

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED DEC 16 2010

**... 990** 

# **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)

20**09** 

Open to Public Inspection

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

A	For th	ne 2009 calendar year, or tax year beginning , 2009, and end	ing		, 20	
В	Check if a	applicable: Please C Name of organization ST. LUKE FOUNDATION		D Employ	er identification nur	mber
r1		change label or Doing Business As		34	1407996	
	Name c	print or Number and street (or PO box if mail is not delivered to street address) Room/s	suite	E Telepho	one number	
	initial re	See 220 APPLEGROVE STREET, N.E.		(330)	499-2486	
	Termina	Specific				
		d return NORTH CANTON, OHIO 44720		G Gross ra	eepts \$ 1,647,	.591
		on pending F Name and address of principal officer:	H(a) is this	s cram return		V No
	., ррч.	RONALD E. DERRY, SAME AS C ABOVE	1 '			No
$\overline{}$	Tax-exe	empt status	1		list. (see instructions)	
J	Websi	ite: ▶		xemption run	•	
K	Form of	organization   Corporation □ Trust □ Association □ Other ▶ □ Year of forma		<del></del>	legal dom:cile. OH	
P	art	Summary				
			uke Foundat	ion provi	des	
		faith-based services to enrich the lives of older adults. To make distributi			·	
Activities & Governance		under Section 501(c)(3) to provide support to long-term care.				
ž	-					
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its not asso	te		
હ	1	Number of voting members of the governing body (Part VI, line 1a).	70 01 16 1101 4330	3 i		7
ජේ ග	1	Number of voting members of the governing body (Part VI, line 1a).  Number of independent voting members of the governing body (Part VI, line 1		•	<del></del> ,	7
itie	1		•	5		0
ਰਿੰ	1	Total number of employees (Part V, line 2a)		6		0
⋖		Total number of volunteers (estimate if necessary)		7a		-0-
		Total gross unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34		7b	<del></del>	-0-
		Net un clated business taxable income north offit 550-1, line 64	Prior Ye		Current Year	
	١.,	Ocatabations and secrets (Doct VIII) line 4b)		110.303	864,	354
ē		Contributions and grants (Part VIII, line 1h)		710,303		554
Revenue		Program service revenue (Part VIII, line 2g)		85,624	(143,3	25)
ě	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		03,024	(145,5	,23)
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		195,927	721,	020
	1		•	12,844	172,	
	I .	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		12,044	1/2,	0/3
Ş	1	Benefits paid to or for members (Part IX, column (A), line 4)	<del></del>			
Expenses	t .	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)			····	
×pe		Professional fundraising fees (Part IX, column (A), line 11e)		<del></del>	····	
W		Total fundraising expenses (Part IX, column (D), line 25);		E4 622	4.004	044
		Other expenses (Part IX, column (A), Hites (1) a-1 (ci 112-24)		51,622	1,061,	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).		64,466	1,234,	
- 60		Revenue less expenses. Subtract line 18 from line 12		31,461	(513,6	194)
ances		4 NOV 2 2 2010 O	Beginning of Cu	<del></del>	End of Year	040
Net Asse Fund Bala	20	Total assets (Part X, line 16)		58,657	4,563,	
a a	21	Total liabilities (Part X, line 26)		93,919	1,545,	
		Net assets or fund balances. Subtract like 2 from line 20.	3,0	193,919	3,017,	101
		Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying sche	dular and statem	onte and to	the best of my know	dedae
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based or	n all Information	of which pre	parer has any knowle	edge
o:.		11/5	1	1/10/10		
Sig		Signature of officer	Date			
He	re	RONALD E. DERRY. CFO	Date	,		
		Type or print name and title			·	
		Date IC	heck if			
		Preparer's S	elf-			
Paid	i	Signature	mployed ▶ Li			
Pre	parer's		<u>.</u>		44444	
Use	Only	Firm's name (or yours if self-employed),	EIN	▶ 34	1411715	
		address, and ZIP + 4 4800 Munson Street NW, Canton, Ohio 44718	Phone no	. ► (330		
		IRS discuss this return with the preparer shown above? (see instructions)	<del> </del>	• • • •	√ Yes _	No
For	Privac	ey Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat. No 112	282Y	Form <b>990</b> (2	2009)

23

Form	990	(2009)	

