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22,7361925DM 10/15/2010 5 51 PM Pg 2

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 **2009** Open to Public Inspection

<u>A</u>	For the 20	09 calendar y	ear, or tax year beginning , and ending			
	Check if application	use IRS	C Name of organization		D Employe	r identification number
二	Address chang	label or	St. Luke's Episcopal Church Fdn. Doing Business As		23-7	361925
\equiv	Name change	print or type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
Ц	Initial return	See	131 West Council Street			633-3221
Ш	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receipts	1,960,610
	Amended retur	m tions.	Salisbury NC 28144			
	Application per	nding F Name	e and address of pnncipal officer		H(a) Is this a gr	· — —
					affiliates? H(b) Are all affil	Yes X No
					included?	Yes No
_	T	t status X	501(c) (3) ◄ (insert no)		If "No," att	ach a list (see instructions)
÷	Tax-exempt Website: ▶		501(c) (3) ◀ (insert no) 4947(a)(1) or 527		H(c) Group exe	motion number
		ization X Cor	poration Trust Association Other ▶ L	Year of formation		State of legal domicile
*****	art I	Summa		100101101110001	1 144	Otato or rogar commono
	·		he organization's mission or most significant activities			
ø	s	Supporti	ng organization (church)			
anc						
ern						
30			If the organization discontinued its operations or disposed of more than	25% of its net as:	sets	
O LUIO Activities & Governance	3 Nun	nber of voting	members of the governing body (Part VI, IIIR PICEIVED		3	
ties			endent voting members of the governing body (Part Virting 15)		4	
₹ĭ			employees (Part V, line 2a) volunteers (estimate if necessary)		5	
? ₹					6 7a	
>	1	_	suppose toyoble upcome from Form 9000 T		7b	0
2	2 1101	uniolated bu	OGDEN, UT	Prior Ye		Current Year
- Դ <u>୭</u>	8 Con	itributions an	d grants (Part VIII, line 1h)	13	4,892	73,113
Revenue	9 Prog	gram service	revenue (Part VIII, line 2g)			
Se S		estment incor	-38	6,877	-36,725	
ζ <u> </u>			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25	1 005	26 200
ر دا			add lines 8 through 11 (must equal Part VIII, column (A), line 12) ar amounts paid (Part IX, column (A), lines 1–3)	-25	1,985	36,388
	1		or for members (Part IX, column (A), lines 1–3)			
ın		-	ompensation, employee benefits (Part IX, column (A), lines 5–10)			
penses		•	draising fees (Part IX, column (A), line 11e)			
i bel			expenses (Part IX, column (D), line 25) ▶			
Ä	17 Oth	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	41	2,034	114,663
	18 Tota	al expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)		2,034	114,663
- 60		enue less ex	penses Subtract line 18 from line 12		4,019	-78,275
Net Assets or Fund Balances	20 Tota	al assets (Pa	rt X Jine 16)	Beginning of Cu	8,398	End of Year 3,841,940
Ass Bal	21 Tota	-	Part X, line 76)	2,0,	0,000	3,011,510
Fige	22 Net	,	nd balances Subtract line 21 from line 20	4,07	8,398	3,841,940
	art II	Signatu	re Block			
		Under penal	ties of perjury, declare that I have examined this return, including accompanying schedul	les and statements,	and to the best of	of my knowledge
		and belief, it	is true correct, and complete Declaration of preparer (other than officer) is based on all i	information of which	preparer has an	y knowledge
Sig	-		funges segan			
He	re	I . •	re of officer	4.4.4	Date	-/-
			urges Bryan Sec Trea Pres	laen t	10/19	1/2010
_		Type or	print name and title		, 1	Preparer's identifying number
Pai	id	Preparer's signature	De R. Mm & Con Date 10/	Check self-		(see instructions)
	eparer's		McCoy & Hillard, CPAs PA	15/10 emplo	 	56-1874892
Us	e Only	Firm's name	(or yours		EIN Phone	30-10/4094
		if self-emplo address, and	•		Phone no	04-638-0431
May	the IRS d	liscuss this re	eturn with the preparer shown above? (see instructions)		1 110 5	X Yes No
For	Privacy A		rwork Reduction Act Notice, see the separate instructions.	T	7 01	Form 990 (2009)
DAA	١			٢	'//	·

