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| | | |
|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|------------|--|--|
| A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 | | | | | | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | Please use IRS label or print or type. See Specific Instructions. | | C Name of organization ST LUKE'S HEALTH INITIATIVES | | | | D Employer identification number 86-0097240 | |
| | | | | Doing Business As | | | | E Telephone number (602) 385-6500 | |
| | | | | Number and street (or P O box if mail is not delivered to street address) 2929 N CENTRAL AVENUE No 1550 | | | Room/suite | G Gross receipts \$ 39,459,332 | |
| | | | | City or town, state or country, and ZIP + 4 PHOENIX, AZ 85012 | | | | | |
| | | | | F Name and address of principal officer ROGER HUGHES 2929 N CENTRAL AVENUE No 1550 PHOENIX, AZ 85012 | | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | | | |
| | | I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | H(c) Group exemption number ▶ | | | |
| | | J Website: ▶ WWW.SLHI.ORG | | | | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | | | L Year of formation 1908 | | M State of legal domicile AZ | |

Part I Summary

| | | | |
|-------------------------|--|--|-------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities <u>TO INFORM, CONNECT AND SUPPORT EFFORTS TO IMPROVE THE HEALTH OF INDIVIDUALS & COMMUNITIES IN AZ</u> | |
| | | | |
| | | | |
| | | | |
| | 2 | Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 <u>2</u> |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 <u>2</u> |
| | 5 | Total number of employees (Part V, line 2a) | 5 <u>1</u> |
| | 6 | Total number of volunteers (estimate if necessary) | 6 <u></u> |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a <u>-26,58</u> |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b <u>-34,65</u> | |







| Revenue | | | Prior Year | Current Year |
|---------|----|--|------------|--------------|
| | 8 | Contributions and grants (Part VIII, line 1h) | 2,307 | 577,456 |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -7,993,423 | 5,160,393 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,375 | 595,322 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -7,986,741 | 6,333,171 |

| | | | | |
|-----------------|------------|---|-------------|-----------|
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,184,635 | 1,204,415 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) \blacktriangle^0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 3,632,393 | 4,191,458 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 4,817,028 | 5,395,873 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -12,803,769 | 937,298 |

| | | Beginning of Current Year | End of Year |
|--------------------------------|---|------------------------------|-------------|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 84,844,401 | 91,677,583 |
| | 21 Total liabilities (Part X, line 26) | 1,854,333 | 1,625,878 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 82,990,068 | 90,051,705 |

| | |
|----------------|------------------------|
| Part II | Signature Block |
|----------------|------------------------|

| | |
|---|--------------------|
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge | |
| ***** Signature of officer | 2010-12-02 Date |
| ROGER HUGHES EXECUTIVE DIRECTOR Type or print name and title | |

| | | | | |
|---|---|--------------------|--|---|
| Paid Preparer's Use Only | Preparer's signature  Kathy E Hostetler CPA | Date 2010-12-02 | Check if self-employed   | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4  Henry & Horne LLP 7098 E Cochise Suite 100 Scottsdale, AZ 852534517 | | | EIN  |
| | | | | Phone no  (480) 483-1170 |

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

To inform, connect and support efforts to improve the health of individuals and communities in Arizona

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 3,442,096 including grants of \$ 2,233,216) (Revenue \$ 595,322)

SLHI INVESTS IN THE DEVELOPMENT AND SUPPORT OF ACTIVITIES, PROGRAMS AND ORGANIZATIONS THAT IMPROVE THE HEALTH OF PEOPLE AND THEIR COMMUNITIES

4b

(Code) (Expenses \$ 864,819 including grants of \$) (Revenue \$)

Health Policy - the program's purpose is to conduct relevant and timely policy research, to provide balanced, non-partisan information and perspectives on health issues in Arizona, to serve as a convener and forum for the critical discussion of those issues in an independent and policy-neutral setting and translate good ideas into action through the support of community-based initiatives The main issues addressed were the future of primary care, taxing policies to prevent obesity, insurance coverage and other topics from the Arizona Health Survey

4c

(Code) (Expenses \$ 219,454 including grants of \$) (Revenue \$)

Community Development - Supporting strength-based community development evolved from the Health in a New Key initiative The idea is to assist communities to discover their own resources and leverage external support to address community health issues SLHI has supported efforts to improve healthy eating and active living and to increase access to health care

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 174,776 including grants of \$) (Revenue \$)

4e














Total program service expenses

\$ 4,701,145

Form 990 (2009)

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes |
| 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 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | No |
| 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," complete Schedule D, Part I  | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 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 | No |
| 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 | Yes |
| 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 | Yes |
| | • 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. | | |
| | • 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 | Yes |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| 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 | Yes |
| 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 U S ? If "Yes," complete Schedule F, Part II  | 15 | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III  | 16 | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | No |
| 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 | No |
| 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 | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | No |

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|--|---|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a30 | | |
| | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c 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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a10 | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | 3a | Yes |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | Yes |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | Yes |
| | b If "Yes," enter the name of the foreign country: CJ 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 | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | No |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, 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 | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | | 7f | Yes |
| 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 | No |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | 9a | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a Gross income from members or shareholders | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | |

