNA 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 13,082,021.

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

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |     | X  |
| 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   | 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  |     | 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 Schedule K. If "No," go to line 25                            |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |     | 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  |     | 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 |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | X   |    |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations?<br>If "Yes," complete Schedule N, Part I   |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity?<br>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  |     | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| b 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  |     | X  |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?<br>If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | X   |    |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

**Part V 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 V  X

**Section A. Governing Body and Management**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year .....<br>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. | 22  |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent .....   | 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 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 | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....   | 7a  | X  |
| 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:  |     |    |
| 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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....   | 9   | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |  | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? .....   | 10a | X  |
| b   | 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 |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  | 11a | X  |
| 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  |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....   | 12c | X  |
| 13  | Did the organization have a written whistleblower policy? .....  | 13  | X  |
| 14  | Did the organization have a written document retention and destruction policy? .....   | 14  | X  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| a   | 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 arrangement with a taxable entity during the year? .....  | 16a | X  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... | 16b |    |

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ALYCIA SCHWARTZ, CFO - (570) 961-7845**  
**501 VINE STREET, SCRANTON, PA 18509**

**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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) VINCE BENEDETTO<br>TRUSTEE                       | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) CATHERINE A. BOLTON<br>TRUSTEE                   | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) THOMAS CHAMBERLAIN<br>TRUSTEE                    | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) DAVIS R. CHANT<br>TRUSTEE                        | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) JUDGE TRISH CORBETT<br>TRUSTEE                   | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) JODY CORDARO<br>TRUSTEE                          | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) WILLIAM CONABOY, ESQ<br>TRUSTEE VICE CHAIRPERSON | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) DOMINICK DENAPLES<br>TRUSTEE CHAIRPERSON         | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) RICHARD E. GRIMM<br>TRUSTEE                      | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) TIMOTHY HOLMES<br>TRUSTEE                       | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) JACKIE JOHNSON<br>TRUSTEE                       | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) MICHAEL M. MURPHY<br>TRUSTEE                    | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) MICHAEL NARCAVAGE<br>TRUSTEE                    | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) NICHOLAS NILES<br>TRUSTEE                       | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) JAMES OTT<br>TRUSTEE                            | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (16) P. THOMAS PADDEN<br>TRUSTEE                     | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (17) JACK TRUSCHEL, ED. D. PSV. D.<br>TRUSTEE        | 0.20   | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (18) JOYCE VAN SCHOOVENELD<br>TRUSTEE                                | 0.20   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) TIMOTHY R. WARFIELD<br>TRUSTEE                                  | 0.20   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (20) THOMAS WELBY<br>TRUSTEE   | 0.20   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (21) JOHN P. WIERCINSKI<br>TRUSTEE                                   | 0.20   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (22) RAYMOND ANGELI<br>PRESIDENT                                     | 40.00  |   |                       | X       |              |                              | 106,800. | 0.   | 29,389.   |   |
| (23) MARK VOLK<br>EXECUTIVE VICE PRESIDENT                           | 40.00  |   |                       | X       |              |                              | 88,569.  | 0.   | 10,142.   |   |
| (24) GAIL SCARAMUZZO<br>VP FOR ADMINISTRATION                        | 40.00  |   |                       | X       |              |                              | 79,008.  | 0.   | 20,343.   |   |
| (25) DR. JILL MURRAY<br>VP FOR ACADEMIC AFFAIRS                      | 40.00  |   |                       | X       |              |                              | 75,418.  | 0.   | 12,586.   |   |
| (26) DAN MRYKALO<br>VP FOR FINANCIAL AFFAIRS                         | 40.00  |   |                       | X       |              |                              | 81,159.  | 0.   | 20,623.   |   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              | 430,954. | 0.   | 93,083.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              | 66,486.  | 0.   | 25,815.   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              | 497,440. | 0.   | 118,898.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....  | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GEISINGER HEALTH SYSTEMS, 100 NORTH ACADEMY AVENUE, DANVILLE, PA 17822   | HEALTH CARE                    | 2,004,273.          |
| STIRNA'S RESTAURANT<br>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<br>1210 WHEELER AVENUE, DUNMORE, PA 18512                | CONSTRUCTION                   | 443,438.            |
| QUALITY BUILDING<br>PO BOX 317, DUNMORE, PA 18512                        | JANITORIAL/CLEANING            | 238,200.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

|   |   |  |  | (A)<br>Total revenue    | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |          |
|---|---|--|--|-------------------------|---|---|--|----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1 a   | Federated campaigns  | 1a   |                         |   |   |  |          |
|   | b   | Membership dues  | 1b   |                         |   |   |  |          |
|   | c   | Fundraising events   | 1c   |                         |   |   |  |          |
|   | d   | Related organizations  | 1d   |                         |   |   |  |          |
|   | e   | Government grants (contributions)  | 1e   | 537,207.                |   |   |  |          |
|   | f   | All other contributions, gifts, grants, and similar amounts not included above                                     | 1f   | 966,185.                |   |   |  |          |
|   | g   | Noncash contributions included in lines 1a-1f: \$  |  | 453,530.                |   |   |  |          |
|   | h   | <b>Total. Add lines 1a-1f</b>  |  | <b>1,503,392.</b>       |   |   |  |          |
|   | <b>Program Service Revenue</b>                        | 2 a  | EDUCATIONAL                                  | Business Code<br>611710 | 17021199.                                       | 17021199.                               |  |          |
| b   |   | AUXILIARY  | 611710                                       | 2,075,134.              | 2,075,134.                                      |   |  |          |
| c   |   | CONTINUING ED AND MISC   | 611710                                       | 1,767,411.              | 1,767,411.                                      |   |  |          |
| d   |   |  |  |                         |   |   |  |          |
| e   |   |  |  |                         |   |   |  |          |
| f   |   | All other program service revenue  |  |                         |   |   |  |          |
| g   |   | <b>Total. Add lines 2a-2f</b>  |  | <b>20863744.</b>        |   |   |  |          |
| <b>Other Revenue</b>  | 3   | Investment income (including dividends, interest, and other similar amounts)                                       |  | 244,637.                |   |   | 244,637.   |          |
|   | 4   | Income from investment of tax-exempt bond proceeds   |  |                         |   |   |  |          |
|   | 5   | Royalties  |  |                         |   |   |  |          |
|   | 6 a   | Gross rents  | (i) Real                                     | (ii) Personal           |   |   |  |          |
|   |   | b  | Less: rental expenses                        |                         |   |   |  |          |
|   |   | c  | Rental income or (loss)                      |                         |   |   |  |          |
|   | d   | Net rental income or (loss)  |  |                         |   |   |  |          |
|   | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities                               | (ii) Other              |   |   |  |          |
|   |   | b  | Less: cost or other basis and sales expenses |                         |   |   |  |          |
|   |   | c  | Gain or (loss)                               |                         |   |   |  |          |
|   |   | d  | Net gain or (loss)                           |                         |   | 401,575.                                |  | 401,575. |
|   | 8 a   | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a  |                         | 104,912.  |   |  |          |
|   |   | b  | Less: direct expenses                        | b                       | 86,694.   |   |  |          |
|   |   | c  | Net income or (loss) from fundraising events |                         |   | 18,218.                                 |  | 18,218.  |
|   | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a  |                         |   |   |  |          |
| b   |   | Less: direct expenses  | b  |                         |   |   |  |          |
| c   |   | Net income or (loss) from gaming activities  |  |                         |   |   |  |          |
| 10 a  | Gross sales of inventory, less returns and allowances | a  |  |                         |   |   |  |          |
|   | b   | Less: cost of goods sold   | b  |                         |   |   |  |          |
|   | c   | Net income or (loss) from sales of inventory   |  |                         |   |   |  |          |
| Miscellaneous Revenue   |   | Business Code  |  |                         |   |   |  |          |
| 11 a  |   |  |  |                         |   |   |  |          |
| b   |   |  |  |                         |   |   |  |          |
| c   |   |  |  |                         |   |   |  |          |
| d   | All other revenue                                     |  |  |                         |   |   |  |          |
| e   | <b>Total. Add lines 11a-11d</b>                       |  |  |                         |   |   |  |          |
| 12  | <b>Total revenue. See instructions.</b>               |  |  | <b>23031566.</b>        | <b>20863744.</b>                                | <b>0.</b>                               | <b>664,430.</b>  |          |