Pa 1	ert III Stat			23-7361925	Page Z
3	the prior Form If "Yes," descri Did the organiz services? If "Yes," descri Describe the ex	990 or 990-EZ? be these new services on cation cease conducting, of these changes on School campaignes achievem.	or make significant changes in how it conducts.	any program program services by expenses	Yes X No
			and revenue, if any, for each program service		
	(Code Provided)(Expenses \$ support chur	including grants of \$ ch sponsored activities) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$) (Revenue \$	
	,	, , _ , , _ , , , , , , , , , , , , , ,		, (
4d		services (Describe in Sc			
4e	(Expenses \$ Total program	service expenses ►	including grants of \$) (Revenue \$)

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			v
	complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
^	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	l •		- 21
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	Ť		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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? If "Yes," complete Schedule D, Part VII			
•	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? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	 	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12	_	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1	ŀ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			i
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Die tile digenization opposite and at male hospitale in 100, complete dariedate in		n 990	(2009)

the United States on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and II 21				1	
in the United States on Part IX. column (A.), line 17 lf "Yes", complete Schedule I, Parts I and II 20 bit the organization report more than 5.000 of grainst and other assistance to individuals in the United States on Part IX. column (A.), line 27 lf "Yes", complete Schedule I, Parts I and III 21	24	Did the executation report may then \$5,000 of grants and other equations to represent and executation		Yes	No
22 Dut the organization report more than \$5.000 of graints and other assistance to individuals in the United States on Part IX, columb (A), line 21 "If Yes," complete Schedule I, Parts I and III 22 X X 23 Dut the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization asswer in the organization asswer in the state of the organization asswer in the state of the organization of the list day of the year, that was seled after December 31, 2002 til "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25 24a X 24b Dut the organization asswer that the year, the offerex expent bronds beyond a temporary period exception? 24d Dut the organization asswer that the organization asswer that the organization and any time during the year? 24d Dut the organization asswer that the areasschion of the organization asswer that the areasschion than a dequalified person during the year? If "Yes," complete Schedule L, Part I 25a X 3 and 3	21		24		Y
United States on Part IX, column (A), line 2º If Yes,** complete Schedule I, Parts I and III 22 X 23 Did the organization assers "Yes" in Part IXI, Section A, Iins 3, 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes,** complete Schedule J 23 X 24 Did the organization have a tax-evempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assued after December 31, 2002? If Yes,** answer lines 24a Did trust organization may be schedule IX If Yes,** go to lare 28 25 Did the organization may proceeds of tax-exempt bonds beyond a temporary penid exception? 26 Did the organization may receive an except before the part of defease any tax-exempt bonds? 26 Did the organization and tax an one behalf of issuer for bonds outstanding at any time during the year 26 Did the organization and tax an one healf of issuer for bonds outstanding at any time during the year 27 Did the organization and tax an one healf of issuer for bonds outstanding at any time during the year 28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes,** complete Schedule I. Part I 28 Did 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 pror Forms 990 or 990-E27 If Yes,** complete Schedule I. Part II 29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributior, or a grant and section committee member, or to a person related to such an individual? 29 If Yes,** complete Schedule I. Part II 29 Did the organization provide a paint and the properties of the following parties (see Schedule I. 29 Part IV instructions for applicable filing thresholds, conditions, and exceptions? 29 If Y	22				- 41
the organization answer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.," go to line 25 24d a X. Did the organization mistan any proceeds of tax-exempt bonds beyond a temporary period exception? 24d b. Did the organization maintain an escrive account other than a refunding escrive at any time during the year? 24d b. Did the organization and \$31(C)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outsided person. Did the organization engage in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L. Part I is the organization aware that it engaged in an excess benefit transaction's prior Forms 990 or 990-E2? If "Yes," complete Schedule L. Part I is 25b. X. Was a loan to to by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II is 26b. X. Was also not to by a current or former officer, director, trustee, key employee? If "Yes," complete Schedule L. Part II is 27b. X. Was the organization private agrant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L. Part IV is Was the organization organization and the structure of former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV is 25b. A damby member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV is		- · · · · · · · · · · · · · · · · · · ·	22		x
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X. 24 Did the organization have a lax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th brough 24d and complete Schedule IK. If "No.," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization and an accroiv account other than a refunding escriow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and set and the organization and access 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-E22 If "Yes," complete Schedule L, Part II 25b X. 25b X. 26c X. 27c X. 27d Was a loan to or by a current of former officer, director, trustee, key employee, brighty compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26c X. 27d X. 28d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, assistant contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II 27d X. 28d Was the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27d X. 28d A family member of a current or former officer, director, trustee, or key	23				
employees? If "Yes," complete Schedule J 43 Did the organization have a tax-everapt bond seve with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 25b Did the organization marks an year proceeds of tax-everapt bonds beyond a temporary period exception? 26b Did the organization marks are proceeds of tax-everapt bonds beyond a temporary period exception? 27c Did the organization marks are year except to marks are funding service wat any time during the year? 28d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the circulation has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I I 28d Was a losn to bry a current or former officer, director, trustee, key employee, in the organization provide a grant or orbin assistance to an officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II I 28d Was the organization provide a grant or orbin assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV II I I I I I I I I I I I I I I I I					
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than 5100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24d ble degranization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d ble defease any tax-exempt bonds? 24d ble defease any tax-exempt bonds? 24d ble the organization and so an one behalf of "issuer for bonds outstanding at any time during the year? 24d ble the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 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-E27 If "Yes," complete Schedule L. Part II is the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization is tax year? If "Yes," complete Schedule L. Part II is "Yes," complete Schedule L. Part IV is "Yes," complete Schedule R. Part IV is "Yes," complete Schedule R. Part IV is Did the organization receive more than \$25,000 in non-ca			23	1	Х
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11 and 19° Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11 and 19° Note. All Form 990 filers are required to complete Schedule O			28c		х
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Innes 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			37		x
19? Note. All Form 990 filers are required to complete Schedule O	38		<u>"</u>		
	- -	-	38		x
			•	990	_