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body . . . | 1a | 22 | |
| b | Enter the number of voting members that are independent . . . | 1b | 21 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? . . . | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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 | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| 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 the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

| | |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶AZ |
| 18 | Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ The Organization 2929 N CENTRAL AVENUE No 1550 PHOENIX, AZ 85012 (602) 385-6500 |

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

| | | | | |
|----|-------|---------|---|---------|
| 1b | Total | 598,299 | 0 | 117,832 |
|----|-------|---------|---|---------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶4

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| SMITH BARNEY 1585 BROADWAY NEW YORK, NY 10036 | INVESTMENT CONSULTING/MONEY MANAGEMENT | 277,648 |
| WESTAT INC 1600 RESEARCH BLVD ROCKVILLE, MD 20850 | STATE-WIDE HEALTH SURVEY | 269,384 |
| | | |
| | | |
| | | |

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

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|--|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 577,456 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h | Total. Add lines 1a-1f | | | 577,456 | | |
| Program Service Revenue | 2a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 2,225,663 | | 5,133 |
| 4 | | Income from investment of tax-exempt bond proceeds . . . | | | | | |
| 5 | | Royalties | | | | | |
| 6a | | Gross Rents | (i) Real (ii) Personal | | | | |
| b | | Less rental expenses | | | | | |
| c | | Rental income or (loss) | | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| b | | Less cost or other basis and sales expenses | | | | | |
| c | | Gain or (loss) | | | | | |
| d | | Net gain or (loss) | | 2,934,730 | | -31,719 | 2,966,449 |
| 8a | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| b | | Less direct expenses | b | | | | |
| c | | Net income or (loss) from fundraising events . . . | | | | | |
| 9a | | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b | | Less direct expenses | b | | | | |
| c | | Net income or (loss) from gaming activities . . . | | | | | |
| 10a | | Gross sales of inventory, less returns and allowances | a | | | | |
| b | | Less cost of goods sold | b | | | | |
| c | | Net income or (loss) from sales of inventory . . . | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | Release of annuity lia | 900,099 | 590,417 | 590,417 | | | |
| b | MISCELLANEOUS | 900,099 | 4,905 | 4,905 | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | 595,322 | | | |
| 12 | Total revenue. See Instructions | | | 6,333,171 | 595,322 | -26,586 | 5,186,979 |

Part IX

Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) 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 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 240,000 | 204,000 | 36,000 | |
| 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 | 725,687 | 560,750 | 164,937 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 87,294 | 69,084 | 18,210 | |
| 9 | Other employee benefits | 85,776 | 67,014 | 18,762 | |
| 10 | Payroll taxes | 65,658 | 51,909 | 13,749 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 20,588 | 1,335 | 19,253 | |
| c | Accounting | 22,500 | | 22,500 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 298,045 | | 298,045 | |
| g | Other | 18,194 | 17,844 | 350 | |
| 12 | Advertising and promotion | 7,490 | 7,490 | | |
| 13 | Office expenses | 62,362 | 53,981 | 8,381 | |
| 14 | Information technology | 30,966 | 25,761 | 5,205 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 223,406 | 179,481 | 43,925 | |
| 17 | Travel | 36,429 | 29,446 | 6,983 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 41,909 | 38,626 | 3,283 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 15,531 | | 15,531 | |
| 23 | Insurance | 8,468 | 6,443 | 2,025 | |
| 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 | SUPPORTED ORGANIZATIONS | 2,233,216 | 2,233,216 | | |
| b | PROGRAM RELATED CONTRAC | 1,072,437 | 1,072,437 | | |
| c | Graphic Design | 35,413 | 34,491 | 922 | |
| d | Miscellaneous | 30,371 | 24,647 | 5,724 | |
| e | INTERNSHIPS | 23,244 | 23,190 | 54 | |
| f | All other expenses | 10,889 | | 10,889 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 5,395,873 | 4,701,145 | 694,728 | 0 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|---|-----|------------|-------------------|------------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 78,292 | 1 | 191,280 |
| | 2 | Savings and temporary cash investments | | | 1,307,191 | 2 | 3,969,665 |
| | 3 | Pledges and grants receivable, net | | | | 3 | 311,690 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 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 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 14,161 | 9 | 14,357 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 562,304 | 154,121 | 10c | 127,885 |
| | b | Less accumulated depreciation | 10b | 434,419 | | | |
| | 11 | Investments—publicly traded securities | | | 50,750,473 | 11 | 47,070,331 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 32,016,717 | 12 | 39,992,375 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 523,446 | 15 | 0 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 84,844,401 | 16 | 91,677,583 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 145,598 | 17 | 163,038 |
| | 18 | Grants payable | | | 690,764 | 18 | 1,066,148 |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 1,017,971 | 25 | 396,692 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,854,333 | 26 | 1,625,878 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 68,785,680 | 27 | 74,833,696 |
| | 28 | Temporarily restricted net assets | | | 4,909,453 | 28 | 5,923,074 |
| | 29 | Permanently restricted net assets | | | 9,294,935 | 29 | 9,294,935 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 82,990,068 | 33 | 90,051,705 |
| | 34 | Total liabilities and net assets/fund balances | | | 84,844,401 | 34 | 91,677,583 |