D <sub>2</sub>	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	St. Luke Foundation provides faith-based services to enrich the lives of older adults. To make
	distributions to exempt organizations under Section 501(c)(3) to provide support to long-term
	care.
_	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,234,723 including grants of \$172,879 ) (Revenue \$)
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(and a series of a
	•••••••••••••••••••••••••••••••••••••••
	***************************************
4d	Other program services. (Describe in Schedule O.)
<del></del> _	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,234,723

Form	.990 (2009)		F	Page 3
Pa	TEV 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
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," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>→</b>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	<b>√</b>	
•	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 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.	i kai		
•	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D, Part X.		*Z	38
•	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	<b>✓</b>	لفسفنا 
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	2, 1		7.49 7.49
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<del>-/</del> -
	Did the organization maintain an office, employees, or agents outside of the United States?	170		<del>_</del>
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		✓
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>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
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		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Part IV Checklist of Required Schedules (continued)

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

الغاما	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	# .
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 0		, .	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		Ĺ	32
	See the instructions for exceptions and 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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		✓
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).	1	1	, 1:
а	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	_	✓
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 required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	1	7,5
ө	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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		<i>j</i>
9	Sponsoring organizations maintaining donor advised funds.	/ 1	7 s.	1
а	Did the organization make any taxable distributions under section 4966?	9a		<b>√</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь	<u></u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>	✓,
10	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b] N/A		1	'n.,
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  N/A		<i>;</i>	ed e
	Cross modified from monitorio or origination of the cross	. 1	`` [	11.
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  N/A			7.3 8.30
12a	amounts due or received from them.)	12a	†	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b   N/A			<b></b>

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

Sec	Mion A. Governing Body and Management			<del></del>
	1 1 -	ستستشده	Yes	No
1a	Enter the number of voting members of the governing body		77.5	123
b	Enter the number of voting members that are independent	124	723	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	M	1.2%	
	any other officer, director, trustee, or key employee?	2	ļ	_
3	Did the organization delegate control over management duties customarily performed by or under the direct		İ	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<u></u>	1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>1</b>
6	Does the organization have members or stockholders?	6		<b>√</b>
7a				
	of the governing body?	7a		1
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	72 Sa	22	12.50
·	the year by the following:	1:23	71,	
_	The governing body?	8a	<b>√</b>	, · · · ·
	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)			
			Yes	No
100	Dana the averagination have level chapters branches or offlictor?	10a		1
	Does the organization have local chapters, branches, or affiliates?			
В	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
11		11	1	
ALE	form?			2.22
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
b		12b	1	
	rise to conflicts?			
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	7	
14	Does the organization have a written document retention and destruction policy?	14	1	
	Did the process for determining compensation of the following persons include a review and approval by	2.31	77.	de s
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	22	77	
9	The organization's CEO, Executive Director, or top management official	15a	j	
-	Other officers or key employees of the organization	15b		1
þ	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	777	77.	
46-			Ľh	Md
ıoa	with a taxable entity during the year?	16a	"""" <u> </u>	<b>1</b>
			330	77.7
D	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		e e	
	the organization's exempt status with respect to such arrangements?	16b	" "	
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ▶ OHIO			
17		1/2/2		•
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	,,(J)S (	oi iiy)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
4.5	Own website Another's website Upon request	-4.2-4		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	or inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: ► Ronald E. Derry, 220 Applegrove Street NE, North Canton, Ohio 44720 (330) 499-8341	ras of	tne	

# 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.

(Α)	(B)	i		(	C)			(D)	(E)	(F)
Name and Title	Average			chec	k all	that ap	opły)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
John Spieler		T				T		-0-	-0-	-0
Executive Director		1	L		_			-U-	-0-	
John Prelac								-0-	-0-	-0
President		1	_	1	_			-0-	-0-	
Ron Kyle Secretary/Treasurer		1		/				-0-	-0-	-0
Don Dickes Trustee	٠,٠	1						-0-	-0-	-0
Jeff Gainer								-0-	-0-	-0
Trustee Charles Mandator		Υ						-0-	-0-	-0
Trustee		<u> </u>		<u> </u>						
John Reyes Trustee		1						-0-	-0-	-0
r				-						
		<b>}</b>								
		L								
										· <u>········</u>
								······································		

