

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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RICHARD J CARON FOUNDATION	D Employer identification number 23-6050680
	Doing Business As CARON CARON TREATMENT CENTERS CARON NEW YORK CARON PHILADELPHIA BREAKTHROUGH AT CARON CARON BOSTON CARON DC CARON BERMUDA	E Telephone number (610) 678-2332
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 150	G Gross receipts \$ 89,187,312
	City or town, state or country, and ZIP + 4 WERNERSVILLE, PA 195650150	
	F Name and address of principal officer DOUGLAS TIEMAN PO BOX 150 WERNERSVILLE, PA 195650150	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I 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		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
J Website: WWW CARON ORG		H(c) Group exemption number
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation 1957	M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE AN ENLIGHTENED, CARING TREATMENT COMMUNITY IN WHICH ALL THOSE AFFECTED BY ALCOHOLISM OR OTHER DRUG ADDICTION MAY BEGIN A NEW LIFE		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	688
	6 Total number of volunteers (estimate if necessary)	6	24
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-14,872
b Net unrelated business taxable income from Form 990-T, line 34	7b	-14,872	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,523,343	8,259,554
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,402,549	70,825,377
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	371,979	1,098,363
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	667,550	838,914
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,965,421	81,022,208
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,446,330	9,971,753
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	35,582,604	37,327,733
	b Total fundraising expenses (Part IX, column (D), line 25) 2,685,280	127,610	222,218
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,650,800	27,922,365
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	72,807,344	75,444,069
19 Revenue less expenses Subtract line 18 from line 12	1,158,077	5,578,139	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	92,610,925	97,185,882
	22 Net assets or fund balances Subtract line 21 from line 20	16,746,375	14,939,157
		75,864,550	82,246,725

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including 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
	DOUGLAS TIEMAN PRESIDENT/CEO Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name SARA STEWART
	Firm's name REINSEL KUNTZ LESHAR LLP
	Firm's address 1330 BROADCASTING ROAD PO BOX 7008 WYOMISSING, PA 196106008

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
 TO PROVIDE AN ENLIGHTENED, CARING TREATMENT COMMUNITY IN WHICH ALL THOSE AFFECTED BY ALCOHOLISM OR OTHER DRUG ADDICTION MAY BEGIN A NEW LIFE

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 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 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 \$ 30,415,392 including grants of \$ 5,857,107) (Revenue \$ 35,162,542)
 RICHARD J CARON FOUNDATION PROVIDED INPATIENT SUBSTANCE ABUSE TREATMENT TO APPROXIMATELY 841 ADULTS IN 2012-2013 CARON PROVIDED 38,459 DAYS OF CARE TO THESE PATIENTS

4b (Code) (Expenses \$ 20,026,205 including grants of \$ 3,683,363) (Revenue \$ 27,033,059)
 RICHARD J CARON FOUNDATION PROVIDED INPATIENT SUBSTANCE ABUSE TREATMENT TO APPROXIMATELY 676 ADOLESCENTS AND YOUNG ADULTS IN 2012-2013 CARON PROVIDED APPROXIMATELY 28,570 DAYS OF CARE TO THESE PATIENTS

4c (Code) (Expenses \$ 2,090,925 including grants of \$ 128,315) (Revenue \$ 605,478)
 CARON'S STUDENT ASSISTANCE PROGRAM (SAP) HAS PROVIDED PREVENTION, INTERVENTION AND REFERRAL SERVICES IN 15 STATES AND THE DISTRICT OF COLUMBIA OVER THE PAST YEAR MORE THAN 65,000 STUDENTS IN 477 SCHOOLS HAVE PARTICIPATED IN PROGRAMS DIRECTLY PROVIDED BY OUR SAP TEAM NEARLY 4,500 TEACHERS AND 3,300 PARENTS BENEFITED FROM SERVICES FOCUSED ON THE PREVENTION OF SUBSTANCE USE FOR STUDENTS IN THEIR COMMUNITIES

(Code) (Expenses \$ 1,891,584 including grants of \$ 299,728) (Revenue \$ 1,716,219)
 BREAKTHROUGH AT CARON IS A 5-1/2 DAY PROGRAM SPECIFICALLY DESIGNED FOR INDIVIDUALS IMPACTED BY FAMILY OR RELATIONSHIP DYSFUNCTION IN CHILDHOOD OR ADULT LIFE

