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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Ford	calendar year 2010, or tax year beginning		, and ending		-
	heck all that apply: Initial return	Initial return of a fo	ormer public charity	Final return	
	Amended return	Address chan	ge 🔲	Name change	
Nar	ne of foundation			A Employer identification	number
	SAINT LUKE'S FOUNDATI			34-0714513	
Nun	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	1.0
	4208 PROSPECT AVENUE			216 431-80	
City	or town, state, and ZIP code CLEVELAND, OH 44103			C If exemption application is p D 1 Foreign organizations	_
L	Check type of organization: X Section 501(c)(3) ex	ampt provide foundation		2. Foreign organizations me check here and attach co	
		empt private roundation Other taxable private founda	ation	check here and attach co	mputation
 E2	air market value of all assets at end of year J Accounting		X Accrual	E If private foundation sta under section 507(b)(1)	
	· I —	her (specify)	(AL) Moorda	IF If the foundation is in a	` '
,,,,			basis.)	under section 507(b)(1)	
Pa	ert Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	21,265.			
	2 Check If the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	2,184,461.	2,184,461.		
	5a Gross rents				
	Net rental income or (loss)		-		
a)	6a Net gain or (loss) from sale of assets not on line 10	8,647,738.		RECE	IVED
Revenue	b Gross sales price for all 75,866,749.	-			1
ě	7 Capital gain net income (from Part IV, line 2)		8,647,738.	₩ NOV 1	5 2011
_	8 Net short-term capital gain			NOV 1	5 2011
	9 Income modifications Gross sales less returns			3635	
	10a and allowances			- OGDE	N. UT
	b Less Cost of goods sold c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	10,853,464.	10,832,199.	0.	
	13 Compensation of officers directors, trustees, etc	387,098.	0.	0.	387,098.
	14 Other employee salaries and wages	293,593.	0.	0.	293,593.
	15 Pension plans, employee benefits	183,996.	0.	0.	183,996.
ses	16a Legal fees STMT 1	26,283.	0.	0.	26,283.
en Oen	b Accounting fees STMT 2	66,018.	0.		
Š	c Other professional fees STMT 3	230,613.	226,206.	0.	4,407.
š	17 Interest				
and Administrative Expenses	18 Taxes STMT 4	109,847.	0.	0.	0.
inis	19 Depreciation and depletion	27,164.	0.	0.	105.000
Ē	20 Occupancy	107,883.	0.	0.	107,883.
٧Þ	21 Travel, conferences, and meetings	10,178.	0.	0.	10,178.
a	22 Printing and publications	3,569. 101,299.	0.	0.	3,569. 101,299.
ing	23 Other expenses STMT 5	101,299.		<u></u>	101,499.
Operating	24 Total operating and administrative	1,547,541.	226,206.	0.	1,184,324.
ဝိ	expenses Add lines 13 through 23 25 Contributions, gifts, grants paid	7,632,871.	220,200.		8,517,307
	26 Total expenses and disbursements.	7,032,071.			0,317,307
	Add lines 24 and 25	9,180,412.	226,206.	0.	9,701,631.
	27 Subtract line 26 from line 12:	J, 100, 412.	220,200		7,.02,001.
	Excess of revenue over expenses and disbursements	1,673,052.			
	b Net investment income (if negative, enter -0-)		10,605,993.		
	C Adjusted net income (if negative, enter -0-)			0.	
0235		the instructions		C-19 41	Form 990-PF (2010)