	Section A. Officers, Directors, 17th	(B)	·			<u>,</u> C)			(D)	(E)	(F)
	Name and title	Average	Posit	ion (e	~-	k all	that ap	ply)	Reportable	Reportable	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organization: (W-2/1099-Mis	other compensation
										· · · · · · · · · · · · · · · · · · ·	
<b>-</b>										·····	
					- '						
b	Total						. 1	<b>•</b>	-0-	-	0
2	Total number of individuals (including but r reportable compensation from the organization)		to the	Se	liste	d a	pove)	wh	o received mo	re than \$100	,000 in
3	Did the organization list any former office employee on line 1a? If "Yes," complete So For any individual listed on line 1a, is the sthe organization and related organizations of the organization and related organizations.	r, director o chedule J fo um of repo	o <i>r su</i> ortable	ch i	ndiv mp	idua ensa	al . ation :	and	other compen	sation from	Yes N
5	individual	or accrue	 comp	 ens	atio	n fr	om a	ny i			4 🗸
_	services rendered to the organization? If "Y	es," comp	lete S	Sche	dul	θJ	for su	ich į	person	<u> </u>	5 v
1	Complete this table for your five highest co compensation from the organization.	mpensated	inde	eper	nder	nt c	ontrac	ctors	that received	more than \$	\$100,000 of
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation

Par	t VII	Statement of Revenue			T		
	 			(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 b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c					
ıtions, gif er similar	d e f	Related organizations 1d	550,000				
Contributions, and other sim	g h	and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	314,354	864,354			
Program Service Revenue	2a b c		isiness Code	, , ,	,	/	
Progran	f g	All other program service revenue	▶		ŕ	,	
	3 4 5	Investment income (including dividends, into other similar amounts)	Deceds	46,389			46,389
	b	Gross Rents Less: rental expenses Rental income or (loss)	i) Personal				
	7a	Gross amount from sales of assets other than inventory (i) Securities 736,848	(ii) Other		1		
	С	Less: cost or other basis and sales expenses . 926,562  Gain or (loss) . (189,714)  Net gain or (loss)	▶	(189,714)			(189,714)
Revenue	8a	Gross income from fundraising events (not including \$					
Other	b	Less: direct expenses	s <b>&gt;</b>	,			.,,,,,
		Gross income from gaming activities. See Part IV, line 19					
	C	Net income or (loss) from gaming activities  Gross sales of inventory, less	🕨	-		1. 1. 1. 1.	
	Ь	returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory .		,	23.7		
	11a b c		siness Code			, , , , ,	
	í –	All other revenue	; ; 💺	721,029			(143,325)

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are not		plete columns (B),	, (C), and (D).
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	172,879	172,879		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			and the state of t	<b>*</b>
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members				
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8 9 10	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).  Other employee benefits				
11 a b	Fees for services (non-employees):  Management Legal	90,357 788	90,357 788		
d	Accounting				
f g	Investment management fees	4 200			
12 13 14	Advertising and promotion	4,288 13,929 2,137	4,288 13,929 2,137		
15 16 17	Royalties	2,417 23	2,417 23		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	517	517		
19 20 21	Conferences, conventions, and meetings	4,794	4,794		
22 23	Depreciation, depletion, and amortization . Insurance	4,498 970	4,498 970		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a b	Abandonment of property being improved for Long-Term Care project	936,141	936,141		
d e		985	985		
f 25 26	All other expenses  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ If following	1,234,723	1,234,723		
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,701,839	2	2,101,087
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	329,674	4	90,064
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	Y MARINES
əts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
∢	9	Prepaid expenses and deferred charges	5,147	9	7,463
	10a	Land, buildings, and equipment: cost or 10a 1,496,317 other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b 31,492	1,626,638	10c	1,464,825
	11	Investments—publicly traded securities		11	
Ì	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	795,359	15	899,571
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,458,657	16	4,563,010
$\neg$	17	Accounts payable and accrued expenses	522,452	17	843,963
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
SS	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
- !	00	· · · · · ·	112,250		<del></del>
- 1	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	·
	25	Other liabilities. Complete Part X of Schedule D	730,036		701,280
	26	Total liabilities. Add lines 17 through 25	1,364,738		1,545,243
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		1/2	
lan	27	Unrestricted net assets	2,298,560	27	2,118,196
Ba	28	Temporarily restricted net assets	795,359	28	899,571
ā	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ង	30	Capital stock or trust principal, or current funds		30	
356	31	Paid-in or capital surplus, or land, building, or equipment fund	***************************************	31	· • •
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ş	33	Total net assets or fund balances	3,093,919	33	3,017,767
	34	Total liabilities and net assets/fund balances	4,458,657	34	4,563,010

Pa	tt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Cash  Other		. 22. 1	17.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	134		
	Schedule O.	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	<b>√</b>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in	133	1747	W. 3
	Schedule Q.			19
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:	130		23
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		97/4	419
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓_
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		

Form **990** (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. LUKE FOUNDATION

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.)