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	oortable			
	gaming (gambling) winnings to prize winners?	l i	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			ĺ
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the control of the control o	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
0-	Instructions)	4 L.			
3a	3	о бу			х
L	this return?		3a		├^
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	outh and a	3b		
4a	, , , , , , , , , , , , , , , , , , , ,	•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin account)?	anciai	4.		x
h	If "Yes," enter the name of the foreign country		4a		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank			
	and Financial Accounts	Dalik			
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	tion?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega		0.5		
_	Prohibited Tax Shelter Transaction?	g	5c		
6a		е			
	organization solicit any contributions that were not tax deductible?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?	, I	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f	-	-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
	required?		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	1	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				\vdash
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	1		
11	Section 501(c)(12) organizations. Enter		1	1	
а	Gross income from members or shareholders	11a		ł	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	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			
			_	000	40000

Form 990 (2009) St. Luke's Episcopal Church Fdn. 23-7361925 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body 1b b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8ь Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website | Another's website | Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 131 West Council St. organization > Sturges Bryan

NC 28144

Salisbury

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	ition ((Chec	C) k all	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
Sturges Bryan	IT.							0	0			
President John Graham					\vdash	├		0	0	(
•								0	0			
Vice Pres. Angela Hall		-	-	├	├─	\vdash		U				
Treasurer								. 0	0			
Dean Cunningham								-7	-			
Trustee								0	0			
Barbara Setzer												
Trustee		_	<u> </u>	_	_	L.	_	0	0	(
Patricia McGuire Trustee								0	0			
Lynn Mills					<u> </u>			<u> </u>				
Trustee								0	0			
							<u> </u>					
		ļ				ļ						
		+										

(A)	(B)			(0				(D)	(E)	_ (F		
Name and Title	Average hours per week	or director		check Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estim amou oth comper from organiz and re organiz	nt of er isation the zation lated	
												_
									1			
												_
												_
	1											
Total Total number of individuals (ir reportable compensation from	_			thos	e lıs	ted a	bov	e) who received more than	1 \$100,000 in			
Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin the organization and related of individual	ormer officer, dir " complete Sche e 1a, is the sum organizations gre	ector dule of re ater t	or to J for porta	suci able \$150	h ind com 0,00	dividu ipens 02 If	al atio "Ye:	on and other compensation s," complete Schedule J fo	from or such	3	Yes	
Did any person listed on line 1 services rendered to the organ ction B. Independent Contract	nization? If "Yes								or	5	<u> </u>	Ĺ
Complete this table for your fire compensation from the organi	ve highest comp ization	ensa	ted ı	ndep	oenc	lent o	onti					
Name and	(A) i business address						_	Descrip	(B) of services		(C) Compens	atio
			. b t		14		<u> </u>	se listed above) who receiv	- 			_