FUI	111 99	0-PF (2010) SAINT LUKE'S FOUNDATION			-0/14513 Page 2
ď	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
<u>.</u>	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2,743,288.	3,096,953	3,096,953.
		Savings and temporary cash investments	1,098,679.	1,237,967	
	l .	Accounts receivable	= 703070730		
	"				İ
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			İ
		Less, allowance for doubtful accounts ▶			<u> </u>
	5	Grants receivable			1
	6	Receivables due from officers, directors, trustees, and other		-	
	`	disqualified persons			
	,			·	
	7	Other notes and loans receivable			1
		Less; allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	19,514.	7,760	7,760.
Ä	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 7	98,457.	106,342	. 106,342.
		Investments - corporate bonds	20/20:		
	1				
	11	Investments - land buildings, and equipment basis			
	ļ	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	175,069,115.	184,846,630	. 184,846,630.
	14	Land, buildings, and equipment: basis ► 378, 459.			
		Less accumulated depreciation STMT 9 > 286,044.	114,555.	92,415	92,415.
	15	Other assets (describe STATEMENT 10)	77,535.	72,888	. 72,888.
	'3	Other assets (describe)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	72,000	72,0001
		The state of the second state of the self floor	170 221 142	100 460 055	100 460 055
_		Total assets (to be completed by all filers)	1/9,221,143.	169,400,955	. 189,460,955.
	17	Accounts payable and accrued expenses	256,830.		•
	18	Grants payable	949,717.	67,395	<u>•</u>
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	I	Mortgages and other notes payable			7
Ë		Other liabilities (describe STATEMENT 11)	10,000.	15,000	7
	22	Other haddings (describe DIAIDMENT II)	10,000.		"
			1 016 547	401 100	
	23	Total liabilities (add lines 17 through 22)	1,216,547.	421,183	-
		Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted	167,802,267.	<u>177,870,676</u>	<u>.</u>
ă	25	Temporarily restricted	5,656,068.	6,376,944	
Bal		Permanently restricted	4,546,261.	4,792,152	
or Fund Balances		Foundations that do not follow SFAS 117, check here			-
Ē	i				
7		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			_
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			_
ď	29	Retained earnings, accumulated income, endowment, or other funds			
ě	30	Total net assets or fund balances	178,004,596.	189,039,772	•
_					
	31	Total liabilities and net assets/fund balances	179,221,143.	189.460.955	
			<u> </u>		-
P	art	Analysis of Changes in Net Assets or Fund B	alances 		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		<u> </u>	
2	Ente	r amount from Part I, line 27a		2	1,673,052.
3		r increases not included in line 2 (itemize)	SEE ST.	ATEMENT 6	
-		lines 1, 2, and 3		4	
		reases not included in line 2 (itemize)		5	
			olumn (h) Iros 20		
<u>6</u>	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumni (D), ime 30		5 000 PE (0010)

	NT LUKE'S FOUND			<u>AND</u>	OH	3	4-071	<u>4513 </u>	Page 3
Part IV Capital Gains	and Losses for Tax on I	Investment	Income						
	ribe the kind(s) of property sold (e. rehouse; or common stock, 200 s			`P-	ow acquired Purchase Donation	(c) Date (mo., d	acquired lay, yr.)		te sold lay, yr.)
				-					
b SEE ATTACHED	STATEMENTS								
C			-						
d	· ·	•							
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus (
a									
b									
<u> </u>									
d									
e 75,866,749.			7,219,01	1.				<u>8,647</u>	,738.
Complete only for assets showing	ig gain in column (h) and owned b	y the foundation	on 12/31/69				Col. (h) gain		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any		CO		not less thai (from col. (
a									
b									
C									
d									
е								8,647	,738.
2 Capital gain net income or (net ca	If gain, also ent ipital loss) If (loss), enter	ter in Part I, line	7	}	2				7,738.
3 Net short-term capital gain or (los	`		,	ノト				0,017	,,,,,,,
If gain, also enter in Part I, line 8,		anu (o).		1					
If (loss), enter -0- in Part I, line 8	column (c).			P	3		N/A		
	Inder Section 4940(e) for	r Reduced	Tax on Net	Inve	stment In	come			
(For optional use by domestic private	foundations subject to the section	n 4940(a) tax on	net investment in	come '	1				
(i or optional asc by domestic private	s roundations subject to the section	11 10 10(4) (4× 011	THOU THE COMMON THE	000.	,				
If section 4940(d)(2) applies, leave t	his part blank.								
Was the foundation liable for the sec	tion 4042 tay on the distributable s	mount of any w	oor in the base car	Char				□ Voc	X No
If "Yes," the foundation does not qua				lour				163	IAU NO
1 Enter the appropriate amount in				20					
(a)		iti dettoris before	making any critic			1		(d)	
Base periód years	ngun) Adjusted qualifying d	listributions	Net value of no	(c) ncharit	able-use assets	,	Distrit (col. (b) div	(d) oution ratio	(c))
Calendar year (or tax year beginni	119 111)						(coi. (b) uiv		60503
2009		53,877.			253,391				
2008		$\frac{00,177}{22,020}$			801,575				56982
2007	·	22,838.			558,783				49754
2006		<u>46,456.</u>			578,069				51568
2005		<u>50,652.</u>	1	88,	272,07	/ • 		.0	50197
2 Total of line 1, column (d)						2		. 2	69004
3 Average distribution ratio for the	5-year base period - divide the tota	al on line 2 by 5,	or by the number	of yea	rs				
the foundation has been in existe	nce if less than 5 years					3		.0	53801
4 Enter the net value of noncharital	ole-use assets for 2010 from Part)	K, line 5				4	17	3,325	,447.
5 Multiply line 4 by line 3						5		9,325	,082.
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		106	,060.
7 Add lines 5 and 6						7		9,431	,142.
8 Enter qualifying distributions from	m Part XII, line 4					8		9,701	.,631.
	n line 7, check the box in Part VI, li	ne 1b, and com	olete that part using	g a 1%	tax rate.				<u> </u>
See the Part VI instructions.			·						
			<u>-</u>					orm QQA_	PF (2010)