**Part IX Statement of Functional Expenses**

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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, 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  |                       |                                 |  |                             |
| 8 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):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 220,580.              |                                 | 220,580.                               |                             |
| c Accounting  | 34,500.               |                                 | 34,500.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e 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.) |                       |                                 |  |                             |
| a <b>EDUCATIONAL EXPENSES</b>   | 3,515,621.            | 3,515,621.                      |  |                             |
| b <b>ADMINISTRATIVE EXPENSES</b>  | 2,352,955.            |                                 | 2,352,955.                             |                             |
| c <b>DEVELOPMENT EXPENSES</b>   | 49,525.               |                                 |  | 49,525.                     |
| d   |                       |                                 |  |                             |
| e 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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

|  |  | (A)<br>Beginning of year  |                 | (B)<br>End of year |             |
|--|--|---|-----------------|--------------------|-------------|
| Assets   | 1  | Cash - non-interest-bearing .....   | 84,279.         | 1                  | 78,634.     |
|  | 2  | Savings and temporary cash investments .....  | 3,114,662.      | 2                  | 4,858,062.  |
|  | 3  | Pledges and grants receivable, net .....  | 1,664,974.      | 3                  | 151,365.    |
|  | 4  | Accounts receivable, net .....  | 215,304.        | 4                  | 71,326.     |
|  | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                 | 5                  |             |
|  | 6  | 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) ..... |                 | 6                  |             |
|  | 7  | Notes and loans receivable, net .....   | 569,260.        | 7                  | 450,991.    |
|  | 8  | Inventories for sale or use .....   |                 | 8                  |             |
|  | 9  | Prepaid expenses and deferred charges .....   | 130,007.        | 9                  | 83,023.     |
|  | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 52,188,392. |                    |             |
|  | b  | Less: accumulated depreciation .....  | 10b 17,334,705. |                    |             |
|  | 11   | Investments - publicly traded securities .....  | 33,017,434.     | 10c                | 34,853,687. |
|  | 12   | Investments - other securities. See Part IV, line 11 .....  | 11,100,436.     | 11                 | 10,689,871. |
|  | 13   | Investments - program-related. See Part IV, line 11 .....   | 60,000.         | 12                 | 60,000.     |
|  | 14   | Intangible assets .....   |                 | 13                 |             |
|  | 15   | Other assets. See Part IV, line 11 .....  | 721,046.        | 14                 | 735,793.    |
| 16   | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 50,677,402.   | 15              | 52,032,752.        |             |
| Liabilities  | 17   | Accounts payable and accrued expenses .....   | 1,171,517.      | 16                 | 877,032.    |
|  | 18   | Grants payable .....  |                 | 17                 |             |
|  | 19   | Deferred revenue .....  | 1,131,799.      | 18                 | 586,827.    |
|  | 20   | Tax-exempt bond liabilities .....   |                 | 19                 |             |
|  | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D .....   |                 | 20                 |             |
|  | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....  |                 | 21                 |             |
|  | 23   | Secured mortgages and notes payable to unrelated third parties .....  | 17,267,767.     | 22                 | 17,495,600. |
|  | 24   | Unsecured notes and loans payable to unrelated third parties .....  |                 | 23                 |             |
|  | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....   |                 | 24                 |             |
|  | 26   | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 19,571,083.     | 25                 | 18,959,459. |
|  | Net Assets or Fund Balances  | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                 |                    |             |
| 27   |  | Unrestricted net assets .....   | 28,367,373.     | 26                 | 30,139,073. |
| 28   |  | Temporarily restricted net assets .....   | 2,678,946.      | 27                 | 2,874,220.  |
| 29   |  | Permanently restricted net assets .....   | 60,000.         | 28                 | 60,000.     |
| Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. |  |   |                 |                    |             |
| 30   |  | Capital stock or trust principal, or current funds .....  |                 | 29                 |             |
| 31   |  | Paid-in or capital surplus, or land, building, or equipment fund .....  |                 | 30                 |             |
| 32   |  | Retained earnings, endowment, accumulated income, or other funds .....  |                 | 31                 |             |
| 33   |  | <b>Total net assets or fund balances</b> .....  | 31,106,319.     | 32                 | 33,073,293. |
| 34   |  | <b>Total liabilities and net assets/fund balances</b> .....   | 50,677,402.     | 33                 | 52,032,752. |

**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)  | 1 | 23,031,566. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 21,114,790. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 1,916,776.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 31,106,319. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 50,198.     |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 33,073,293. |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| 2d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| 3b | 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.   | X   |    |

**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 the organization **LACKAWANNA COLLEGE** Employer identification number **24-0839402**

**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.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  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.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally Integrated
  - d  Type III - Other
- e  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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b> |     |    |
| (ii) A family member of a person described in (i) above? <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>  |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

**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 falls to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3 .....  |          |          |          |          |          |           |
| 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.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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   |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | %                        |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 .....   | 15 | %                        |
| 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....   |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5 .....   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| c Add lines 7a and 7b .....  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 .....  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| c Add lines 10a and 10b .....  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) ..... | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 .....                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) ..... | 17 | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 .....                        | 18 | % |