Part	VI	III Statement of Reve	nue	•		(A)	(B)	(C)	(D)
						Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ 1	1a	Federated campaigns	1a		_				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b				1		
am (s)	c	Fundraising events	1c						
	d	Related organizations	1d						
S.E	е	Government grants (contributions)	1e				1		
탈필		All other contributions, gifts, grants,							
흔뒴		and similar amounts not included above	1f		73,113				
	•	Noncash contributions included in lines 1a-	-1f	\$					
	h	Total. Add lines 1a-1f			<u> </u>	73,113			
Program Service Revenue	٠.				Busn. Code				
' ﴿	2a b				<u> </u>				
8	D								
<u>Ş</u>	d								+
Ē	e								
E	-	All other program service reve	nue				,		
<u> </u>		Total. Add lines 2a-2f			•				
3	3	Investment income (including	dıvıder	ıds, ınter	est, and				
		other similar amounts)			•	87,985	44,695		43,290
4	1	Income from investment of tax	-exem	pt bond p	roceeds >				
5	5	Royalties			<u> </u>				
		(ı) Real		(n) F	Personal				
6	Зa	Gross Rents							
- 1		Less rental exps							
		Rental inc or (loss)							
		Gross amount from (i) Securities		1 /	Other	:			
		sales of assets		("	Olitei				
		other than inventory Less cost or other	, , , , ,						
		basis & sales exps 1,924,	222			-			
		Gain or (loss) -124							
		Net gain or (loss)			>	-124,710	-124,710		
l a		Gross income from fundraising eve	nts						
ğ		(not including \$							
8		of contributions reported on line 1c)						
ᇣ		See Part IV, line 18	а						
\sim 1		Less direct expenses	b						
_		Net income or (loss) from fund		events					
9		Gross income from gaming activities							
		See Part IV, line 19	a						
		Less direct expenses	b						
		Net income or (loss) from gam Gross sales of inventory, less	iing ac	tivities					
"		returns and allowances	а						
		Less cost of goods sold	a b						
		Net income or (loss) from sale	1	ventory	•	i			1
	-	Miscellaneous Revenue			Busn Code				
11	1a	· ·				İ	j		
	b								
	С								
	d	All other revenue							
-	e	Total. Add lines 11a-11d			•				
12	2	Total Revenue. See instruction	ns		<u> </u>	36,388	-80,015		0 43,290 Form 990 (2009)

23-7361925

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		748	/B)	(6)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ţ l	
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management			<u> </u>	
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	1				
24	Other expenses. Itemize expenses not			1	
	covered above. (Expenses grouped together			1	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Disbursement	92,782		92,782	
b	Admin expenses	21,881		21,881	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	114,663		114,663	
26	Joint costs. Check here ▶ If following				
-	SOP 98-2 Complete this line only if the			1	
	organization reported in column (B) joint costs from a combined educational campaign and				
	from a combined educational campaign and fundraising solicitation			<u></u>	
DAA					Form 990 (2009)