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

| | |
|--|--|
| Name of the organization ST LUKE'S HEALTH INITIATIVES | Employer identification number 86-0097240 |
|--|--|

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other
- e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---|-------------|--|---|----|---|----|--|----|--------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| See Additional Data Table | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 2,233,216 |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar 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 | | | | | | |

Section B. Total Support

| Calendar 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 17a 10%-facts-and-circumstances test—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 | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | |

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6Total. Add lines 1 through 5 | | | | | | |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| bAmounts 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 | | | | | | |
| cAdd lines 7a and 7b | | | | | | |
| 8Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 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 line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
ST LUKE'S HEALTH INITIATIVES

Employer identification number
86-0097240

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

| | | |
|---|---|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2

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

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

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

5

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

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

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

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

| | | | | | |
|----|--|---------------|-------------------|---------------------|--------------------|
| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance | 14,834,388 | | | |
| b | Contributions | | | | |
| c | Investment earnings or losses | 1,621,349 | | | |
| d | Grants or scholarships | 965,507 | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | 15,490,230 | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| | | | | |
|--|--------------------------------------|--------------------------------|------------------|----------------|
| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Depreciation | (d) Book value |
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 245,016 | 157,507 | 87,509 |
| d Equipment | | 99,350 | 75,290 | 24,060 |
| e Other | | 217,938 | 201,622 | 16,316 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 127,885 |

Schedule D (Form 990) 2008

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
| HEDGE FUNDS | 26,986,870 | F |
| PRIVATE EQUITY FUNDS | 2,908,032 | F |
| FIXED INCOME FUND | 5,814,823 | F |
| FUTURES FUNDS | 4,000,000 | F |
| REAL ESTATE FUND | 282,650 | F |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 39,992,375 | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |

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

| (a) Description | (b) Book value |
|---|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of Liability | (b) Amount |
|---|------------|
| Federal Income Taxes | |
| DEFERRED COMPENSATION | 273,956 |
| DEFERRED RENT EXPENSE | 122,736 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 396,692 |

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 Financial Statements | | |
|--|---|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 16,333,171 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 5,395,873 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 937,298 |
| 4 | Net unrealized gains (losses) on investments | 6,124,339 |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 6,124,339 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 7,061,637 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|---|--|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 112,457,510 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments | 2a6,124,339 |
| b | Donated services and use of facilities | 2b |
| c | Recoveries of prior year grants | 2c |
| d | Other (Describe in Part XIV) | 2d |
| e | Add lines 2a through 2d | 2e6,124,339 |
| 3 | Subtract line 2e from line 1 | 36,333,171 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a |
| b | Other (Describe in Part XIV) | 4b |
| c | Add lines 4a and 4b | 4c0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 56,333,171 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|--|---|------------|
| 1 | Total expenses and losses per audited financial statements | 15,395,873 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities | 2a |
| b | Prior year adjustments | 2b |
| c | Losses reported on Form 990, Part IX, line 25 | 2c |
| d | Other (Describe in Part XIV) | 2d |
| e | Add lines 2a through 2d | 2e0 |
| 3 | Subtract line 2e from line 1 | 35,395,873 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a |
| b | Other (Describe in Part XIV) | 4b |
| c | Add lines 4a and 4b | 4c0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 55,395,873 |

| Part XIV Supplemental Information | | |
|--|--|---|
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b | | |
| Identifier | Return Reference | Explanation |
| Part V, Line 4 | Description of Intended Use of Endowment Funds | PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO PERMANENTLY RESTRICTED ENDOWMENT FUNDS, THE INCOME OF WHICH IS EXPENDABLE TO SUPPORT HEALTH CARE PROGRAMS |

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
ST LUKE'S HEALTH INITIATIVES

Employer identification number

86-0097240

Part I

Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| <div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div> | | |
| <div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</div> | | |
| <div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div> | | |
| <div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| <div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div> | | |
| <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div> | | |
| <div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div> | | |
| <div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div> | | |
| <div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div> | | No |
| <div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div> | | No |
| <div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div> | | |

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| ROGER A HUGHES | (i) | 233,658 | 0 | 1,400 | 48,500 | 9,812 | 293,370 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JANE PEARSON | (i) | 134,000 | 0 | 0 | 20,900 | 2,202 | 157,102 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ST LUKE'S HEALTH INITIATIVES