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**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

**2011**

Open to Public Inspection

Name of the organization

LACKAWANNA COLLEGE

Employer identification number

24-0839402

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 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 advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 3,610,625.       | 3,128,422.     | 2,970,237.         | 3,062,950.           |                     |
| b Contributions                                  | 76,047.          | 59,683.        | 45,147.            | 258,955.             |                     |
| c Net investment earnings, gains, and losses     | 138,823.         | 479,868.       | 256,613.           | -310,100.            |                     |
| d Grants or scholarships                         | 57,470.          | 57,348.        | 143,575.           | 41,568.              |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 3,768,025.       | 3,610,625.     | 3,128,422.         | 2,970,237.           |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  74.00 %
  - b Permanent endowment  2.00 %
  - c Temporarily restricted endowment  24.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  |     | X  |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (Investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value     |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land  |                                      | 1,417,088.                      |                              | 1,417,088.         |
| b Buildings  |                                      | 39,395,169.                     | 11,023,214.                  | 28,371,955.        |
| c Leasehold improvements   |                                      | 1,655,757.                      | 587,579.                     | 1,068,178.         |
| d Equipment  |                                      | 8,432,924.                      | 5,723,912.                   | 2,709,012.         |
| e Other  |                                      | 1,287,454.                      |                              | 1,287,454.         |
| <b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b> |                                      |                                 |                              | <b>34,853,687.</b> |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other .....   |                |  |
| (A) .....   |                |  |
| (B) .....   |                |  |
| (C) .....   |                |  |
| (D) .....   |                |  |
| (E) .....   |                |  |
| (F) .....   |                |  |
| (G) .....   |                |  |
| (H) .....   |                |  |
| (I) .....   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) .....   |                |  |
| (2) .....   |                |  |
| (3) .....   |                |  |
| (4) .....   |                |  |
| (5) .....   |                |  |
| (6) .....   |                |  |
| (7) .....   |                |  |
| (8) .....   |                |  |
| (9) .....   |                |  |
| (10) .....  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) .....  |                |
| (2) .....  |                |
| (3) .....  |                |
| (4) .....  |                |
| (5) .....  |                |
| (6) .....  |                |
| (7) .....  |                |
| (8) .....  |                |
| (9) .....  |                |
| (10) .....   |                |
| <b>Total.</b> (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) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) .....  |                |
| (3) .....  |                |
| (4) .....  |                |
| (5) .....  |                |
| (6) .....  |                |
| (7) .....  |                |
| (8) .....  |                |
| (9) .....  |                |
| (10) .....   |                |
| (11) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ |                |

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 23,031,566. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 21,114,790. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 1,916,776.  |
| 4  | Net unrealized gains (losses) on investments   | 4  | 50,198.     |
| 5  | Donated services and use of facilities   | 5  |             |
| 6  | Investment expenses  | 6  |             |
| 7  | Prior period adjustments   | 7  |             |
| 8  | Other (Describe in Part XIV.)  | 8  |             |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 50,198.     |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 1,966,974.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 23,168,458. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments   | 2a | 50,198.     |
| b | Donated services and use of facilities  | 2b |             |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIV.)   | 2d |             |
| e | Add lines 2a through 2d   | 2e | 50,198.     |
| 3 | Subtract line 2e from line 1  | 3  | 23,118,260. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIV.)   | 4b | -86,694.    |
| c | Add lines 4a and 4b   | 4c | -86,694.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 23,031,566. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 21,201,484. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities   | 2a |             |
| b | Prior year adjustments   | 2b |             |
| c | Other losses   | 2c |             |
| d | Other (Describe in Part XIV.)  | 2d | 86,694.     |
| e | Add lines 2a through 2d  | 2e | 86,694.     |
| 3 | Subtract line 2e from line 1   | 3  | 21,114,790. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |             |
| b | Other (Describe in Part XIV.)  | 4b |             |
| c | Add lines 4a and 4b  | 4c | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 21,114,790. |

**Part XIV Supplemental Information**

Complete 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE COLLEGE IS EXEMPT FROM FEDERAL AND STATE INCOME**

**TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**

**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**

**Part XIV** Supplemental Information (continued)

THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -86,694.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 86,694.

**SCHEDULE E**  
(Form 990 or 990-EZ)

**Schools**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

LACKAWANNA COLLEGE

Employer identification number

24-0839402

**Part I**

- 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? .....
- 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?
- 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. If you need more space, use Part II .....
- NEWSPAPER ADVERTISEMENTS**

|    | YES | NO |
|----|-----|----|
| 1  | X   |    |
| 2  | X   |    |
| 3  | X   |    |
| 4a | X   |    |
| 4b | X   |    |
| 4c | X   |    |
| 4d | X   |    |
| 5a |     | X  |
| 5b |     | X  |
| 5c |     | X  |
| 5d |     | X  |
| 5e |     | X  |
| 5f |     | X  |
| 5g |     | X  |
| 5h |     | X  |
| 6a | X   |    |
| 6b |     | X  |
| 7  | X   |    |

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ...
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d Copies of all material used by the organization or on its behalf to solicit contributions? .....
- 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:
- a Students' rights or privileges? .....
- b Admissions policies? .....
- c Employment of faculty or administrative staff? .....
- d Scholarships or other financial assistance? .....
- e Educational policies? .....
- f Use of facilities? .....
- 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.

- 6a Does the organization receive any financial aid or assistance from a governmental agency? .....
- b Has the organization's right to such aid ever been revoked or suspended? .....
- 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 Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

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

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

**Part II** **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE COLLEGE PARTICIPATES IN THE DEPT OF ED'S STUDENT FINANCIAL ASSISTANCE PROGRAM. ALSO, FUNDING IS RECEIVED FOR OTHER EDUCATIONAL PROGRAMS AND FOR CAPITAL PROJECTS.

Multiple horizontal lines for supplemental information.