			(A)		(B)			
.			Beginning of year		End of year			
1	Cash—non-interest bearing							
2	Savings and temporary cash investments			2				
3	Pledges and grants receivable, net			3				
4	Accounts receivable, net			4				
5	Receivables from current and former officers, directors,	•						
	employees, and highest compensated employees Com	plete Part II of						
	Schedule L			5				
6	Receivables from other disqualified persons (as defined							
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		- 1				
ທ	Part II of Schedule L			6				
Assets	Notes and loans receivable, net			7				
Š 8	Inventories for sale or use			8				
9	Prepaid expenses and deferred charges							
10a	Land, buildings, and equipment cost or							
	other basis Complete Part VI of Schedule D	10a						
b	Less accumulated depreciation	10b		10c				
11	Investments—publicly traded securities		4,078,398	11	3,841,940			
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		15					
16	Total assets. Add lines 1 through 15 (must equal line 34	4,078,398	16	3,841,940				
17	Accounts payable and accrued expenses		17					
18	Grants payable		18	<u> </u>				
19	Deferred revenue			19				
20	Tax-exempt bond liabilities		<u> </u>	20				
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Escrow or custodial account liability Complete Part IV o			21				
≧ 22	Payables to current and former officers, directors, truste	es, key						
a <u>a</u>	employees, highest compensated employees, and disqu	ıalıfied						
j	persons Complete Part II of Schedule L			22				
23	. ,			23				
24	Unsecured notes and loans payable to unrelated third pa	arties		24				
25	Other liabilities Complete Part X of Schedule D			25				
26	Total liabilities. Add lines 17 through 25	า		26				
Se	Organizations that follow SFAS 117, check here ▶	and						
≦	complete lines 27 through 29, and lines 33 and 34.							
R 27	Unrestricted net assets			27				
28	Temporarily restricted net assets			28				
29	Permanently restricted net assets	;		29				
2	Organizations that do not follow SFAS 117, check her	re ▶ X						
ة	and complete lines 30 through 34.							
ည် 30	Capital stock or trust principal, or current funds		4,064,913	30	3,780,187			
31	Paid-in or capital surplus, or land, building, or equipmen			31				
32	Retained earnings, endowment, accumulated income, o	r other funds	13,485	32	61,753			
Net Assets of Fund balances 22 28 29 30 31 32 33 34 33 34	Total net assets or fund balances		4,078,398		3,841,940			
Z 34	Total liabilities and net assets/fund balances			34	3,841,940			

Form **990** (2009)

orm	990 (2009) St. Luke's Episcopal Church Fdn. 23-7361925		Pag	ge 12
	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	_	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ľ		
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forn	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Part I

Public Charity Status and Public Support

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

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St. Luke's Episcopal Church Fdn.

Employer identification number 23 - 7361925

The o	orga	nization is not	a private foundate	on becaus	e it is (For lines 1 through 11,	check only	one box)						
1	Ш	A church, cor	nvention of church	nes, or ass	ociation of churches described	in section	170(b)(1)(A)(i).						
2		A school des	cribed in section	170(b)(1)(A	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hos	spital servic	e organization described in se	ction 170	(b)(1)(A)(i	ii).						
4	П	A medical res	search organizatio	on operated	I in conjunction with a hospital	descnbed	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	spital's name,		
	_	city, and state	е											
5	П	An organizati	on operated for th	ne benefit d	f a college or university owned	or operate	ed by a go	overnme	ntal unit	describ	oed in			
	_		b)(1)(A)(iv). (Com											
6	\Box	A federal, sta	ite, or local govern	nment or go	overnmental unit described in s	section 17	0(b)(1)(A)(v).						
7	П		-	_	substantial part of its support fr				rom the	genera	l public			
	ш	_	section 170(b)(1)							J				
8	\Box				70(b)(1)(A)(vi). (Complete Par	t (I)								
9	H	-) more than 33 1/3 % of its sup	-	contributi	ons. me	mbersh	n fees.	and gro	oss		
·	ш	=			pt functions—subject to certain									
					d unrelated business taxable ii									
		• •	•		0, 1975. See section 509(a)(2)	•			.,	3 01000				
10	П		=		exclusively to test for public saf									
	X	•	•	•	exclusively for the benefit of, to	•			to carry	out the				
• • •		-	=		ed organizations described in s									
					ne type of supporting organizat					•				
								Г			hor			
•	X	a X Type I b Type II c Type III—Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
е	42	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section												
		509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting												
f		•	check this box	viillen dele	mination from the fixe that it is	saryper,	Type II, (or type	iii suppe	rung		Γ	7	
_		_		0.0000170	on accepted any gift or contrib	oution from	any of th	10				L		
g		•		e organizar	ion accepted any girt of contin	Julion non	i ally of ti	ie						
		following per			ntuala author alama ar tagathar	th mara		ا ما اممط	\			Yes N	No.	
					ntrols, either alone or together	with perso	ons descr	ibea iii (i	'' <i>)</i>				X	
		` '			the supported organization?								X	
		• •	member of a pers		* *								X	
			•	•	lescribed in (i) or (ii) above?							[11g(in)]	<u>~</u>	
<u>h</u>					ne supported organization(s)	1, ,, ,,	 -	63.53			. 11 .	() A		
(i) l		e of supported anization	(ii) EIN		(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify lization in	(vi) l organizat		(vii) Amount of support		
	org	anzation		,	above or IRC section		document?	col (ı)	of your	(ı) organı	zed in the	ооррон		
					(see instructions))				oort?	US				
		7 - 1 - 1 -	=	1 Gb	-1-	Yes	No	Yes	No	Yes	No			
St	•	rake.a	Episcopa	l Chu	rcn		3.5		3,5		.,			
							X		Х		_X		—	
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<u>Tota</u>			<u> </u>				!		<u> </u>	<u> </u>		L	—	