Employer identification number

86-0097240

| Identifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section B, line 11 | | THE ORGANIZATION'S AUDIT COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVE THE FORM 990 BEFORE IT IS FILED |
| Form 990, Part VI, Section B, line 12c | | THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THE POLICY REQUIRES A WRITTEN DISCLOSURE AND SIGNATURE FROM ALL MEMBERS OF THE BOARD OF TRUSTEES AND ALL EMPLOYEES ON AN ANNUAL BASIS, AND AS CONFLICTS ARISE THE FORM REQUIRES THAT THOSE COMPLETING THE FORM DISCLOSE CONFLICTS, IF ANY THE FORMS ARE COLLECTED AT THE TIME OF THE ANNUAL BOARD OF TRUSTEES MEETING ANY CONFLICTS DISCLOSED ARE DISCUSSED BY THE BOARD |
| Form 990, Part VI, Section B, line 15 | | A COMMITTEE OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE, RECOMMENDS TO THE BOARD THE ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE MAKES THE RECOMMENDATION BASED ON COMPARABILITY DATA FROM FORMS 990 OF OTHER ORGANIZATIONS AND COMPENSATION STUDIES THEY ALSO HIRE AN INDEPENDENT CONSULTANT ON A BI-ANNUAL BASIS TO ASSIST IN DETERMINING THE COMPENSATION THE BOARD OF TRUSTEES APPROVES THE COMPENSATION ANNUALLY |
| Form 990, Part VI, Section C, line 19 | | THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, FORM 990, AND ANNUAL REPORT ARE AVAILABLE ON THEIR WEBSITE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST |

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number

86-0097240

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

(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

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

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

See Additional Data Table

Part III

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

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

Part IV

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|

Part V

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

| | | | |
|---|----|-----|----|
| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to other organization(s) | 1b | Yes | |
| c Gift, grant, or capital contribution from other organization(s) | 1c | | No |
| d Loans or loan guarantees to or for other organization(s) | 1d | | No |
| e Loans or loan guarantees by other organization(s) | 1e | | No |
| | | | |
| f Sale of assets to other organization(s) | 1f | | No |
| g Purchase of assets from other organization(s) | 1g | | No |
| h Exchange of assets | 1h | | No |
| i Lease of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| | | | |
| j Lease of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| k Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | No |
| l Performance of services or membership or fundraising solicitations by other organization(s) | 1l | | No |
| m Sharing of facilities, equipment, mailing lists, or other assets | 1m | | No |
| n Sharing of paid employees | 1n | | No |
| | | | |
| o Reimbursement paid to other organization for expenses | 1o | | No |
| p Reimbursement paid by other organization for expenses | 1p | | No |
| | | | |
| q Other transfer of cash or property to other organization(s) | 1q | | No |
| r Other transfer of cash or property from other organization(s) | 1r | | No |

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|-----|-----------------------------------|---------------------------------|------------------------|
| (1) | See Additional Data Table | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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.

[illegible]