**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

**2011**

Open To Public  
Inspection

Name of the organization

LACKAWANNA COLLEGE

Employer identification number  
24-0839402

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (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 |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

|                 |    | (a) Event #1  | (b) Event #2                     | (c) Other events    | (d) Total events                |            |
|-----------------|----|---|----------------------------------|---------------------|---------------------------------|------------|
|                 |    | CONCERTS<br>(event type)  | GOLF TOURNAMENTS<br>(event type) | 2<br>(total number) | (add col. (a) through col. (c)) |            |
| Revenue         | 1  | 56,973.   | 35,213.                          | 12,726.             | 104,912.                        |            |
|                 | 2  |   |                                  |                     |                                 |            |
|                 | 3  | 56,973.   | 35,213.                          | 12,726.             | 104,912.                        |            |
| Direct Expenses | 4  |   |                                  |                     |                                 |            |
|                 | 5  |   |                                  |                     |                                 |            |
|                 | 6  |   |                                  |                     |                                 |            |
|                 | 7  |   |                                  |                     |                                 |            |
|                 | 8  |   |                                  |                     |                                 |            |
|                 | 9  | 62,062.   | 19,636.                          | 4,996.              | 86,694.                         |            |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                  |                     |                                 | ( 86,694 ) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 ..... |                                  |                     |                                 | 18,218.    |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |     |
|-----------------|---|---|---|---|--|-----|
|                 |   |   |   |   |  |     |
| Revenue         | 1 |   |   |   |  |     |
| Direct Expenses | 2 |   |   |   |  |     |
|                 | 3 |   |   |   |  |     |
|                 | 4 |   |   |   |  |     |
|                 | 5 |   |   |   |  |     |
|                 | 6 | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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?  Yes  No  
 b If "No," explain: \_\_\_\_\_

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

- 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
- 13 Indicate the percentage of gaming activity operated in:
 

|            |  |   |
|------------|--|---|
| <b>13a</b> |  | % |
| <b>13b</b> |  | % |

  - a The organization's facility
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- 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 ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 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
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**SCHEDULE I**  
(Form 990)

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**LACKAWANNA COLLEGE**  
Employer identification number  
**24-0839402**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Grants and Other Assistance to Governments and Organizations in the United States. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |

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

**Part III** 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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 450                      | 797,262.                 | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **LACKAWANNA COLLEGE** Employer identification number **24-0839402**

| Part | Types of Property   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|------|---|----------------------------|---|--|---|
| 1    | Art - Works of art  |                            |   |  |   |
| 2    | Art - Historical treasures                                |                            |   |  |   |
| 3    | Art - Fractional interests                                |                            |   |  |   |
| 4    | Books and publications                                    |                            |   |  |   |
| 5    | Clothing and household goods                              |                            |   |  |   |
| 6    | Cars and other vehicles                                   |                            |   |  |   |
| 7    | Boats and planes  |                            |   |  |   |
| 8    | Intellectual property                                     |                            |   |  |   |
| 9    | Securities - Publicly traded                              |                            |   |  |   |
| 10   | Securities - Closely held stock                           |                            |   |  |   |
| 11   | Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12   | Securities - Miscellaneous                                |                            |   |  |   |
| 13   | Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14   | Qualified conservation contribution - Other...            |                            |   |  |   |
| 15   | Real estate - Residential                                 |                            |   |  |   |
| 16   | Real estate - Commercial                                  |                            |   |  |   |
| 17   | Real estate - Other                                       |                            |   |  |   |
| 18   | Collectibles  |                            |   |  |   |
| 19   | Food inventory  |                            |   |  |   |
| 20   | Drugs and medical supplies                                |                            |   |  |   |
| 21   | Taxidermy   |                            |   |  |   |
| 22   | Historical artifacts                                      |                            |   |  |   |
| 23   | Scientific specimens                                      |                            |   |  |   |
| 24   | Archeological artifacts                                   |                            |   |  |   |
| 25   | Other ▶ ( <u>INSTRUCTIONAL</u> )                          | X                          | 1   | 441,050.   | APPRAISAL   |
| 26   | Other ▶ ( )   |                            |   |  |   |
| 27   | Other ▶ ( )   |                            |   |  |   |
| 28   | Other ▶ ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

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 the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 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, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

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:

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  
ORIGIN, AGE, RACE, COLOR OR CREED. IN DOING SO, THE COLLEGE RECOGNIZES  
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. WITH  
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.

Name of the organization

LACKAWANNA COLLEGE

Employer identification number

24-0839402

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 DISCUSSED AT THE 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 ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 50,198.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS AUDITOR OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1546-1878

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See Instructions.**

Name of exempt organization

Employer identification number

LACKAWANNA COLLEGE

24-0839402

Name and title of officer

RAYMOND S. ANGELI  
PRESIDENT

**Part I Type of Return and Return Information** (Whole Dollars Only)

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.

|                             |                                       |  |    |                 |
|-----------------------------|---------------------------------------|--|----|-----------------|
| 1a Form 990 check here      | ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>21697146</u> |
| 2a Form 990-EZ check here   | ▶ <input type="checkbox"/>            | b Total revenue, if any (Form 990-EZ, line 9)                      | 2b |                 |
| 3a Form 1120-POL check here | ▶ <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22)                               | 3b |                 |
| 4a Form 990-PF check here   | ▶ <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |                 |
| 5a Form 8868 check here     | ▶ <input type="checkbox"/>            | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |                 |

**Part II 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 2010 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

I authorize MCGRAIL MERKEL QUINN & ASSOCIATES, P.C. to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 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 2010 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.

Officer's signature ▶ [Signature] Date ▶ 3/5/2012

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing 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 2010 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's signature ▶ [Signature] Date ▶ 03/05/12

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

*McGrail  
3-15-12*



**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

|   |   |  |
|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>LACKAWANNA COLLEGE</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>501 VINE STREET</b><br>City or town, state or country, and ZIP + 4<br><b>SCRANTON, PA 18509</b><br><b>F Name and address of principal officer: RAYMOND S. ANGELI</b><br><b>501 VINE STREET, SCRANTON, PA 18509</b> | <b>D Employer identification number</b><br><b>24-0839402</b><br><b>E Telephone number</b><br><b>(570) 961-7846</b><br><b>G Gross receipts \$</b> <b>29,652,990.</b><br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |
| <b>J Website:</b> ▶ WWW.LACKAWANNA.EDU  |   |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   |  |
| <b>L Year of formation:</b> 1957 <b>M State of legal domicile:</b> PA   |   |  |