(Code) (Expenses \$ 1,716,076 including grants of \$ 0) (Revenue \$ 20,213)
 RICHARD J CARON FOUNDATION PROVIDED PHILADELPHIA AND NEW YORK SUPPORT GROUP PROGRAMS FOR PARENTS AND ADOLESCENTS AFFECTED BY THE DISEASE OF ADDICTION



















(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 4,692,254)
 MANAGEMENT SERVICES PROVIDED TO CARON FOUNDATION OF FLORIDA, HANLEY CENTER, CARON FOUNDATION OF TEXAS, AND CARON FOUNDATION OF BERMUDA

(Code) (Expenses \$ 1,675,480 including grants of \$ 3,240) (Revenue \$ 1,595,612)
 OUTPATIENT SUBSTANCE ABUSE TREATMENTS TO ADULTS AND ADOLESCENTS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 5,283,140 including grants of \$ 302,968) (Revenue \$ 8,024,298)

4e Total program service expenses 57,815,662

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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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>		No
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> 		No
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> 		No
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> 		No
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> 		No
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> 	Yes	
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> 	Yes	
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> 		No
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> 		No
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> 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
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> 	Yes	
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> 		No
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 and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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>		No
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>		No
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>		No
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 (see instructions)</i> 	Yes	
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> 	Yes	
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> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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>	21	Yes	
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>	22	Yes	
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>	23	Yes	
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>	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
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>	26		No
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>	27		No
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>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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 . . .	1a 175		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 688		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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)?	4a	Yes	
b If "Yes," enter the name of the foreign country BD See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 (26), 1b (26), 2 (Yes), 3 (No), 4 (Yes), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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 (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List of states), 18 (Website availability), 19 (Schedule O content), 20 (Organization name and address).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	877,577				
	d	Related organizations 1d	2,184,033				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	5,197,944				
	g	Noncash contributions included in lines 1a-1f \$	14,745				
	h	Total. Add lines 1a-1f	8,259,554				
Program Service Revenue			Business Code				
	2a	ADOLESCENT CENTER	624100	21,220,193	21,220,193		
	b	ADULT PATIENT SERVICES	624100	18,721,666	18,721,666		
	c	CHARITY CARE	624100	9,844,820	9,844,820		
	d	ADULT EXTENDED CARE	624100	5,577,234	5,577,234		
	e	CONTRACTUAL ALLOWANCE	624100	5,172,495	5,172,495		
	f	All other program service revenue		10,288,969	10,288,969		
g	Total. Add lines 2a-2f		70,825,377				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		426,104		426,104	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
		Gross rents	53,347				
		Less rental expenses	184,839				
		Rental income or (loss)	-131,492				