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity |
|---|--|---|----------------------------|--|----------------------------------|
| ABOUT CARE PO BOX 3278 CHANDLER, AZ85244 34-2047687 | TO ASSIST SENIORS IN ACCESSING HEALTH AND OTHER SERVICES | AZ | 501(c)(3) | Line 7 | |
| ALHAMBRA SCHOOL DISTRICT 4510 N 37TH AVE PHOENIX, AZ85019 86-6000534 | EDUCATE CHILDREN | AZ | 501(c)(3) | Line 7 | |
| AMERICAN RED CROSS 6135 NORTH BLACK CANYON HWY PHOENIX, AZ85015 53-0196605 | PROVIDES EMERGENCY DISASTER RESPONSE | AZ | 501(c)(3) | Line 7 | |
| AREA AGENCY ON AGING 1366 E THOMAS ROAD 108 PHOENIX, AZ85014 74-2371957 | PROVIDE SERVICES TO THE ELDERLY AND DISABLED | AZ | 501(c)(3) | Line 7 | |
| ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED 3100 E ROOSEVELT PHOENIX, AZ85008 86-0133392 | ENHANCE THE QUALITY OF LIFE OF PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED | AZ | 501(c)(3) | Line 7 | |
| ARIZONA COALITION TO END HOMELESSNESS 2100 N Central Ave Phoenix, AZ85004 86-0909029 | advocacy and education to end homelessness | AZ | 501(c)(3) | | |
| ARIZONA FACTS OF LIFE PO BOX 93872 PHOENIX, AZ85070 86-1078466 | PROMOTES POSITIVE DEVELOPMENT IN GIRLS | AZ | 501(c)(3) | Line 7 | |
| ARIZONA GRANTMAKERS FORUM 1505 East Missouri Avenue Phoenix, AZ85014 86-1040394 | provides resources for grantmakers | AZ | 501(c)(3) | Line 7 | |
| ARIZONA INST FOR PUBLIC LIFE 1802 E THOMAS ROAD PHOENIX, AZ85016 86-0829547 | EDUCATES AND TRAINS RESIDENTS FOR CIVIC ENGAGEMENT | AZ | 501(c)(3) | Line 7 | |
| ARIZONA INTERFAITH ALLIANCE FOR WORKER JUSTICE PO BOX 28055 PHOENIX, AZ85010 36-4063982 | PROMOTES WORKPLACE SAFETY | AZ | 501(c)(3) | Line 7 | |
| ASU FOUNDATION PO BOX 2260 TEMPE, AZ85280 86-6051042 | SUPPORTS ARIZONA STATE UNIVERSITY MISSION | AZ | 501(c)(3) | Line 7 | |
| ATWOOD HEALTH FOUNDATION 2929 N CENTRAL AVENUE 1550 PHOENIX, AZ85012 86-0975231 | SUPPORT ORGANIZATIONS, ACTIVITIES, PROJECTS THAT STRENGTHEN COMMUNITY HEALTH | AZ | 501(c)(3) | Line 7 | |
| BLACK NURSES ASSOCIATION OF GREATER PHOENIX 5060 N 19TH AVENUE 210 PHOENIX, AZ85015 95-3543065 | COMMUNITY HEALTH EDUCATION | AZ | 501(c)(3) | Line 7 | |
| BOYS AND GIRLS CLUBS PHOENIX 2645 NORTH 24TH STREET PHOENIX, AZ850081824 94-2876537 | TO COLLECT, MANAGE AND DISTRIBUTE FUNDS AND PROPERTIES | AZ | 501(c)(3) | Line 7 | |
| CARDON CHILDREN'S MEDICAL CENTER 1400 S DOBSON RD MESA, AZ85202 94-2545356 | CHILDRENS HEALTH | AZ | 501(c)(3) | Line 7 | |
| CENTRAL ARIZONA SHELTER SERVICES 1209 W MADISON PHOENIX, AZ85007 86-0500753 | TO PROVIDE SHELTER AND OTHER SERVICES FOR THE HOMELESS | AZ | 501(c)(3) | Line 7 | |
| CHANDLER FIRE PO BOX 4008 MS 801 CHANDLER, AZ85244 86-6000238 | PROVIDES FIRE SUPPRESSION AND COMMUNITY HEALTH EDUCATION | AZ | 501(c)(3) | Line 7 | |
| CHILDHELP 15757 NORTH 78 STREET SCOTTSDALE, AZ85260 95-2884608 | PREVENT CHILD ABUSE AND SUPPORT VICTIMS OF ABUSE | AZ | 501(c)(3) | Line 7 | |
| CHILDREN'S MUSEUM OF PHOENIX 215 NORTH 7 STREET PHOENIX, AZ85034 86-0934323 | PROMOTES POSITIVE CHILD DEVELOPMENT THROUGH PLAY AND EDUCATION | AZ | 501(c)(3) | Line 7 | |
| COMMUNITY FOOD CONNECTIONS PO BOX 22216 PHOENIX, AZ85028 26-0039028 | HUNGER ALLEVIATION, ACCESS TO HEALTHY FOOD CHOICES | AZ | 501(c)(3) | Line 7 | |