	dule A (Form 990 or 990-EZ) 2009 SC.					-/301323	Page Z					
Pa	Support Schedule for O)(1)(A)(iv) and	170(b)(1)(A)(vi)						
<u></u>	(Complete only if you che	ecked the box (on line 5, 7, o	r 8 of Part I.)								
	tion A. Public Support	4 3 0005	# \ 0000		L () 0000	(:) 0000	/D T-1-1					
Cai	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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											
Sec	tion B. Total Support			_								
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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				<u> </u>	L						
12	Gross receipts from related activities, etc	•				12						
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ar as a section 501	I(c)(3)	. —					
	organization, check this box and stop her						•					
	tion C. Computation of Public Su	, , _	_ 									
14	Public support percentage for 2009 (line 6			nn (f))		14						
15	Public support percentage from 2008 Sch					15						
16a	33 1/3 % support test—2009. If the organ				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—2008. If the organ				15 is 33 1/3 % or r	nore, check this	. 🗀					
	box and stop here. The organization qualifies as a publicly supported organization											
17a	10%-facts-and-circumstances test—2009. 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—2008. 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.											
40	-		_									
18 ——	Private foundation. If the organization did	not check a box o	ine 13, 16a, 16	υ, τ/a, or τ/b, che	eck this dox and se	ee instructions						

736 ⁻	925DM 10/15/2010 5 51 PM Pg 16								
che	edule A (Form 990 or 990-EZ) 2009 St. Support Schedule for Or	Luke's	Episcopal	Church F	$\frac{\mathrm{dn.}}{2}$	-7361925	Page 3		
r	(Complete only if you che				2)				
èec	tion A. Public Support		3.,	,					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)						_		
ec	etion B. Total Support		<u> </u>	l	1	<u> </u>			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6	(-,	(=, = = = =	(3, 233	(=,====	(1,7=111			
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
C	Add lines 10a and 10b					1			
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	······································							
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
3	Total support. (Add lines 9, 10c, 11,								
	and 12)			l	<u> L</u>				
4	First five years. If the Form 990 is for the	-	t, second, third, fo	unth, or fifth tax ye	ar as a section 50	1(c)(3)	. —		
• -	organization, check this box and stop here		4			<u> </u>	▶ □		
	tion C. Computation of Public Su					1.5			
5 c	Public support percentage for 2009 (line 8,	15	<u>%</u> %						
6	Public support percentage from 2008 Schelition D. Computation of Investme					16	<u>%</u>		
7				S column (f))		17			
, 8	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17								
9a	•	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and lin							
	17 is not more than 33 1/3 %, check this b						▶ 🗍		
h	33 1/3 % support tests—2008. If the organ	nization did not cl	heck a hov on line	14 or line 19a and	t line 16 is more th	an 33 1/3 % and			

 $line\ 18\ is\ not\ more\ than\ 33\ 1/3\ \%,\ check\ this\ box\ and\ \textbf{stop\ here}.\ The\ organization\ qualifies\ as\ a\ publicly\ supported\ organization$ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Schedule A (Form 990 or 990-EZ) 2009 St. Luke's Episcopal Church Fdn. 23-7361925

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

St. Luke's Episcopal Church Fdn.

Employer identification number

23-7361925

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public