**Part I Summary**

| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>LACKAWANNA COLLEGE IS AN ACCREDITED, PRIVATE, NON-PROFIT EDUCATIONAL INSTITUTION PROVIDING</b><br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> ..... <b>22</b><br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> ..... <b>22</b><br><b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> ..... <b>657</b><br><b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> ..... <b>1</b><br><b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> ..... <b>0.</b><br><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> ..... <b>0.</b> |   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
|------------------------------------|--|---|----|---------------------------|--------------|----|-------------|-------------|----|-------------|-------------|-----|-------------|-------------|----|------------|------------|----|-------------|-------------|----|------------|------------|
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>2,489,735.</b><br><b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>18,824,230.</b><br><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>247,114.</b><br><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>22,314.</b><br><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>21,583,393.</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>2,489,735.</td> <td>1,394,088.</td> </tr> <tr> <td>9</td> <td>18,824,230.</td> <td>19,987,822.</td> </tr> <tr> <td>10</td> <td>247,114.</td> <td>290,621.</td> </tr> <tr> <td>11</td> <td>22,314.</td> <td>24,615.</td> </tr> <tr> <td>12</td> <td>21,583,393.</td> <td>21,697,146.</td> </tr> </tbody> </table>            |    | Prior Year                | Current Year | 8  | 2,489,735.  | 1,394,088.  | 9  | 18,824,230. | 19,987,822. | 10  | 247,114.    | 290,621.    | 11 | 22,314.    | 24,615.    | 12 | 21,583,393. | 21,697,146. |    |            |            |
|                                    | Prior Year   | Current Year  |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 8                                  | 2,489,735.   | 1,394,088.  |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 9                                  | 18,824,230.  | 19,987,822.   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 10                                 | 247,114.   | 290,621.  |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 11                                 | 22,314.  | 24,615.   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 12                                 | 21,583,393.  | 21,697,146.   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| <b>Expenses</b>                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b><br><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b><br><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>10,153,585.</b><br><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b><br><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>262,852.</b><br><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>8,000,522.</b><br><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>18,154,107.</b><br><b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>3,429,286.</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>14</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>15</td> <td>10,153,585.</td> <td>11,179,311.</td> </tr> <tr> <td>16a</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>17</td> <td>8,000,522.</td> <td>8,998,935.</td> </tr> <tr> <td>18</td> <td>18,154,107.</td> <td>20,178,246.</td> </tr> <tr> <td>19</td> <td>3,429,286.</td> <td>1,518,900.</td> </tr> </tbody> </table> | 13 | 0.                        | 0.           | 14 | 0.          | 0.          | 15 | 10,153,585. | 11,179,311. | 16a | 0.          | 0.          | 17 | 8,000,522. | 8,998,935. | 18 | 18,154,107. | 20,178,246. | 19 | 3,429,286. | 1,518,900. |
| 13                                 | 0.   | 0.  |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 14                                 | 0.   | 0.  |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 15                                 | 10,153,585.  | 11,179,311.   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 16a                                | 0.   | 0.  |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 17                                 | 8,000,522.   | 8,998,935.  |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 18                                 | 18,154,107.  | 20,178,246.   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 19                                 | 3,429,286.   | 1,518,900.  |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| <b>Net Assets or Fund Balances</b> | <b>20</b> Total assets (Part X, line 16) ..... <b>43,434,474.</b><br><b>21</b> Total liabilities (Part X, line 26) ..... <b>14,132,371.</b><br><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>29,302,103.</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>43,434,474.</td> <td>50,677,402.</td> </tr> <tr> <td>21</td> <td>14,132,371.</td> <td>19,571,083.</td> </tr> <tr> <td>22</td> <td>29,302,103.</td> <td>31,106,319.</td> </tr> </tbody> </table>  |    | Beginning of Current Year | End of Year  | 20 | 43,434,474. | 50,677,402. | 21 | 14,132,371. | 19,571,083. | 22  | 29,302,103. | 31,106,319. |    |            |            |    |             |             |    |            |            |
|                                    | Beginning of Current Year  | End of Year   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 20                                 | 43,434,474.  | 50,677,402.   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 21                                 | 14,132,371.  | 19,571,083.   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |
| 22                                 | 29,302,103.  | 31,106,319.   |    |                           |              |    |             |             |    |             |             |     |             |             |    |            |            |    |             |             |    |            |            |

**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.

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | Signature of officer<br><b>ELECTRONICALLY SIGNED &amp; FILED</b><br><b>RAYMOND S. ANGELI, PRESIDENT</b><br>Type or print name and title | Date<br><b>3-5-2012</b>  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Preparer's signature<br>Date<br><b>01/12/12</b><br>Check if self-employed <input type="checkbox"/> PTIN   | Firm's name ▶ <b>MCGRAIL MERKEL QUINN &amp; ASSOCIATES, P.C.</b><br>Firm's address ▶ <b>1173 CLAY AVENUE</b><br><b>SCRANTON, PA 18510</b><br>Phone no. <b>(570) 961-0345</b> |

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

Part III Statement of Program Service Accomplishments

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

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? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the 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.

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.

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 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.

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 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.

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

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |     | X  |
| 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  | 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                           |     | 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 Schedule K. If "No," go to line 25 |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I             |     | 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   |     | 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                 |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |     | X  |
| 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  |     | X  |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| a 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  | X   |    |

Note. All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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   |     |    |
| 1b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| 1c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X   |    |
| 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  |     |    |
| 2b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  | X   |    |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| 3b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| 5b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| 5c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |     | X  |
| 6b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b> |  |     |    |
| 7a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| 7b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| 7c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| 7d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| 7e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| 7f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| 7g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| 7h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| 8  | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                     |  |     |    |
| 9a   | Did the organization make any taxable distributions under section 4966?  |     |    |
| 9b   | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10 Section 501(c)(7) organizations. Enter:</b>                                      |  |     |    |
| 10a  | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| 10b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11 Section 501(c)(12) organizations. Enter:</b>                                     |  |     |    |
| 11a  | Gross income from members or shareholders  |     |    |
| 11b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| 12a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| 12b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>             |  |     |    |
| 13a  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| 13b  | 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  |     |    |
| 13c  | Enter the amount of reserves on hand   |     |    |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| 14b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

**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

**Section A. Governing Body and Management**

|   | Yes | No |
|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year  |     | 22 |
| 1b Enter the number of voting members included in line 1a, above, who are independent   |     | 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?   |     | X  |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| 6 Does the organization have members or stockholders?   |     | X  |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  |     | X  |
| 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  |     | X  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| a The governing body?   | X   |    |
| b Each committee with authority to act on behalf of the governing body?   | X   |    |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|  | Yes | No |
|--|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates?  |     | X  |
| 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| 13 Does the organization have a written whistleblower policy?  | X   |    |
| 14 Does the organization have a written document retention and destruction policy?   | X   |    |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |    |
| a The organization's CEO, Executive Director, or top management official   |     | X  |
| b Other officers or key employees of the organization  |     | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DAN MRYKALO, VP FINANCE - (570) 961-7845**  
**501 VINE STREET, SCRANTON, PA 18509**