orm Par			0714513 - see instru		Page 4
1a 1	exempt operating foundations described in section 4940(d)(2), check here and enter *N/A* on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		•		
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1	10	6,0	60.
	of Part I, line 27b		-		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3	10	6,0	60.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Fax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	10	6,0	60.
6	Credits/Payments:				
a :	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 167, 169.				
b	exempt foreign organizations - tax withheld at source				
C	Fax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7	16	7,1	<u>69.</u>
8	Enter any penalty for underpayment of estimated tax. Check here 🗶 if Form 2220 is attached	8		1	04.
9	Fax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9_			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6	1,0	05.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 61,005. Refunded ▶	11			0.
Par	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i	ın		Yes	
	any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	i or			
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$O.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u>X</u>
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	ſ			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	X	<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			
	remain in the governing instrument?		6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
	If "Yes," complete Part II, col. (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	ОН				
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		<u> X</u>

·				
orm 990-PF (2010) SAINT LUKE'S FOUNDATION Part VII-B Statements Regarding Activities for Which F			34-071451 (ed)	L3 Page 6
5a During the year did the foundation pay or incur any amount to:	Offit 4720 May be 11	equired (continu	160)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1045(p)\2		s X No	
(2) Influence the outcome of any specific public election (see section 4955); o			3 22 110	
any voter registration drive?	i to carry on, ancony or mano		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	·		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described in	n Regulations	1	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it maintain	ned		
expenditure responsibility for the grant?	N	/A 🗌 Ye	s D No	
If "Yes," attach the statement required by Regulations section 53 494	5-5 <i>(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	_		
a personal benefit contract?		└── Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	b X
If "Yes" to 6b, file Form 8870			[]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	. -
b If Yes, did the foundation receive any proceeds or have any net income attribu		Liebl	N/A 7	<u>D</u>
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation Ma	nagers, nigniy		
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	,	•		
SEE STATEMENT 12		387,098.	36,252.	0.
	_			
	1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	account, other allowances
SANDRA CHAPPELLE - 4208 PROSPECT	SENIOR PROGRA	M OFFICER		unovianos
AVENUE, CLEVELAND, OH 44103	40.00	113,329.	15,345.	0.
LATIDA SMITH - 4208 PROSPECT AVENUE,	SENIOR PROGRA			
CLEVELAND, OH 44103	40.00	86,355.	6,816.	0.
KIMBERLY ST JOHN STEVENSON - 4208	COMMUNICATION			
PROSPECT AVENUE, CLEVELAND, OH 44103	40.00	78,528.	9,111.	0.
		l		
Total number of other employees paid over \$50,000				0

Form 990-RF (2010) SAINT LUKE'S FOUNDATION OF CLEVE	LAND, OH 34-	0714513 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
	1	▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the uced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3		0.