	d	Net rental income or (loss)		-131,492	-14,872	-116,620	
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory	7,893,418				
		Less cost or other basis and sales expenses	7,221,159				
		Gain or (loss)	672,259				
	d	Net gain or (loss)		672,259		672,259	
	8a	Gross income from fundraising events (not including \$ <u>877,577</u> of contributions reported on line 1c) See Part IV, line 18					
	a			1,024,828			
b	Less direct expenses b		553,304				
c	Net income or (loss) from fundraising events		471,524		471,524		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	(i) Securities		(ii) Other				
	Gross sales of inventory, less returns and allowances a	241,633					
	Less cost of goods sold b	205,802					
c	Net income or (loss) from sales of inventory		35,831		35,831		
Miscellaneous Revenue		Business Code					
11a	FAIR VALUE ADJUSTMENT ON INTEREST	900099	367,232		367,232		
b	RECOVERY ON UNCOLLECTIBLE	900099	74,542		74,542		
c	MEALS SOLD	900099	16,082		16,082		
d	All other revenue		5,195		5,195		
e	Total. Add lines 11a-11d		463,051				
12	Total revenue. See Instructions		81,022,208	70,825,377	-14,872	1,952,149	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	126,933	126,933		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	9,844,820	9,844,820		
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	2,096,095		2,096,095	
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	26,256,445	18,852,071	6,057,798	1,346,576
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	731,930	614,821	73,193	43,916
9	Other employee benefits	6,052,556	5,084,147	605,256	363,153
10	Payroll taxes	2,190,707	1,840,194	219,071	131,442
11	Fees for services (non-employees)				
a	Management				
b	Legal	257,512		257,512	
c	Accounting	51,341		51,341	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	222,218			222,218
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,701,493	3,177,367	327,577	196,549
12	Advertising and promotion				
13	Office expenses	1,918,415	1,611,469	191,841	115,105
14	Information technology				
15	Royalties				
16	Occupancy	1,313,088	1,102,994	131,309	78,785
17	Travel	1,340,668	1,126,161	134,067	80,440
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	181,267	152,264	18,127	10,876
20	Interest	295,828		295,828	
21	Payments to affiliates	599,557		599,557	
22	Depreciation, depletion, and amortization	3,245,085		3,245,085	
23	Insurance	438,481		438,481	
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	CONTRACTUAL ALLOWANCE	5,172,495	5,172,495		
b	DEVELOPMENT AND PUBLIC	3,817,571	3,817,571		
c	DIETARY EXPENSE	3,049,747	3,049,747		
d	MAINTENANCE AND REPAIRS	815,103	684,687	81,510	48,906
e	All other expenses	1,724,714	1,557,921	119,479	47,314
25	Total functional expenses. Add lines 1 through 24e	75,444,069	57,815,662	14,943,127	2,685,280
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	4,656,455	2	3,786,524
	3 Pledges and grants receivable, net	5,284,453	3	4,165,386
	4 Accounts receivable, net	1,038,769	4	1,013,786
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,700,000	7	1,700,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	649,229	9	726,382
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 67,388,365		
	b Less accumulated depreciation	10b 25,413,407	42,202,623	10c 41,974,958
	11 Investments—publicly traded securities	25,071,384	11	28,348,142
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	12,008,012	15	15,470,704
16 Total assets. Add lines 1 through 15 (must equal line 34)	92,610,925	16	97,185,882	
Liabilities	17 Accounts payable and accrued expenses	4,653,583	17	4,260,464
	18 Grants payable		18	
	19 Deferred revenue	2,371,000	19	2,113,705
	20 Tax-exempt bond liabilities	6,285,000	20	5,955,000
	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	2,148,888	23	1,695,555
	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	1,287,904	25	914,433
	26 Total liabilities. Add lines 17 through 25	16,746,375	26	14,939,157
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	57,032,117	27	63,081,047
	28 Temporarily restricted net assets	10,275,349	28	9,364,273
	29 Permanently restricted net assets	8,557,084	29	9,801,405
	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 Total net assets or fund balances	75,864,550	33	82,246,725	
34 Total liabilities and net assets/fund balances	92,610,925	34	97,185,882	