**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

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

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

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

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

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

| (A)<br>Name and Title                    | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| WILLIAM CONABOY, ESQ<br>VICE CHAIRPERSON | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| VINCE BENDETTO<br>TRUSTEE                | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| P. THOMAS PADDEN<br>TRUSTEE              | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| THOMAS CHAMBERLAIN<br>TRUSTEE            | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JUDGE TRISH CORBETT<br>TRUSTEE           | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DOMINICK DENAPLES<br>CHAIRPERSON         | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RICHARD GRIMM<br>TRUSTEE                 | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVIS CHANT<br>TRUSTEE                   | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| NICHOLAS NILES<br>TRUSTEE                | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JACKIE JOHNSON<br>TRUSTEE                | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| TIMOTHY HOLMES<br>TRUSTEE                | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RICHARD BEASLEY<br>SECRETARY             | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MICHAEL NARCAVAGE<br>VICE CHAIRPERSON    | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| THOMAS WELBY<br>TRUSTEE                  | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JAMES OTT<br>TRUSTEE                     | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| TIMOTHY WARFIELD<br>TRUSTEE              | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CATHERINE A. BOLTON<br>TRUSTEE           | 0.20   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| JODY CORDARO<br>TRUSTEE  | 0.20   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| MICHAEL MURPHY<br>TRUSTEE                                      | 0.20   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| JACK TRUSCHEL<br>TRUSTEE                                       | 0.20   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| JOHN WIERCINSKI<br>TRUSTEE                                     | 0.20   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| JOYCE VAN SCHOOVENELD<br>TRUSTEE                               | 0.20   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| RAYMOND S. ANGELI<br>PRESIDENT                                 | 40.00  |  |                       | X       |              |                              | 68,968.  | 0.   | 32,107.   |   |
| BRIDGET FITZPATRICK<br>VP OF ADVANCEMENT                       | 40.00  |  |                       | X       |              |                              | 64,578.  | 0.   | 26,558.   |   |
| DR. JILL MURRAY<br>VP ACADEMIC AFFAIRS                         | 40.00  |  |                       | X       |              |                              | 73,251.  | 0.   | 12,586.   |   |
| DANIEL MRYKALO<br>TREASURER                                    | 40.00  |  |                       | X       |              |                              | 78,826.  | 0.   | 21,639.   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 285,623. | 0.   | 92,890.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              | 165,732. | 0.   | 37,799.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 451,355. | 0.   | 130,689.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                       | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GEISINGER HEALTH SYSTEMS, 100 NORTH ACADEMY AVENUE, DANVILLE, PA 17822 | HEALTH CARE                    | 1,823,097.          |
| FOLLETT HIGHER EDUCATION<br>2233 WEST STREET, RIVER GROVE, IL 60171    | EDUCATIONAL SERVICES           | 761,667.            |
| STIRNA'S RESTAURANT<br>120 WEST MARKET STREET, SCRANTON, PA 18508      | FOOD SERVICE                   | 629,140.            |
| LFEWARD CONSTRUCTION, INC<br>9 COLLAN PARK, HONSEDALE, PA 18431        | CONSTRUCTION                   | 253,759.            |
| TROY MECHANICAL, INC<br>100 STATE HIGHWAY, MOOSIC, PA 18508            | CONSTRUCTION                   | 240,417.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                       | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| GAIL SCARAMUZZO<br>VP ADMINISTRATION        | 40.00                         |  |                       | X       |              |                              |        | 79,705.  | 0.  | 21,998.   |
| MARK VOLK<br>EXECUTIVE VP                   | 40.00                         |  |                       | X       |              |                              |        | 86,027.  | 0.  | 15,801.   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |                               |  |                       |         |              |                              |        | 165,732.   |   | 37,799.   |

**Part VIII Statement of Revenue**

|  |   |   |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |         |
|--|---|---|----------------------|----------------------|---|---|--|---------|
| <b>Contributions, gifts, grants and other similar amounts</b>        | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |                      |   |   |  |         |
|  | <b>b</b> Membership dues  | <b>1b</b>   |                      |                      |   |   |  |         |
|  | <b>c</b> Fundraising events   | <b>1c</b>   |                      |                      |   |   |  |         |
|  | <b>d</b> Related organizations  | <b>1d</b>   |                      |                      |   |   |  |         |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 970,390.             |                      |   |   |  |         |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   | 423,698.             |                      |   |   |  |         |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   | 6,815.               |                      |   |   |  |         |
|  | <b>h Total.</b> Add lines 1a-1f   |   |                      | 1,394,088.           |   |   |  |         |
| <b>Program Service Revenue</b>                                       | <b>2 a</b> EDUCATIONAL  | Business Code   | 611710               | 16255981.            | 16255981.                                       |   |  |         |
|  | <b>b</b> AUXILIARY  |   | 611710               | 1,905,654.           | 1,905,654.                                      |   |  |         |
|  | <b>c</b> CONTINUING ED AND MISC   |   | 611710               | 1,826,187.           | 1,826,187.                                      |   |  |         |
|  | <b>d</b>  |   |                      |                      |   |   |  |         |
|  | <b>e</b>  |   |                      |                      |   |   |  |         |
|  | <b>f</b> All other program service revenue  |   |                      |                      |   |   |  |         |
|  | <b>g Total.</b> Add lines 2a-2f   |   |                      | 19987822.            |   |   |  |         |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                      | 230,754.             |   |   | 230,754.   |         |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |                      |   |   |  |         |
|  | <b>5</b> Royalties  |   |                      |                      |   |   |  |         |
|  | <b>6 a</b> Gross Rents  | (i) Real  | (ii) Personal        |                      |   |   |  |         |
|  |   | <b>b</b> Less: rental expenses                        |                      |                      |   |   |  |         |
|  |   | <b>c</b> Rental income or (loss)                      |                      |                      |   |   |  |         |
|  |   | <b>d</b> Net rental income or (loss)                  |                      |                      |   |   |  |         |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |                      |   |   |  |         |
|  |   | 7925748.  |                      |                      |   |   |  |         |
|  |   | <b>b</b> Less: cost or other basis and sales expenses |                      | 7865881.             |   |   |  |         |
|  |   | <b>c</b> Gain or (loss)                               |                      | 59,867.              |   |   |  |         |
|  | <b>d</b> Net gain or (loss)   |   |                      | 59,867.              |   |   | 59,867.  |         |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      | 114,578.             |   |   |  |         |
|  |   | <b>b</b> Less: direct expenses                        |                      | 89,963.              |   |   |  |         |
|  |   | <b>c</b> Net income or (loss) from fundraising events |                      |                      | 24,615.   |   |  | 24,615. |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>  |   |                      |                      |   |   |  |         |
|  | <b>b</b> Less: direct expenses  |   |                      |                      |   |   |  |         |
|  | <b>c</b> Net income or (loss) from gaming activities  |   |                      |                      |   |   |  |         |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>  |   |                      |                      |   |   |  |         |
|  | <b>b</b> Less: cost of goods sold   |   |                      |                      |   |   |  |         |
|  | <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                      |   |   |  |         |
| <b>Miscellaneous Revenue</b>   |   |   | <b>Business Code</b> |                      |   |   |  |         |
| <b>11 a</b>  |   |   |                      |                      |   |   |  |         |
| <b>b</b>   |   |   |                      |                      |   |   |  |         |
| <b>c</b>   |   |   |                      |                      |   |   |  |         |
| <b>d</b> All other revenue   |   |   |                      |                      |   |   |  |         |
| <b>e Total.</b> Add lines 11a-11d                                    |   |   |                      |                      |   |   |  |         |
| <b>12 Total revenue.</b> 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 complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising 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, 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) .....  |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 7,365,879.            | 6,188,638.                      | 1,040,377.                             | 136,864.                    |
| 8 Pension plan contributions (include section 401(k) 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):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 | 115,304.                               |                             |
| b Legal .....  | 115,304.              |                                 |  |                             |
| c Accounting .....   | 36,500.               |                                 | 36,500.                                |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  | 240,071.              | 240,071.                        |  |                             |
| 12 Advertising and promotion .....   |                       |                                 |  |                             |
| 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 .....  | 752,833.              |                                 | 752,833.                               |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 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 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  |                       |                                 |  |                             |
| a <b>EDUCATIONAL EXPENSES</b> .....  | 3,412,823.            | 3,412,823.                      |  |                             |
| b <b>ADMINISTRATIVE EXPENSES</b> .....   | 2,279,302.            |                                 | 2,279,302.                             |                             |
| c <b>DEVELOPMENT EXPENSES</b> .....  | 67,125.               |                                 |  | 67,125.                     |
| d .....  |                       |                                 |  |                             |
| e .....  |                       |                                 |  |                             |
| f All other expenses .....   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 20,178,246.           | 12,700,281.                     | 7,215,113.                             | 262,852.                    |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> 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 ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