| COMMUNITY HEARING AID PROGRAM 3434 WANTHEM WAY 118-486 ANTHEM, AZ85086 26-1172753 | PROVIDE HEARING AIDS TO LOW INCOME AZ RESIDENTS | AZ | 501(c)(3) | Line 7 | |
| EAR FOUNDATION OF ARIZONA 668 N 44TH STREET 300 PHOENIX, AZ850086524 86-0822784 | EDUCATIONAL, PREVENTION, INTERVENTION FOR THE HEARING IMPAIRED | AZ | 501(c)(3) | Line 7 | |
| EAST VALLEY SENIOR SVCS (MESA SENIOR SVCS) 45 W UNIVERSITY DRIVE SUITE A MESA, AZ85201 94-2596075 | CREATES OPPORTUNITIES FOR SENIORS TO CONNECT AND SUPPORT EACH OTHER | AZ | 501(c)(3) | Line 7 | |
| EMPOWERMENT SYSTEMSGREATER VALLEY AREA HEALTH ED CENTER 2066 WAPACHE TRAIL 116 APACHE JUNCTION, AS85220 86-0664708 | CONNECTS STUDENTS TO HEALTH CAREERS AND HEALTH PROFESSIONALS TO CONTINUING E | AZ | 501(c)(3) | Line 7 | |
| FOUNDATION FOR BLIND CHILDREN 1235 E HARMONT PHOENIX, AZ85020 86-0129981 | AID TO BLIND AND VISUALLY IMPAIRED CHILDREN AND ADULTS | AZ | 501(c)(3) | Line 7 | |
| HON KACHINA COUNCIL 3104 East Camelback Road Suite 212 Phoenix, AZ85016 86-0919041 | Community Volunterism | AZ | 501(c)(3) | | |
| MOUNTAIN PARKSOMALI BANTU 2702 NORTH THIRD STREET 4020 PHOENIX, AZ85004 86-0498020 | PROVIDES PRIMARY CARE FOR UNINSURED AND UNDERSERVED | AZ | 501(c)(3) | Line 7 | |
| POPSICLE 8711 E PINNACLE PEAK ROAD 290 SCOTTSDALE, AZ85255 20-8095826 | PROVIDES EDUCATION AND SUPPORT FOR FAMILIES WITH CHILDREN WITH FEEDING DISTU | AZ | 501(c)(3) | Line 7 | |
| PEDIATRIC FOUNDATION AMER ACADEMY OF PEDS 2600 N CENTRAL AVENUE 740 PHOENIX, AZ85004 86-0917603 | CHARITABLE AND EDUCATIONAL PROGRAMS | AZ | 501(c)(3) | Line 7 | |
| PHOENIX RESCUE MISSION 1801 S 35th Phoenix, AZ85009 86-6057771 | Homeless shelter, and life transitions for low-income families | AZ | 501(c)(3) | | |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity |
|--|---|---|----------------------------|--|----------------------------------|
| PURPLE RIBBON COUNCIL 20402 N LAKE PLEASANT ROAD 117-492 PEORIA, AZ85283 26-2944620 | PREVENTION OF DOMESTIC VIOLENCE | AZ | 501(c)(3) | Line 7 | |
| REGIONAL COMMUNITY PARTNERSMAG 302 NORTH FIRST AVENUE 300 PHOENIX, AZ85003 86-0998822 | DEVELOPS POLICY FOR REGIONAL DEVELOPMENT IN MARICOPA COUNTY | AZ | 501(c)(3) | Line 7 | |
| REHOBOTH CDC PO BOX 57601 PHOENIX, AZ85009 86-1114590 | COMMUNITY DEVELOPMENT AND REVITALIZATION | AZ | 501(c)(3) | Line 7 | |
| SHAPEUPUSORG 15202 NORTH 50 PLACE SCOTTSDALE, AZ85254 26-0051941 | PROVIDES HEALTH EDUCATION | AZ | 501(c)(3) | Line 7 | |
| SOCIETY OF ST VINCENT DE PAUL PO BOX 13600 PHOENIX, AZ850023600 86-0096789 | SHELTER, FOOD, CLOTHING, FURNITURE, RENT AND MEDICAL ASSISTANCE for needy | AZ | 501(c)(3) | Line 7 | |
| SOUTHWEST CENTER FOR HIV-AIDS 1144 E MCDOWELL RD STE 200 PHOENIX, AZ85006 86-0695862 | RESEARCH AND RESOURCES FOR HIV/AIDS PATIENTS | AZ | 501(c)(3) | Line 7 | |
| TANNER COMMUNITY DEVELOPMENT (HEART & SOUL) 700 E JEFFERSON STREET 300 PHOENIX, AZ85034 86-1027651 | EDUCATIONAL, CHARITY & COMMUNITY SERVICES | AZ | 501(c)(3) | Line 7 | |
| TANNER COMMUNITY DEVELOPMENTTIGER MOUNTAIN 700 E JEFFERSON STREET 300 PHOENIX, AZ85034 86-1027651 | DEVELOPS COMMUNITY GARDENS | AZ | 501(c)(3) | Line 7 | |