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	81,022,208
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,444,069
3	Revenue less expenses Subtract line 2 from line 1	3	5,578,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,864,550
5	Net unrealized gains (losses) on investments	5	804,036
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	82,246,725

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? 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		No
2b Were the organization's financial statements audited by an independent accountant? 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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
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?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 23-6050680
Name: RICHARD J CARON FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN J ZINTAK III CHAIRMAN	1 00	X		X				0	0	0
CASEY DUFFY VICE CHAIRMAN/CHAIRMAN OF	1 00	X		X				0	0	0
SHARON MCGINLEY CHAIRMAN OF DEVELOPMENT	1 00	X		X				0	0	0
BETH FITZSIMONS CHAIRMAN OF HUMAN RESOURCE	1 00	X		X				0	0	0
MICHAEL LAWRENCE CHAIRMAN OF FINANCE	1 00	X		X				0	0	0
ALLEN H ARROW DIRECTOR	1 00	X						0	0	0
ROBERT D CRITTON DIRECTOR	1 00	X						0	0	0
EDWIN M DEALY DIRECTOR	1 00	X						0	0	0
LINDA CARON DENBY DIRECTOR	1 00	X						0	0	0
JOHN J DUFFY ESQ DIRECTOR	1 00	X						0	0	0
BRUCE EANET DIRECTOR	1 00	X						0	0	0
STEPHEN J ESSER DIRECTOR	1 00	X						0	0	0
JOHN P FITZSIMONS DIRECTOR	1 00	X						0	0	0
GARY GIGLIO DIRECTOR	1 00	X						0	0	0
KENNETH D GILL JR DIRECTOR	1 00	X						0	0	0
MICHAEL HANLEY DIRECTOR	1 00	X						0	0	0
DANIEL B HUYETT ESQ DIRECTOR	1 00	X						0	0	0
STEPHEN J KANE DIRECTOR	1 00	X						0	0	0
G MICHAEL KEENAN ESQ DIRECTOR	1 00	X						0	0	0
PETRA LEVIN DIRECTOR	1 00	X						0	0	0
MICHAEL J MCGLINN DIRECTOR	1 00	X						0	0	0
JAMES MYERS JR DIRECTOR	1 00	X						0	0	0
GEOFF PENSKE DIRECTOR	1 00	X						0	0	0
JEFFREY RUSH DIRECTOR	1 00	X						0	0	0
MARK SKIBBIE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
STEVEN R WALL DIRECTOR	1 00	X						0	0	0	
DOUGLAS TIEMAN PRESIDENT/CEO	40 00			X				597,683	0	118,947	
MICHAEL S EARLY EXECUTIVE VP, SECRETARY	40 00			X				283,380	0	14,169	
ANDREW J ROTHERMEL COO/TREASURER	40 00			X				414,424	0	80,701	
JOSEPH K LAUGINIGER JR EXECUTIVE VP	40 00				X			248,822	0	12,441	
CHARLES WHITMER REGIONAL VP	40 00				X			245,928	0	12,296	
KRISTINE M BASHORE EXECUTIVE VP	40 00				X			166,901	0	8,345	
MARY ORLANDO EXECUTIVE VP	40 00					X		198,512	0	9,926	
KENNETH W THOMPSON MEDICAL DIRECTOR	40 00					X		306,380	0	15,319	
JAMES F MCMANUS REGIONAL VP	40 00					X		193,142	0	9,657	
WILLIAM D TEUTEBERG III EXECUTIVE VP	40 00					X		286,073	0	14,304	
DEAN DROSNES MD	40 00					X		197,985	0	9,899	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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
RICHARD J CARON FOUNDATION

Employer identification number
23-6050680

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?
 (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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
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 501(c)(3) organization, check this box and stop here ▶						

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 for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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 ▶		
b 33 1/3% support test—2011. 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 ▶		
17a 10%-facts-and-circumstances test—2012. 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 ▶		
b 10%-facts-and-circumstances test—2011. 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 ▶		
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 ▶		

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,728,816	3,526,280	16,030,924	4,523,343	19,405,690	49,215,053
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	52,473,171	56,579,087	63,313,303	69,928,683	70,825,376	313,119,620
3 Gross receipts from activities that are not an unrelated trade or business under section 513					1,729,511	1,729,511
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	58,201,987	60,105,367	79,344,227	74,452,026	91,960,577	364,064,184
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	151,295	314,688	671,202	547,969	490,908	2,176,062
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						0
c Add lines 7a and 7b	151,295	314,688	671,202	547,969	490,908	2,176,062
8 Public support (Subtract line 7c from line 6)						361,888,122

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	58,201,987	60,105,367	79,344,227	74,452,026	91,960,577	364,064,184
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	585,402	499,005	436,393	437,727	479,451	2,437,978
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	585,402	499,005	436,393	437,727	479,451	2,437,978
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)	444,811	414,123	393,430	139,929		1,392,293
13 Total support. (Add lines 9, 10c, 11, and 12)	59,232,200	61,018,495	80,174,050	75,029,682	92,440,028	367,894,455
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98 370 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	98 090 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 660 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 790 %

- 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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization RICHARD J CARON FOUNDATION

Employer identification number

23-6050680

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose of easements, total number, acreage, and other details.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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 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	8,807,084	7,362,635	7,180,672	6,888,665	6,237,070
b Contributions	3,123,225	1,444,449	181,963	292,007	651,595
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,930,309	8,807,084	7,362,635	7,180,672	6,888,665