<u>h</u> Ø	Name	and (iii) b (ii) A family (iii) A 35% c	who directly on below, the gove member of a prontrolled entity	or indirectly controls, or ring body of the supperson described in (i) a of a person described nation about the support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	either alor ported or above? I in (i) or orted orga (iv) is the o	ne or tog ganizatio  (ii) above	gether with on?		(vi) I organizat				No No
	Name	and (iii) to (ii) A family (iii) A 35% concentration of supported	who directly oblive, the gove member of a prontrolled entity following inform	rning body of the supperson described in (i) a of a person described nation about the support (iii) Type of organization (described on lines 1-9 above or IRC section	ported or above? d in (i) or orted orga (iv) is the on col. (i) is governing	ne or tog ganizatio (ii) above anization organization ated in your document?	gether with on? (S). (V) Did y the organ col (1) supp	ou notify sization in of your sort?	(vi) i organizat	s the lon in col. zed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
	Name	and (iii) to (ii) A family (iii) A 35% concentration of supported	who directly oblive, the gove member of a prontrolled entity following inform	rning body of the supperson described in (i) a of a person described nation about the support (iii) Type of organization (described on lines 1-9 above or IRC section	ported or above? d in (i) or orted orga (iv) is the on col. (i) is governing	ne or tog ganizatio (ii) above anization organization ated in your document?	gether with on? (S). (V) Did y the organ col (1) supp	ou notify sization in of your sort?	(vi) i organizat	s the lon in col. zed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
	Name	and (iii) to (ii) A family (iii) A 35% concentration of supported	who directly oblive, the gove member of a prontrolled entity following inform	rning body of the supperson described in (i) a of a person described nation about the support (iii) Type of organization (described on lines 1-9 above or IRC section	ported or above? d in (i) or orted orga (iv) is the on col. (i) is governing	ne or tog ganizatio (ii) above anization organization ated in your document?	gether with on? (S). (V) Did y the organ col (1) supp	ou notify sization in of your sort?	(vi) i organizat	s the lon in col. zed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
	Name	and (iii) to (ii) A family (iii) A 35% concentration of supported	who directly oblive, the gove member of a prontrolled entity following inform	rning body of the supperson described in (i) a of a person described nation about the support (iii) Type of organization (described on lines 1-9 above or IRC section	either alor ported or above? I in (i) or orted orga (iv) is the o	ganization (ii) above anization organization organization	gether with on?	th persor	(vi) I organizat	s the lon in col. zed in the	11g(ii) 11g(iii) (vii)	Amount	
h		and (iii) b (ii) A family (iii) A 35% c	who directly on below, the gove member of a prontrolled entity	rning body of the supperson described in (i) a of a person described	either alor ported or above? I in (i) or	ne or tog ganizatio  (ii) above	gether wit on? 		·		11g(ii)		No
		and (iii) b	who directly onelow, the gove	rning body of the supp	either alor ported or	ne or tog	gether wil		·				No
									·				ш ::
g		organization, Since Augus following per	, check this boo t 17, 2006, has									- <b>-</b>	
f		509(a)(1) or s	section 509(a)(2						_				
е			this box, I ce	☐ Type II critify that the organization managers and othe		t contro	lled direc	tly or inc	directly b	y one or		disqua	alified
- •		purposes of 509(a)(3). Ch	one or more puneck the box th	ublicly supported orga- at describes the type	nizations of suppo	describe	d in secti anization	ion 509(a and com	)(1) or se aplete line	ction 509( es 11e thr	a)(2). S ough 1	See se l 1h.	ection
10 11		An organizat	tion organized a	and operated exclusive and operated exclusive	ely to tes	t for pub	lic safety	. See sec	tion 509		r to ca	arry o	ut the
		support from	n gross investr	ted to its exempt func nent income and unre n after June 30, 1975.	lated bus	siness ta	xable ind	come (les	s section				
8 9	$\mathbf{Z}$	An organizat	tion that normal	ed in section 170(b)(1) ly receives: (1) more th	an 331/3 9/	of its su	pport fro						
7		described in	section 170(b	ly receives a substanti )(1)(A)(vi). (Complete i	Part II.)			a governr	nental un	it or from	the ge	neral	public
6		A federal, st	ate, or local go	omplete Part II.) vemment or governme						-			
5		An organiza	tion operated fo	or the benefit of a colle	ege or uni	iversity o	wned or	operated	by a gov	/ernmenta	ıl unit c	lescri	bed ir
		A medical re	•	ation operated in con				•			)(A)(iii)	). Ent	er the
4				i <b>on 170(b)(1)(A)(ii).</b> (At hospital service orga				on 170(b	)(1)(A)(iii)	L			
2 3 4						hes des	cribed in	section	170(b)(1)				
1 2 3	org	A church, c	onvention of ch	undation because it is:			ign 17, ci	neck only	/ one box	<b>(.)</b>			