|                             |   | (A)   |                 | (B)             |                 |  |
|-----------------------------|---|---|-----------------|-----------------|-----------------|--|
|                             |   | Beginning of year   |                 | End of year     |                 |  |
| Assets                      | 1   | Cash - non-interest-bearing   | 131,429.        | 1               | 84,279.         |  |
|                             | 2   | Savings and temporary cash investments  | 3,715,532.      | 2               | 3,114,662.      |  |
|                             | 3   | Pledges and grants receivable, net  | 1,246,873.      | 3               | 1,664,974.      |  |
|                             | 4   | Accounts receivable, net  | 166,996.        | 4               | 215,304.        |  |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                 | 5               |                 |  |
|                             | 6   | 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) |                 | 6               |                 |  |
|                             | 7   | Notes and loans receivable, net   | 521,264.        | 7               | 569,260.        |  |
|                             | 8   | Inventories for sale or use   |                 | 8               |                 |  |
|                             | 9   | Prepaid expenses and deferred charges   | 141,527.        | 9               | 130,007.        |  |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 48,492,573. |                 |                 |  |
|                             | b   | Less: accumulated depreciation  | 10b 15,475,139. | 10c 28,411,267. | 10c 33,017,434. |  |
|                             | 11  | Investments - publicly traded securities  | 8,504,195.      | 11              | 11,100,436.     |  |
|                             | 12  | Investments - other securities. See Part IV, line 11  | 60,000.         | 12              | 60,000.         |  |
|                             | 13  | Investments - program-related. See Part IV, line 11   |                 | 13              |                 |  |
|                             | 14  | Intangible assets   |                 | 14              |                 |  |
|                             | 15  | Other assets. See Part IV, line 11  | 535,391.        | 15              | 721,046.        |  |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 43,434,474.   | 16              | 50,677,402.     |                 |  |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 1,444,005.      | 17              | 1,171,517.      |  |
|                             | 18  | Grants payable  |                 | 18              |                 |  |
|                             | 19  | Deferred revenue  | 1,316,118.      | 19              | 1,131,799.      |  |
|                             | 20  | Tax-exempt bond liabilities   |                 | 20              |                 |  |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |                 | 21              |                 |  |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |                 | 22              |                 |  |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties  | 11,372,248.     | 23              | 17,267,767.     |  |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties  |                 | 24              |                 |  |
|                             | 25  | Other liabilities. Complete Part X of Schedule D  |                 | 25              |                 |  |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 14,132,371.     | 26              | 19,571,083.     |  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |                 |                 |                 |  |
|                             | 27  | Unrestricted net assets   | 26,608,935.     | 27              | 28,367,373.     |  |
|                             | 28  | Temporarily restricted net assets   | 2,633,168.      | 28              | 2,678,946.      |  |
|                             | 29  | Permanently restricted net assets   | 60,000.         | 29              | 60,000.         |  |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |                 |                 |                 |  |
|                             | 30  | Capital stock or trust principal, or current funds  |                 | 30              |                 |  |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |                 | 31              |                 |  |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |                 | 32              |                 |  |
| 33                          | <b>Total net assets or fund balances</b>  | 29,302,103.   | 33              | 31,106,319.     |                 |  |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | 43,434,474.   | 34              | 50,677,402.     |                 |  |

**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)  | 1 | 21,697,146. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 20,178,246. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 1,518,900.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 29,302,103. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 285,316.    |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 31,106,319. |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   | X   |    |

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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: LACKAWANNA COLLEGE
Employer identification number: 24-0839402

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.)

- 1 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.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons...
f 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
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with columns: 11g(i), 11g(ii), 11g(iii), Yes, No

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support

Total
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 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 the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 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 organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| 4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | %                        |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 .....   | 15 | %                        |
| 16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| 17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) .....   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**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.

OMB No. 1545-0047

**2010**  
Open to Public Inspection

Name of the organization

LACKAWANNA COLLEGE

Employer identification number  
24-0839402

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

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 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 advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) 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 financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 3,128,422.       | 2,970,237.     | 3,062,950.         |                      |                     |
| b Contributions                                  | 59,683.          | 45,147.        | 258,955.           |                      |                     |
| c Net investment earnings, gains, and losses     | 479,868.         | 256,613.       | -310,100.          |                      |                     |
| d Grants or scholarships                         | 57,348.          | 143,575.       | 41,568.            |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 3,610,625.       | 3,128,422.     | 2,970,237.         |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment \_\_\_\_\_%
- b Permanent endowment \_\_\_\_\_%
- c Term endowment \_\_\_\_\_%

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

|                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  |     | X  |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                   |                                      | 1,417,088.                      |                              | 1,417,088.     |
| b Buildings               |                                      | 36,979,066.                     | 9,878,062.                   | 27,101,004.    |
| c Leasehold improvements  |                                      | 1,432,049.                      | 158,319.                     | 1,273,730.     |
| d Equipment               |                                      | 7,624,280.                      | 5,438,758.                   | 2,185,522.     |
| e Other                   |                                      | 1,040,090.                      |                              | 1,040,090.     |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  33,017,434.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other .....   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (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)   |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ |            |