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

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Temporarily restricted endowment
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	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **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		1,212,111		1,212,111
b Buildings		52,672,264	19,328,658	33,343,606
c Leasehold improvements				
d Equipment		10,978,019	5,771,515	5,206,504
e Other		2,525,971	313,234	2,212,737
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				41,974,958

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	121,357,463
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	804,037
b	Donated services and use of facilities	2b	11,614
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	59,873,252
e	Add lines 2a through 2d	2e	60,688,903
3	Subtract line 2e from line 1	3	60,668,560
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	20,353,648
c	Add lines 4a and 4b	4c	20,353,648
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	81,022,208

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

1	Total expenses and losses per audited financial statements	1	100,381,482
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	11,614
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	45,279,447
e	Add lines 2a through 2d	2e	45,291,061
3	Subtract line 2e from line 1	3	55,090,421
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	20,353,648
c	Add lines 4a and 4b	4c	20,353,648
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	75,444,069

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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS WILL BE USED TO PROVIDE SUPPORT TO CHARITY CARE AND PROGRAM SERVICES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	AS A NOT-FOR-PROFIT ORGANIZATION, THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION RECOGNIZES PENALTIES AND INTEREST ACCRUED RELATED TO INCOME TAX LIABILITIES IN THE PROVISION (BENEFIT) FOR INCOME TAXES IN ITS STATEMENTS OF PENALTIES AND INTEREST. FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, THERE WERE NO ACCRUALS FOR THE PAYMENT OF PENALTIES AND INTEREST. WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS ARE NOT SUBJECT TO EXAMINATION THROUGH THE YEAR ENDED JUNE 30, 2009.
PART XI, LINE 2D - OTHER ADJUSTMENTS		CARON FOUNDATION OF FLORIDA REVENUE PER AUDITED FINANCIAL STATEMENT 20,819,561 CARON FOUNDATION OF TEXAS REVENUE PER AUDITED FINANCIAL STATEMENT 4,525,739 RENTAL EXPENSES, REPORTED ON PART VIII, LINE 6B 184,839 CARON FOUNDATION OF BERMUDA REVENUE (FOREIGN-SOURCE) PER AUDITED FINANCIALS 736,208 STORE EXPENSES, REPORTED ON PART VIII, LINE 10B 205,802 HANLEY CENTER, INC REVENUE PER AUDITED FINANCIALS 22,254,967 HANLEY CENTER AFFILIATION ADJUSTMENT 11,146,136
PART XI, LINE 4B - OTHER ADJUSTMENTS		CONTRACTUAL ALLOWANCE 5,172,495 CHARITY CARE 9,844,820 COLLECTION AGENCY FEES 44,522 PAYMENTS TO AFFILIATE, REPORTED ON PART IX, LINE 21 599,557 INTERCOMPANY ELIMINATIONS 4,692,254
PART XII, LINE 2D - OTHER ADJUSTMENTS		CARON FOUNDATION OF FLORIDA EXPENSES PER AUDITED FINANCIAL STATEMENT 19,311,837 CARON FOUNDATION OF TEXAS REVENUE PER AUDITED FINANCIAL STATEMENT 6,560,046 RENTAL EXPENSES, REPORTED ON PART VIII, LINE 6B 184,839 CARON FOUNDATION OF BERMUDA EXPENSES (FOREIGN-SOURCE) PER AUDITED FINANCIALS 679,339 STORE EXPENSES, REPORTED ON PART VIII, LINE 10B 205,802 HANLEY CENTER, INC EXPENSES PER AUDITED FINANCIALS 18,337,584
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRACTUAL ALLOWANCES 5,172,495 CHARITY CARE 9,844,820 INTERCOMPANY ELIMINATIONS 4,692,254 COLLECTION AGENCY FEES 44,522 PAYMENTS TO AFFILIATE, REPORTED ON PART IX, LINE 21 599,557

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2012

**Open to Public
Inspection**

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. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
RICHARD J CARON FOUNDATION