Pa	Support Schedule for Org (Complete only if you ched					) and 170(b)(1	Pa i)(A)(vi)
Sec	tion A. Public Support						
Çź	alendar 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						<u> </u>
4	Total. Add lines 1 through 3		<u> </u>		ļ		
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)						· · · · · · · · · · · · · · · · · · ·
<u>6</u> _	Public support. Subtract line 5 from line 4.	1,56 of come	<u>turk a Aliber</u>	<u>tri merr</u>		#/2./ <u></u>	
	tion B. Total Support	·	Υ	<del></del>	·····	·	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
В	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						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10 .		L		4.11		
2	Gross receipts from related activities, etc.	•				12	
3	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<del></del>				1 501(c)(3) 
				h column (f)		14	
<b>1</b>	Public support percentage for 2009 (line					15	
5 e_	Public support percentage from 2008 Sc 331/3 % support test—2009. If the organi						
Sa	and stop here. The organization qualifies	as a publicly	supported organ	nization , ,			, , ,▶
b	33% % support test—2008. If the organibox and stop here. The organization qua	alifies as a publ	icly supported o	organization .			▶
7a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum reacts	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part I	V how the
b	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "organization meets the "facts-and-circumstances"	facts-and-circun	nstances" test, c	heck this box a	and stop here.	Explain in Part I	V how the
8	Private foundation. If the organization did						

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	etion A. Public Support	ou are box or	11 11110 0 01 1 0				
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		(3) 2000		(4) 2333	(0) 2000	(1) 10(4)
	membership fees received. (Do not include any "unusual grants.")	374,041	504,349	275,037	410,303	864,354	2,428,084
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	374,041	504,349	275,037	410,303	864,354	2,428,084
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	-0-	-0-	-0-	-0-	-0-	-0-
8	Public support (Subtract line 7c from line 6.)						2,428,084
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	374,041	504,349	275,037	410,303	864,354	2,428,084
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,729	234,545	5,695	77,735	46,389	412,093
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	47,729	234,545	5,695	77,735	46,389	412,093
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						2,840,177
14	First five years. If the Form 990 is for organization, check this box and stop		n's first, secon				n 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Percei	ntage				
15	Public support percentage for 2009 (lin			e 13, column (	f))	15	<u>85.49 %</u>
16	Public support percentage from 2008 S			<u> </u>	<u> </u>	16	83.71 %
Sec	ction D. Computation of Investmen		<del></del>				44.54
17	Investment income percentage for 2009	-		-		17	14.51 %
18	Investment income percentage from 20					18	16.29 %
19a	331/2 % support tests - 2009. If the organization is not more than 331/2 %, check this b	ox and stop he	ere. The organiz	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	ization did not s box and <b>stop</b>	check a box on here. The orgar	line 14 or line 1 itzation qualifies	9a, and line 16 as a publicly:	3 is more than 3 supported organ	33½%, and nization ► 🗹
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b,	check this bo	x and see insti	<u>uctions</u> ▶ 🔲

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

**Employer identification number** Name of the organization ST. LUKE FOUNATION 1407996 34 : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year , . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a a Total number of conservation easements , . . 2b b Total acreage restricted by conservation easements . . . . . 2c Number of conservation easements on a certified historic structure included in (a) . 2d d Number of conservation easements included in (c) acquired after 8/17/06 . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year▶ ..... Number of states where property subject to conservation easement is located ▶ ..... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