| TEMPE FIRST UNITED METHODIST CHURCH - URBAN OUTREACH 215 E UNIVERSITY DRIVE TEMPE, AZ85281 86-0171181 | PROVIDES SERVICES FOR HOMELESS | AZ | 501(c)(3) | Line 7 | |
| THE GOVERNORS PO BOX 25827 TEMPE, AZ852855827 31-1732033 | FOUNDATION TO PROMOTE | AZ | 501(c)(3) | Line 7 | |
| VALLEY OF THE SUN UNITED WAY 1515 E OSBORN ROAD PHOENIX, AZ85014 86-0104419 | FUNDS HEALTH AND HUMAN SERVICES | AZ | 501(c)(3) | Line 7 | |
| VISIONQUEST 2020 564 WEST 9 PLACE 3 MESA, AZ85201 04-3747651 | PROVIDES VISION SCREENING FOR CHILDREN | AZ | 501(c)(3) | Line 7 | |
| VISIONQUEST 2020 564 WEST 9 PLACE 3 MESA, AZ85201 04-3747651 | PROVIDES VISION SCREENING FOR CHILDREN | AZ | 501(c)(3) | Line 7 | |
| WESLEY COMMUNITY CENTER 1300 S 10TH STREET PHOENIX, AZ850344598 86-0133770 | PROVIDES PROGRAMS AND SERVICES FOR LOW-INCOME FAMILIES | AZ | 501(c)(3) | Line 7 | |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved (\$) |
|------|---|---------------------------------|--------------------------------|
| (1) | ABOUT CARE | B | 64,025 |
| (2) | ALHAMBRA SCHOOL DISTRICT | B | 23,100 |
| (3) | AMERICAN RED CROSS | B | 5,000 |
| (4) | AREA AGENCY ON AGING | B | 44,745 |
| (5) | ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED | B | 62,870 |
| (6) | ARIZONA COALITION TO END HOMELESSNESS | B | 5,000 |
| (7) | ARIZONA FACTS OF LIFE | B | 35,000 |
| (8) | ARIZONA GRANTMAKERS FORUM | B | 20,853 |
| (9) | ARIZONA INST FOR PUBLIC LIFE | B | 125,000 |
| (10) | ARIZONA INTERFAITH ALLIANCE FOR WORKER JUSTICE | B | 30,000 |
| (11) | ASU FOUNDATION | B | 60,393 |
| (12) | ATWOOD HEALTH FOUNDATION | B | 10,000 |
| (13) | BLACK NURSES ASSOCIATION OF GREATER PHOENIX | B | 60,000 |
| (14) | BOYS AND GIRLS CLUBS PHOENIX | B | 30,000 |
| (15) | CARDON CHILDREN'S MEDICAL CENTER | B | 35,000 |
| (16) | CENTRAL ARIZONA SHELTER SERVICES | B | 5,172 |
| (17) | CHANDLER FIRE | B | 51,363 |
| (18) | CHILDHELP | B | 90,000 |
| (19) | CHILDREN'S MUSEUM OF PHOENIX | B | 80,000 |
| (20) | COMMUNITY FOOD CONNECTIONS | B | 10,000 |
| (21) | COMMUNITY HEARING AID PROGRAM | B | 23,000 |
| (22) | EAR FOUNDATION OF ARIZONA | B | 156,000 |
| (23) | EAST VALLEY SENIOR SVCS (MESA SENIOR SVCS) | B | 10,000 |
| (24) | EMPOWERMENT SYSTEMSGREATER VALLEY AREA HEALTH ED CENTER | B | 150,000 |
| (25) | FOUNDATION FOR BLIND CHILDREN | B | 23,050 |
| (26) | HON KACHINA COUNCIL | B | 75,000 |
| (27) | MOUNTAIN PARKSOMALI BANTU | B | 53,400 |
| (28) | POPSICLE | B | 20,000 |
| (29) | PEDIATRIC FOUNDATION AMER ACADEMY OF PEDS | B | 3,850 |
| (30) | PHOENIX RESCUE MISSION | B | 50,000 |
| (31) | PURPLE RIBBON COUNCIL | B | 40,000 |
| (32) | REGIONAL COMMUNITY PARTNERSMAG | B | 25,320 |
| (33) | REHOBOTH CDC | B | 55,000 |
| (34) | SHAPEUPUSORG | B | 25,000 |
| (35) | SOCIETY OF ST VINCENT DE PAUL | B | 68,735 |
| (36) | SOUTHWEST CENTER FOR HIV-AIDS | B | 52,000 |
| (37) | TANNER COMMUNITY DEVELOPMENT (HEART & SOUL) | B | 80,000 |
| (38) | TANNER COMMUNITY DEVELOPMENTTIGER MOUNTAIN | B | 45,340 |
| (39) | TEMPE FIRST UNITED METHODIST CHURCH - URBAN OUTREACH | B | 30,000 |
| (40) | THE GOVERNORS | B | 15,000 |
| (41) | VALLEY OF THE SUN UNITED WAY | B | 50,000 |
| (42) | VISIONQUEST 2020 | B | 10,000 |
| (43) | VISIONQUEST 2020 | B | 225,000 |
| (44) | WESLEY COMMUNITY CENTER | B | 100,000 |