Employer identification number
23-6050680

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 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
- 2a** 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			
BUCKLEY HALL EVENTS 17-19 MARBLE AVENUE PLEASANTVILLE, NJ 10570	COORDINATE NEW YORK GALA		No	640,234	73,495	566,739
JANE BARR PINO & ASSOCIATES 1231 HIGHLAND AVENUE FORT WASHINGTON, PA 19034	COORDINATE PHILADELPHIA DINNER		No	322,335	33,271	289,064
DATOC WITTEN 13145 APPLGROVE LANE HERNDON, VA 20171	COORDINATE DC GALA		No	198,975	35,060	163,915
CORE MESSAGE INC 334 VALLEYBROOK DRIVE LANCASTER, PA 17601	DIRECT MAIL PROGRAM		No	189,242	48,750	140,492
ADVANTAGE 208 PASSAIC AVENUE 2ND FLOOR FAIRFIELD, NJ 07004	CONDUCT TELEPHONE & MAIL OUTREACH		No	49,968	31,642	18,326
Total				1,400,754	222,218	1,178,536

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

AL, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MO, NH, NJ, NY, NC, OH, OR, PA, RI, SC, TN, VA, WA, WI, WV

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
		<u>NEW YORK DINNER</u> (event type)	<u>BERKS DINNER</u> (event type)	<u>6</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	640,234	440,519	821,652	1,902,405
	2 Less Contributions	334,301	118,709	424,567	877,577
	3 Gross income (line 1 minus line 2)	305,933	321,810	397,085	1,024,828
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,192	5,300	5,176	11,668
	6 Rent/facility costs	15,174	500	25,700	41,374
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	242,488	43,363	214,411	500,262
10 Direct expense summary Add lines 4 through 9 in column (d) ▶					(553,304)
11 Net income summary Combine line 3, column (d), and line 10 ▶					471,524

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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 _____

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 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).

Identifier	Return Reference	Explanation
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**Schedule I
(Form 990)**

OMB No 1545-0047

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

2012

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
RICHARD J CARON FOUNDATION

Employer identification number
23-6050680

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) CONCERN WORLDWIDE 355 LEXINGTON AVENUE 19TH FOOR NEW YORK, NY 10017	13-3712030	501(C)(3)	10,000				PUBLIC SERVICES
(2) EASY DOES IT INC 1300 HILLTOP ROAD LEESPORT, PA 19533	23-2550089	501(C)(3)	10,000				PUBLIC SERVICES
(3) MUSICARES FOUNDATION INC 3030 OLYMPIC BLVD SANTA MONICA, CA 90404	95-4470909	501(C)(3)	15,000				PUBLIC SERVICES
(4) NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS (NAATP) 313 W LIBERTY ST LANCASTER, PA 176032474	95-3626761	501(C)(6)	8,850				PUBLIC SERVICES
(5) WESTERN BERKS FIRE DEPARTMENT 111 STITZER AVENUE WERNERSVILLE, PA 19565	26-4662398	501(C)(3)	7,500				PUBLIC SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

3 Enter total number of other organizations listed in the line 1 table 1

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
(1) CHARITY CARE FOR TREATMENT AT CARON FOUNDATION	1111	9,844,820			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION PROVIDES DISCOUNTED CARE AND CARE PROVIDED AT NO CHARGE TO PATIENTS ON A FINANCIAL NEED BASIS THE CRITERIA FOR CHARITY CARE CONSIDER OBJECTIVE CRITERIA SUCH AS FAMILY INCOME AND NET WORTH, AS WELL AS, SUBJECTIVE CRITERIA SUCH AS AN INDIVIDUAL'S MOTIVATION FOR RECOVERY AND THE REFERRAL SOURCE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
RICHARD J CARON FOUNDATION