# the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Page	2

che	dule D (Form 990) 2009								Page
Pa	t III Organizations Maintair	ing Collections	of Art, H	istoric	al Treasur	es, or O	ther Similar	Assets (cont	inuec
3	Using the organization's acquisition collection items (check all that app		other reco	ords, ch	eck any of t	he follow	ving that are a	significant us	e of it
а	Public exhibition		d		Loan or exc	hange p	rograms		
b	Scholarly research		e		Other			<del></del>	
•	Preservation for future genera	itions							
	Provide a description of the organi Part XIV.	zation's collection	ns and exp	olain ho	w they furth	er the or	ganization's e	xempt purpos	ni ea
;	During the year, did the organization assets to be sold to raise funds rather	solicit or receive or than to be main	donations of tained as p	of art, hi	storical treas ne organization	ures, or o	other similar	. Yes	N
đ	t IV Escrow and Custodial a IV, line 9, or reported an					answer	ed "Yes" to F	orm 990, Pai	rt
la	Is the organization an agent, truste included on Form 990, Part X?	e, custodian or o	ther interr	nediary	for contribu	tions or	other assets r	not Yes	□ N
b	If "Yes," explain the arrangement in								
			•		J			Amount	
C	Beginning balance					1c			
d	Additions during the year					1d		_	
 B	Distributions during the year					10			
f	Ending balance					1f			
a	Did the organization include an am		0. Part X.	line 217	?			Yes	□ N
	If "Yes," explain the arrangement in	n Part XIV.							
3	t V Endowment Funds. Co		rganizatio	n ansv	vered "Yes	" to For	m 990, Part		
		(a) Current year	<b>(b)</b> Pro	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four year	rs back
3	Beginning of year balance								*********
2	Contributions					L			**********
C	Net investment earnings, gains, and losses								3
d	Grants or scholarships						· ·		,
- e	Other expenditures for facilities					1		7	777
•	and programs						* *		
f	Administrative expenses							1 .	
g	End of year balance								
	Provide the estimated percentage		alance hel	d as:					
a	Board designated or quasi-endowr								
<u>.</u>	Permanent endowment ►		/0						
C	Term endowment ▶								
_	Are there endowment funds not in the	-	the ergonn	ation th	at are hold o	nd admi	nintared for the	•	
а	organization by:	le possession or	u te organiz	auon u	at are nero a	inu aunii	instered for the	Yes	s No
	•							3a(i)	1
	•							3a(ii)	
b	If "Yes" to 3a(ii), are the related org		as require	d on Sc	hedule R?			3b	
	Describe in Part XIV the intended u	ises of the organ	ization's e	ndowme	ent funds.			·	
7	t VII Investments-Land, B					Part X. li	ne 10.		
	Description of investment	(a) Cost or (invest	other basis	(b) C	ost or other sis (other)	(c) A	ocumulated preciation	(d) Book val	lue
	Land		1,458,420			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	773 777	1.45	58,420
		•			······································	·····			
b	=	•						<del></del>	
C	Leasehold improvements	•	37,897			<b></b>	31,492		6,405
	Equipment , , , , , , , ,	. 1	31,031			I	y 1,774		V,700
d e	Other	, ,				I			

Schedule D (Form 990) 2009			Page C
Part VII Investments—Other Securities	. See Form 990, Part X	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests			
Other			
			······
			·····
			<del></del>
	······································		***************************************
	······································		·
•••••••••••			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		36 24 3 4 2 4 4 4 4 4 4 4 4	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part VIII Investments—Program Related	1 See Form 990 Part X	<u></u>	<u>a e i a mariniminina a ma</u>
(a) Description of Investment type	(b) Book value	(c) Method of value Cost or end-of-year management	lation: arket value
	·····		
		<del> </del>	
	<u></u>		
			<del></del>
			·
	······································		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		I to the think the terminal that the	(
Part IX Other Assets. See Form 990, Par			
	(a) Description	······	(b) Book value
Assets held in trust	<del></del>		899,571
***************************************			
	***************************************		
	······································		
Total. (Column (b) must equal Form 990, Part X, col. (	B) line 15.)	<u> </u>	899,571
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		(m. 1997) (1.19 m/di)
Federal income taxes			To the training of the
Gift Annuity Payable	701,28		
	······································		3 <b>9</b> 3 3 4 6 7 1
		事件很多符合。 医野鱼科	94. JA 336.
			V 1/2 - E4B(1.8)
			r sem regiment between Contract of the contract
	······································		
Total (Column In) must occul Form 000 Dayl V and (D) inn 051	701,28	<b>元</b> 有意 医静脉动脉管	
Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.)	701,28	■ Balladia 2000 (1900 m. 2000 000)	ar my yr ar i'r glago