Additional Data

Software ID:

Software Version:

EIN: 86-0097240

Name: ST LUKE'S HEALTH INITIATIVES

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | (iv) Is the organization in (i) listed in your governing document? | | (v) Did you notify the organization in (i) of your support? | | (vi) Is the organization in (i) organized in the U S ? | | (vii) Amount of support? |
|---|-------------|---|---|----|---|----|--|----|--------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| ABOUT CARE | 342047687 | 7 | | No | Yes | | Yes | | 64025 |
| ALHAMBRA SCHOOL DISTRICT | 866000534 | 7 | | No | Yes | | Yes | | 23100 |
| AMERICAN RED CROSS | 530196605 | 7 | | No | Yes | | Yes | | 5000 |
| AREA AGENCY ON AGING | 742371957 | 7 | | No | Yes | | Yes | | 44745 |
| ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED | 860133392 | 7 | | No | Yes | | Yes | | 62870 |
| ARIZONA FACTS OF LIFE | 861078466 | 7 | | No | Yes | | Yes | | 35000 |
| ARIZONA INST FOR PUBLIC LIFE | 860829547 | 7 | | No | Yes | | Yes | | 125000 |
| ARIZONA INTERFAITH ALLIANCE FOR WORKER JUSTICE | 364063982 | 7 | | No | Yes | | Yes | | 30000 |
| ASU FOUNDATION | 866051042 | 7 | | No | Yes | | Yes | | 60393 |
| ATWOOD HEALTH FOUNDATION | 860975231 | 7 | Yes | | Yes | | Yes | | 10000 |
| BLACK NURSES ASSOCIATION OF GREATER PHOENIX | 953543065 | 7 | | No | Yes | | Yes | | 60000 |
| BOYS AND GIRLS CLUBS PHOENIX | 942876537 | 7 | | No | Yes | | Yes | | 30000 |
| CENTRAL ARIZONA SHELTER SERVICES | 860500753 | 7 | | No | Yes | | Yes | | 5172 |
| CHANDLER FIRE | 866000238 | 7 | | No | Yes | | Yes | | 51363 |
| CHILDREN'S MUSEUM OF PHOENIX | 860934323 | 7 | | No | Yes | | Yes | | 80000 |
| CHILDHELP | 952884608 | 7 | | No | Yes | | Yes | | 90000 |
| COMMUNITY FOOD CONNECTIONS | 260039028 | 7 | | No | Yes | | Yes | | 10000 |
| COMMUNITY HEARING AID PROGRAM | 261172753 | 7 | | No | Yes | | Yes | | 23000 |
| EAR FOUNDATION OF ARIZONA | 860822784 | 7 | | No | Yes | | Yes | | 156000 |
| EAST VALLEY SENIOR SVCS (MESA SENIOR SVCS) | 942596075 | 7 | | No | Yes | | Yes | | 10000 |
| EMPOWERMENT SYSTEMSGREATER VALLEY AREA HEALTH ED CENTER | 860664708 | 7 | | No | Yes | | Yes | | 150000 |
| FOUNDATION FOR BLIND CHILDREN | 860129981 | 7 | | No | Yes | | Yes | | 23050 |
| MOUNTAIN PARKSOMALI BANTU | 860498020 | 7 | | No | Yes | | Yes | | 53400 |
| PEDIATRIC FOUNDATION AMER ACADEMY OF PEDS | 860917603 | 7 | | No | Yes | | Yes | | 3850 |
| POPSICLE | 208095826 | 7 | | No | Yes | | Yes | | 20000 |
| PURPLE RIBBON COUNCIL | 262944620 | 7 | | No | Yes | | Yes | | 40000 |
| REHOBOTH CDC | 861114590 | 7 | | No | Yes | | Yes | | 55000 |
| REGIONAL COMMUNITY PARTNERSMAG | 860998822 | 7 | | No | Yes | | Yes | | 25320 |
| SOCIETY OF ST VINCENT DE PAUL | 860096789 | 7 | | No | Yes | | Yes | | 68735 |
| SHAPEUPUSORG | 260051941 | 7 | | No | Yes | | Yes | | 25000 |
| SOUTHWEST CENTER FOR HIV-AIDS | 860695862 | 7 | | No | Yes | | Yes | | 52000 |
| TANNER COMMUNITY DEVELOPMENTTIGER MOUNTAIN | 861027651 | 7 | | No | Yes | | Yes | | 45340 |
| TANNER COMMUNITY DEVELOPMENT (HEART & SOUL) | 861027651 | 7 | | No | Yes | | Yes | | 80000 |
| TEMPE FIRST UNITED METHODIST CHURCH - URBAN OUTREACH | 860171181 | 7 | | No | Yes | | Yes | | 30000 |
| THE GOVERNORS | 311732033 | 7 | | No | Yes | | Yes | | 15000 |
| CARDON CHILDREN'S MEDICAL CENTER | 942545356 | 7 | | No | Yes | | Yes | | 35000 |
| VALLEY OF THE SUN UNITED WAY | 860104419 | 7 | | No | Yes | | Yes | | 50000 |
| VISIONQUEST 2020 | 043747651 | 7 | | No | Yes | | Yes | | 10000 |
| VISIONQUEST 2020 | 043747651 | 7 | | No | Yes | | Yes | | 225000 |
| WESLEY COMMUNITY CENTER | 860133770 | 7 | | No | Yes | | Yes | | 100000 |
| ARIZONA COALITION TO END HOMELESSNESS | 860909029 | 7 | | No | Yes | | Yes | | 5000 |
| HON KACHINA COUNCIL | 860919041 | 9 | | No | Yes | | Yes | | 75000 |
| ARIZONA GRANTMAKERS FORUM | 861040394 | 7 | | No | Yes | | Yes | | 20853 |
| PHOENIX RESCUE MISSION | 866057771 | 7 | | No | Yes | | Yes | | 50000 |

Additional Data

Software ID:
Software Version:
EIN: 86-0097240
Name: ST LUKE'S HEALTH INITIATIVES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| | | | |
|--|----------------|---------|--------------------------------------|
| 4d. Other program services | | | |
| (Code |) (Expenses \$ | 174,776 | including grants of \$ (Revenue \$) |
| The TAP (Technical Assistance Partnership) program's purpose is to help coalitions of small- to mid-size nonprofit agencies develop the tools and resources they need to resolve critical management and community health issues by providing them with technical assistance | | | |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Judy Shannon Chair | 1 00 | X | | X | | | | 0 | 0 | 0 |
| ROGER A HUGHES EXECUTIVE DIRECTOR | 40 00 | X | | X | | X | | 235,058 | 0 | 58,312 |
| Thomas Sands Secretary | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Gary J Volkenant Treasurer | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Robert Applewhite Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Cash Beechler Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| George Bingham Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Dan Coleman Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Sally Guenther Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Vanessa Nelson Hill Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Lorna Honan Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Lee Hunter Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Suzanne Pfister Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Maurice Portley Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Robert Posner Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| J Michael Powers Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Dean Rennell Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| MIKE SCHWAB Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Martha Taylor Thomas Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| L J Chip U'Ren Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Alexandra Zavala Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Beth Schermer Vice chair | 1 00 | X | | X | | | | 0 | 0 | 0 |
| ELIZABETH MCNAMEE ASSOCIATE DIRECTOR | 40 00 | | | | | X | | 112,860 | 0 | 15,431 |
| JANE PEARSON ASSOCIATE DIRECTOR | 40 00 | | | | | X | | 134,000 | 0 | 23,102 |
| ROY PRINGLE ASSOCIATE DIRECTOR | 40 00 | | | | | X | | 116,381 | 0 | 20,987 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| SUPPORTED ORGANIZATIONS | 2,233,216 | 2,233,216 | | |
| PROGRAM RELATED CONTRAC | 1,072,437 | 1,072,437 | | |
| Graphic Design | 35,413 | 34,491 | 922 | |
| Miscellaneous | 30,371 | 24,647 | 5,724 | |
| INTERNSHIPS | 23,244 | 23,190 | 54 | |