Employer identification number

23-6050680

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		No
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a	Yes	
6b	Yes	
7	Yes	
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1B	ALL ITEM WERE APPROVED BY THE COMPENSATION COMMITTEE AND WERE TREATED APPROPRIATELY FOR TAX PURPOSES
	PART I, LINES 4A-B	SEVERANCE PAYMENTS TO ANN MILLER \$64,322 AND MISSY ORLANDO \$72,981 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (457B) TO DOUGLAS TIEMAN \$26,157 AND ANDREW ROTHERMEL \$19,189
	PART I, LINE 6	A VARIABLE COMPENSATION PLAN EXISTS WHERE A SMALL PORTION OF COMPENSATION IS CONTINGENT UPON COMPLETION OF GOALS THAT ARE SSET AT THE BEGINNING OF THE FISCAL YEAR THAT ARE RELATED TO THE EMPLOYEES POSITION AND JOB DESCRIPTION THE AMOUNT OF THAT COMPENSATION IS VARIABLE BASED ON BOTH THE COMPLETION OF THOSE GOALS AND THE NET EARNINGS OF THE ORGANIZATION AND RELATED ORGANIZATIONS NET EARNINGS ARE ONLY A PART OF THE PLAN
	PART I, LINE 7	THERE ARE TWO DEFERRED COMPENSATION PLAN IN PLACE THAT ARE BASED ON A PERCENTAGE OF SALARY AND IN WHICH THERE IS A VESTING SCHEDULE THE FUNDS ARE NOT EARNED UNTIL SOME FUTURE DATE IF THE EMPLOYEE IS STILL EMPLOYED AT THAT TIME

Software ID:
Software Version:
EIN: 23-6050680
Name: RICHARD J CARON FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DOUGLAS TIEMAN	(i)	378,089	193,437	26,157	101,017	17,930	716,630	0
	(ii)	0	0	0	0	0	0	0
MICHAEL S EARLY	(i)	208,034	56,157	19,189	5,668	8,501	297,549	0
	(ii)	0	0	0	0	0	0	0
ANDREW J ROTHERMEL	(i)	318,369	96,055	0	68,268	12,433	495,125	0
	(ii)	0	0	0	0	0	0	0
JOSEPH K LAUGINIGER JR	(i)	201,252	47,570	0	4,976	7,465	261,263	0
	(ii)	0	0	0	0	0	0	0
CHARLES WHITMER	(i)	207,618	38,310	0	4,918	7,378	258,224	0
	(ii)	0	0	0	0	0	0	0
KRISTINE M BASHORE	(i)	140,807	26,094	0	3,338	5,007	175,246	0
	(ii)	0	0	0	0	0	0	0
MARY ORLANDO	(i)	173,651	24,861	0	3,970	5,956	208,438	0
	(ii)	0	0	0	0	0	0	0
KENNETH W THOMPSON	(i)	277,687	28,693	0	6,128	9,191	321,699	0
	(ii)	0	0	0	0	0	0	0
JAMES F MCMANUS	(i)	158,938	34,204	0	3,863	5,794	202,799	0
	(ii)	0	0	0	0	0	0	0
WILLIAM D TEUTEBERG III	(i)	232,166	53,907	0	5,722	8,582	300,377	0
	(ii)	0	0	0	0	0	0	0
DEAN DROSNES	(i)	189,800	8,185	0	3,960	5,939	207,884	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.** ▶ **See separate instructions.**

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
RICHARD J CARON FOUNDATION

Employer identification number
23-6050680

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	BERKS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-7418629		09-01-2011	6,285,000	REFUND A PRIOR ISSUE		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	330,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	6,285,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	6,285,000							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	(F) DESCRIPTION OF PURPOSE, CONT'D	PROCEEDS OF THE BONDS WERE USED TO REFUND CERTAIN INDEBTEDNESS ORIGINALLY ISSUED ON SEPTEMBER 1, 2005

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization RICHARD J CARON FOUNDATION

Employer identification number 23-6050680

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DANIEL B HUYETT	DANIEL B HUYETT, DIRECTOR, IS A PARTNER OF STEVENS & LEE	112,523	STEVENS & LEE PROVIDED LEGAL SERVICES TO CARON		No
(2) GEOFF PENSKE	GEOFF PENSKE, DIRECTOR, IS PRESIDENT/OWNER OF PENSKE BUICK GMC	100,491	CARON PURCHASED VEHICLES FROM PENSKE BUICK GMC		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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 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
RICHARD J CARON FOUNDATION