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	al Statements	Page 4
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	721,029
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,234,723
3 Excess or (deficit) for the year. Subtract line 2 from line 1	1 _ 1	(513,694)
4 Net unrealized gains (losses) on investments	4	437,542
5 Donated services and use of facilities	5	
6 Investment expenses	6	-
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	***************************************
9 Total adjustments (net). Add lines 4 through 8	9	437,542
O Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(76,152)
Part XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Reti	Jrn
1 Total revenue, gains, and other support per audited financial statements	. 1	1,158,571
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	,542	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV.)		
e Add lines 2a through 2d		437,542
3 Subtract line 2e from line 1	. 3	721,029
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV.)	#:1	
c Add lines 4a and 4b	. 4c	-0-
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	721,029
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	enses per Re	
1 Total expenses and losses per audited financial statements		1,234,723
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	" "	
b Prior year adjustments		
C Other losses	<del></del>	
Color (becombe in rational)	2e	•
e Add lines 2a through 2d	3	1,234,723
3 Subtract line 2e from line 1	.	1,234,723
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 4b		
D Other (Describe III Fait XIV.)	4c	-0-
c Add lines 4a and 4b	5 5	
5 Total expenses. Add lines 5 and 40. (This must equal Form 950, Fatt 1, line 70.)	·   J	1,234,723
Part XIV Supplemental Information  complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4; Part IV	, lines 1b
is part to provide any additional information.		
is part to provide any additional information.		
nis part to provide any additional information.		
nis part to provide any additional information.		

# SCHEDULE (Form 990)

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

2009
Open to Public Inspection

OMB No 1545-0047

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

▶ Attach to Form 990.

Name of the organization						Employer idea	ntification number
ST. LUKE FOUNDATION						34	1407996
Part I General Information of	on Grants and	Assistance					
Does the organization maintain the selection criteria used to a     Describe in Part IV the organiz	ward the grants of	or assistance?			s' eligibility for the gra		
Part II Grants and Other Ass Form 990, Part IV, line Part IV and Schedule I	sistance to Gov 21, for any rec	vernments and ipient that recei	Organizations in the ved more than \$5,00	<b>he United States.</b> ( 00. Check this box	Complete if the orga if no one recipient r	eceived more tha	n \$5,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Holy Trinity Lutheran Church 4275 Lincoln Way W, Massillon	34-1161426	501 (c) (3)	150,000		,		Long-Term Care
St. Luke Lutheran Home 220 Applegrove Street. NE	34-0777664	501 (c) (3)	6,244				Long-Term Care
							`
			·				
	,						
2 Enter total number of section 50	01(c)(3) and govern	ment organization	s				2
3 Enter total number of other or	ganizations .			<u> </u>	<u></u>	<u> </u>	8

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.  Use Part IV and Schedule I-1 (Form 990) 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					
Part IV	Supplemental Information. Comp	plete this part to pr	ovide the informat	tion required in Part	I, line 2, and any other	additional information.					
	St. Luke Lutheran Home and Holy Tri	nity Lutheran Churc	n that are qualified	as exempt organizat	ions under Section 501(c	ңз)					
		·····			·····						

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### 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.

OMB No. 1545-0047
2009
Open to Public Inspection

**Employer Identification number** 

ST. LUKE FOUNDATION 1407996 FORM 990, PART VI, SECTION A, LINE 10: A DRAFT OF THE RETURN IS PROVIDED FIRST TO MANAGEMENT AND THEN TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED BY EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE. ALL KNOWN POTENTIAL CONFLICTS ARE LISTED AND SHARED WITH THE BOARD OF DIRECTORS. SHOULD A DECISION COME TO THE BOARD INVOLVING ONE OF THE STATED CONFLICTS, THE INDIVIDUAL WILL FOLLOW THE WRITTEN CONFLICT OF INTEREST POLICY AND DISCLOSE HIS OR HER CONFLICT, PROVIDE ANY INFORMATION DESIRED BY THE BOARD, AND RECUSE HIM OR HERSELF FROM THE MEETING FOR THE DELIBERATIONS AND THE VOTE ON THE MATTER INVOLVING THE CONFLICT. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