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 21,697,146. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 20,178,246. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 1,518,900.  |
| 4  | Net unrealized gains (losses) on investments   | 4  | 285,316.    |
| 5  | Donated services and use of facilities   | 5  |             |
| 6  | Investment expenses  | 6  |             |
| 7  | Prior period adjustments   | 7  |             |
| 8  | Other (Describe in Part XIV.)  | 8  |             |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 285,316.    |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 1,804,216.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 22,072,425. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments   | 2a | 285,316.    |
| b | Donated services and use of facilities  | 2b |             |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIV.)   | 2d |             |
| e | Add lines 2a through 2d   | 2e | 285,316.    |
| 3 | Subtract line 2e from line 1  | 3  | 21,787,109. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIV.)   | 4b | -89,963.    |
| c | Add lines 4a and 4b   | 4c | -89,963.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 21,697,146. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 20,268,209. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities   | 2a |             |
| b | Prior year adjustments   | 2b |             |
| c | Other losses   | 2c |             |
| d | Other (Describe in Part XIV.)  | 2d | 89,963.     |
| e | Add lines 2a through 2d  | 2e | 89,963.     |
| 3 | Subtract line 2e from line 1   | 3  | 20,178,246. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |             |
| b | Other (Describe in Part XIV.)  | 4b |             |
| c | Add lines 4a and 4b  | 4c | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 20,178,246. |

**Part XIV Supplemental Information**

Complete 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE COLLEGE IS EXEMPT FROM FEDERAL AND STATE INCOME**

**TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**

**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**

**Part XIV** Supplemental Information (continued)

THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE -89,963.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE 89,963.

**SCHEDULE E**  
(Form 990 or 990-EZ)

**Schools**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

LACKAWANNA COLLEGE

Employer identification number

24-0839402

**Part I**

- 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? .....
- 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?
- 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. If you need more space, use Part II .....

**NEWSPAPER ADVERTISEMENTS**

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d Copies of all material used by the organization or on its behalf to solicit contributions? .....
- 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:
- a Students' rights or privileges? .....
- b Admissions policies? .....
- c Employment of faculty or administrative staff? .....
- d Scholarships or other financial assistance? .....
- e Educational policies? .....
- f Use of facilities? .....
- 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.

- 6a Does the organization receive any financial aid or assistance from a governmental agency? .....
- b Has the organization's right to such aid ever been revoked or suspended? .....
- 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 Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

|    | YES | NO |
|----|-----|----|
| 1  | X   |    |
| 2  | X   |    |
| 3  | X   |    |
| 4a | X   |    |
| 4b | X   |    |
| 4c | X   |    |
| 4d | X   |    |
| 5a |     | X  |
| 5b |     | X  |
| 5c |     | X  |
| 5d |     | X  |
| 5e |     | X  |
| 5f |     | X  |
| 5g |     | X  |
| 5h |     | X  |
| 6a | X   |    |
| 6b |     | X  |
| 7  | X   |    |

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

Schedule E (Form 990 or 990-EZ) 2010

**Part II** **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE COLLEGE PARTICIPATES IN THE DEPT OF ED'S STUDENT FINANCIAL ASSISTANCE PROGRAM. ALSO, FUNDING IS RECEIVED FOR OTHER EDUCATIONAL PROGRAMS AND FOR CAPITAL PROJECTS.

**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**

Name of the organization

**LACKAWANNA COLLEGE**

Employer identification number  
**24-0839402**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (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 |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

|                 |    | (a) Event #1  | (b) Event #2                      | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|----|---|-----------------------------------|------------------------|--|------------|
|                 |    | CONCERT<br>(event type)                                     | GOLF<br>TOURNAMEN<br>(event type) | NONE<br>(total number) |  |            |
| Revenue         | 1  | Gross receipts  | 91,332.                           | 23,246.                |  | 114,578.   |
|                 | 2  | Less: Charitable contributions                              |                                   |                        |  |            |
|                 | 3  | Gross income (line 1 minus line 2)                          | 91,332.                           | 23,246.                |  | 114,578.   |
| Direct Expenses | 4  | Cash prizes   |                                   |                        |  |            |
|                 | 5  | Noncash prizes  |                                   |                        |  |            |
|                 | 6  | Rent/facility costs   |                                   |                        |  |            |
|                 | 7  | Food and beverages  |                                   |                        |  |            |
|                 | 8  | Entertainment   |                                   |                        |  |            |
|                 | 9  | Other direct expenses                                       | 70,221.                           | 19,742.                |  | 89,963.    |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |                                   |                        |  | ( 89,963 ) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |                                   |                        |  | 24,615.    |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |     |
|-----------------|---|---|---|---|---|-----|
|                 |   |   |   |   |   |     |
| Revenue         | 1 | Gross revenue   |   |   |   |     |
|                 | 2 | Cash prizes   |   |   |   |     |
| Direct Expenses | 3 | Noncash prizes  |   |   |   |     |
|                 | 4 | Rent/facility costs   |   |   |   |     |
|                 | 5 | Other direct expenses   |   |   |   |     |
|                 | 6 | Volunteer labor   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

13 Indicate the percentage of gaming activity operated in:  
a The organization's facility  13a %  
b An outside facility  13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  
Name ▶ \_\_\_\_\_  
Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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 ▶ \_\_\_\_\_

16 Gaming manager information:  
Name ▶ \_\_\_\_\_  
Gaming manager compensation ▶ \$ \_\_\_\_\_  
Description of services provided ▶ \_\_\_\_\_  
 Director/officer  Employee  Independent contractor

17 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  
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**LACKAWANNA COLLEGE**

Employer identification number  
**24-0839402**

**Part I** General Information on Grants and Assistance

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

**Part II** Grants and Other Assistance to 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |

- 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.

**Part III** 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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 371                      | 608,610.                 | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHOLARSHIPS ARE GRANTED BASED ON THE TERMS ESTABLISHED BY THE  
 SCHOLARSHIP FUND AND ARE ALSO GRANTED BASED ON NEED OR ACADEMIC OR  
 SPORTS ACHIEVEMENT.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

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:

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 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 VI, SECTION B, LINE 11: A PDF COPY OF THE 990 IS SENT TO  
BOARD MEMBERS PRIOR TO MEETING. THE FORM 990 IS THEN DISCUSSED AT THE  
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 MEMBER SIGNS A DISCLOSURE STATEMENT  
ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE 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 OR SELECTION  
PROCESS DURING THE TAX YEAR.



## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

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

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

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

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

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

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization<br><b>LACKAWANNA COLLEGE</b>  | Employer identification number<br><b>24-0839402</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>501 VINE STREET</b>                      |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SCRANTON, PA 18509</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 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          |

**DAN MRYKALO, VP FINANCE**

- The books are in the care of ▶ **501 VINE STREET - SCRANTON, PA 18509**  
 Telephone No. ▶ **(570) 961-7845** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

**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

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)