Employer identification number

23-6050680

Identifier	Return Reference	Explanation
DID THE ORGANIZATION COMPLY WITH BACKUP WITHHOLDING RULES	FORM 990, PART V, LINE 1C	
	FORM 990, PART VI, SECTION A, LINE 2	JOHN DUFFY AND CASEY DUFFY HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 4	ARTICLE IV, SECTION 1 - EX-OFFICIO MEMBERS OF THE BOARD OF TRUSTEES ARE NON-VOTING ARTICLE VI, SECTION 1 - THE MAXIMUM NUMBER OF AT LARGE MEMBERS ON THE EXECUTIVE COMMITTEE INCREASED FROM FOUR TO FIVE
	FORM 990, PART VI, SECTION A, LINE 6	THE PERSONS CONSTITUTING THE BOARD OF DIRECTORS SHALL BE THE MEMBERS OF THE CORPORATION AND SHALL EXERCISE ALL THE RIGHTS AND POWERS OF MEMBER
	FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS SHALL BE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING
	FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS (MEMBERS) MUST APPROVE THE EXECUTIVE COMMITTEE'S DECISION TO DO ANY OF THE FOLLOWING 1) TERMINATE THE EMPLOYMENT OR REMOVE FROM OFFICE THE PRESIDENT/CEO OR ANY OTHER CORPORATE OFFICER OR DIRECTOR, 2) PURCHASE OR SELL ANY CORPORATE ASSETS WHICH ARE NOT WITHIN THE CORPORATION'S NORMAL COURSE OF BUSINESS OR APPROVED BUDGET OR HAVE A VALUE IN EXCESS OF \$50,000, OR 3) BORROW FUNDS OR GRANT SECURITY THEREFOR IN AN AMOUNT EXCEEDING ANY PREVIOUSLY APPROVED LINE OF CREDIT
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE FOLLOWING THE REVIEW OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES SUBMIT A SIGNED STATEMENT ANNUALLY WHICH LISTS POTENTIAL CONFLICTS THIS INFORMATION IS REVIEWED PERIODICALLY
	FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION IS BASED ON RECOMMENDATIONS FROM OUTSIDE INDEPENDENT COUNSEL BASED ON COMPARABILITY DATA COMPENSATION IS DETERMINED AND APPROVED BY THE COMPENSATION COMMITTEE
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 CAN BE OBTAINED UPON REQUEST FROM THE ORGANIZATION
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE TO DONORS UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
RICHARD J CARON FOUNDATION

Employer identification number

23-6050680

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARON FOUNDATION OF FLORIDA INC PO BOX 150 WERNERSVILLE, PA 195650501 06-1675898	TREATMENT SERVICES FOR CHEMICAL DEPENDENCY, SEXUAL TRAUMA AND GAMBLING	PA	501(C)(3)	LINE 9	RICHARD J CARON FOUNDATION		No
(2) CARON OF BERMUDA PO BOX 150 WERNERSVILLE 19565-0501 BD	PROVIDE OUTPATIENT AND REFERRAL SERVICES FOR SUBSTANCE ABUSE TREATMENT	BD			RICHARD J CARON FOUNDATION		No
(3) CARON FOUNDATION OF TEXAS INC PO BOX 150 WERNERSVILLE, PA 195650501 27-0835888	TREATMENT OF ADDICTIVE DISEASES	PA	501(C)(3)	LINE 3	RICHARD J CARON FOUNDATION		No
(4) HANLEY CENTER INC 933 45TH STREET WEST PALM BEACH, FL 33407 59-2500657	TREATMENT OF ADDICTIVE DISEASES	FL	501(C)(3)	LINE 3	RICHARD J CARON FOUNDATION		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Software ID:
Software Version:
EIN: 23-6050680
Name: RICHARD J CARON FOUNDATION

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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--> Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CARON OF FLORIDA	C	2,184,033	CONTRIBUTION OF FUNDS RECORDED
CARON OF FLORIDA	L	2,420,175	
CARON OF BERMUDA	L	96,000	
CARON FOUNDATION OF TEXAS	L	425,354	
HANLEY CENTER INC	L	1,750,336	
CARON OF FLORIDA	R	355,012	
CARON FOUNDATION OF TEXAS	R	244,545	
CARON OF FLORIDA	D	256,790	
CARON OF FLORIDA	E	325,327	
CARON FOUNDATION OF TEXAS	D	9,031,449	
HANLEY CENTER INC	D	3,141,994	