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

See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Name of the organization

Part I

Internal Revenue Service

Employer identification number 34 1407996 ST. LUKE FOUNDATION

(a) Name, address, and EIN 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
Ratell Identification of Related Tax-Exempt Organizations had one or more related tax-exempt organizations during	(Complete if the organing the tax year.)	ization answered	"Yes" to Form 990	), Part IV, line 34	because it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (·f section 501(c)(3))	(f) Direct controlling entity
The Waterford at St. Luke 34-1719940					
201 Holl Road, North Canton, Ohio 44720	Independent Living	Ohio	501 (c) (3)	9	N/A
St. Luke Lutheran Home for the Aging 34-0777664  220 Applegrove Street NE, North Canton, Ohio 44720	Long-Term Care	Ohio	501 (c) (3)	9	N/A
St. Luke Lutheran Community 03-0483120 228 Applegrove Street NE, North Canton, Ohio 44729	Long-Term Care	Ohio	501 (c) (3)	9	N/A
St. Luke Lutheran Community - Belden Village 20-0970588  220 Applegrove Street NE, North Canton. Ohio 44720	Long-Term Care	Ohio	501 (c) (3)	9	N/A
St. Luke Lutheran Community - Massillon 03-0483116 220 Applegrove Street NE, North Canton, Ohio 44720	Long-Term Care	Ohio	501 (c) (3)	9	N/A
St. Luke Lutheran Community - Portage Lakes 03-0483122 220 Applegrove Street NE, North Canton, Ohio 44720	Long-Term Care	Ohio	501 (c) (3)	9	N/A
St. Luke Lutheran Community - Minerva 26-3108193 220 Applegrove Street NE, North Canton, Ohio 44720	Assisted Living	Ohio	501 (c) (3)	9	NIA

Part III	Identification because it had	of Related Organic one or more related to the control of the contr	<mark>anizatio</mark> n: lated orga	s Taxable as a nizations treate	<b>Partnership</b> (Co d as a partnersh	omplete if the only in the terms of the term	organizat ax vear.)	ion an	swered "Yes	" to l	orm	990, Part IV, line	34	•
(a) Name, address, and EtN of related organization		(b) (c)		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	Share of total			(g) of end-of-year assets	Disprop	n) ortionata tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
<del></del>	<del></del>		-		512-514)					Yes	No		Yes	No
												····		
		,												
Part IV	Identification	of Related Org	anization	s Taxable as a	Corporation of	r Trust (Comple	ete if the	organ	ization answ	ered	"Yes	" to Form 990, Pa	rt IV,	
4	(E			(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e)		(f) Share of total income			(g) Share of end-of-year assets	(h) Percen owner	tage
										*************			***************************************	
													<del></del>	
											1			

Part V	Transactions With	Related Organizations	(Complete if the organizat	tion answered "Yes" to F	form 990, Part IV, line 3	4, 35, or 36.)
--------	-------------------	-----------------------	----------------------------	--------------------------	---------------------------	----------------

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				,	Yes	No
1	Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed						
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	-,-	
	Gift, grant, or capital contribution to other organization(s)				1b	<b>V</b>	
	Gift, grant, or capital contribution from other organization(s)				1c	✓	
	Loans or loan guarantees to or for other organization(s)				10		<u> </u>
е	Loans or loan guarantees by other organization(s)				<u>1e</u>		<del></del>
					1		,
	Sale of assets to other organization(s)			-	11		<u> </u>
g	Purchase of assets from other organization(s)				1g	L	- <del>-</del>
	Exchange of assets				1h		4
i	Lease of facilities, equipment, or other assets to other organization(s)				1i		
							. ,
j	Lease of facilities, equipment, or other assets from other organization(s)				11		
k	Performance of services or membership or fundraising solicitations for other organization(s)				1k		<b>√</b>
ı	Performance of services or membership or fundraising solicitations by other organization(s)				11		<u>√</u>
m	Sharing of facilities, equipment, mailing lists, or other assets				1m		
n	Sharing of paid employees				<u>1n</u>		
						٠.	
0	Reimbursement paid to other organization for expenses				10		-√
р	Reimbursement paid by other organization for expenses				1p		<u> </u>
	·						
q	Other transfer of cash or property to other organization(s)				19		4
	Other transfer of cash or property from other organization(s)				<u>1r</u>		4
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 tr	ansac	tion t	nresho	olds.
	(a)	(b)				c) .	
	Name of other organization	Transaction type (a-r		'	Amount	iuvoive	ď
				ļ			
	St. Luke Lutheran Home for the Aging	•					
(1)		¢		∔		450	,000
	The Waterford at St. Luke	_		1			
(2)		C		<b>↓</b> —		100	,000
				1			
(3)				<u> </u>			
(4)				<del> </del>			
/p->				1			
(5)		<del></del>		┼			
(6)				l			
(6)				Ц			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	nstructions regarding exi (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g)  Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	h) eral or ag:ng tner?
			Yes	No	<del></del>	Yes	No		Yes	No
						-			-	<u> </u>
			<u> </u>			_				<u> </u>
		····	<u> </u>		<u>-</u>			~		
								-		
		_								
										T
(										
										T