	SAINI LORE 5 FOUNDATION OF CHEVELAND, OR		E-0/14313 1000
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		-
а	Average monthly fair market value of securities	1a	172,940,276.
b	Average of monthly cash balances	1b	2,421,988.
C	Fair market value of all other assets	1c	602,657.
d	Total (add lines 1a, b, and c)	1d	<u>175,964,921.</u>
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	175,964,921.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,639,474.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	173,325, <u>447</u> .
6	Minimum investment return Enter 5% of line 5	6	8,666,272.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	nd certai	n
1	Minimum investment return from Part X, line 6	1	8,666,272.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	106,060.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,560,212.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,560,212.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,560,212.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0 701 631
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9,701,631.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	ł <u> </u>	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0 504 604
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	9,701,631.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		106 060
	income. Enter 1% of Part I, line 27b	5	106,060.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,595,571.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies	for the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				8,560,212.
2 Undistributed income, if any, as of the end of 2010		-		0,300,212.
a Enter amount for 2009 only			0.	
b Total for prior years:				
y total for prior yours.		0.		
3 Excess distributions carryover, if any, to 2010:			·	
a From 2005 180,485.				
b From 2006 333,612.				
c From 2007 444,042.				
d From 2008 1,464,768.				
e From 2009 1,716,869.				
f Total of lines 3a through e	4,139,776.			<u> </u>
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 9,701,631.			_	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			2 5 6 2 2 2
d Applied to 2010 distributable amount				8,560,212.
e Remaining amount distributed out of corpus	1,141,419.			
5 Excess distributions carryover applied to 2010 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c and 4e Subtract line 5	5,281,195.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		-		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011	_			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	·		
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	180,485.	· · · · · · · · · · · · · · · · · · ·		
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	5,100,710.			
10 Analysis of line 9:				
a Excess from 2006 333,612.				
b Excess from 2007 444,042.				
c Excess from 2008 1,464,768.				1
d Excess from 2009 1,716,869.				
e Excess from 2010 1,141,419.				5 000 PE (0040)

		ATION OF CL		H 34-07	14513 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	2010, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described i	n section	4942(J)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for	· · · · · · · · · · · · · · · · · · ·				
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,		_			
line 4 for each year listed					<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				- 	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundatio	n had \$5 000 or me	oro in accote
at any time during t			ii tile loundatio	11 11au \$5,000 01 11N	ore iii assets
					
1 Information Regarding Foundation	-	than OO/ of the total cont		a faundation before the ele-	an of any tay
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by ti	te foundation before the clo	se of any tax
• • •	τοι ε ιπαιτ φο,σοση: (σου σ	(d)(2).)			
NONE	400/ 541				
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large por	tion of the ownership of a p	artnership or
**	3 a 1070 or greater interes	Ji.			
NONE					
2 Information Regarding Contribut					
	-	•	-	not accept unsolicited requ	
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	nder other conditions,	complete items 2a, b, c, and	<u> </u>
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
SEE STATEMENT 13					
b The form in which applications should b	e submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines;					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kınds of institutions, o	r other factors:	
			•		

Part XV Supplementary Information	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	1:
3 Grants and Contributions Paid During the Ye		Payment 	T	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	o, cocoamica comment			
• · • · · · · · · · · · · · · · · ·				
				:
CEE CEATENEAU 14				
SEE STATEMENT 14 Total	<u> </u>	L	▶ 3a	8,517,307.
b Approved for future payment				
BUCKEYE LARCHMERE HEALTHY COMMUNITIES INITIATIVE	N/A	501(C)(3)	TO DEVELOP A HEALTHY URBAN COMMUNITY	400,000.
SEE GRANT COMMITMENT				5,433,016.
SCHEDULE				
	-			
Total			▶ 3h	5,833,016.
023611 12-07-10	-		<u> </u>	orm 990-PF (2010)

Part XVI-A	Analys	is of	Income-Producing	Activities
------------	--------	-------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated b	Unrelated business income		d by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		Code			
a	- 		++-			
D	- -	· ·				
c	-					
e	-				·	
1						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	2,184,461.		
 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property 						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	8,647,738.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
11 Other revenue: a						
b						
C				-		
d						
e	_					
12 Subtotal. Add columns (b), (d), and (e)			0.	10,832,199.		
13 Total Add line 12, columns (b), (d), and (e)				13	10,832,199	
(See worksheet in line 13 instructions to verify calculations.)					

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	the foundation 5 overlipt perposes (earlier than 55 providing funds for oddin purposes).
-	
-	
_	
023621 12-07-10	Form 990-PF (2010)

<u> </u>	i C X V III	Exempt Organi		ina mansaotions a	nd Nelationships With Noticina	III	•	
1	Did the ord		ectly engage in any of the following	n with any other organization	n described in section 501(c) of		Yes	No
•			(3) organizations) or in section 52					
а	•	` '	ation to a noncharitable exempt org			1		
_	(1) Cash	,		,		1a(1)		_X_
	(2) Other	assets				1a(2)		X
b	Other trans							
	(1) Sales	of assets to a noncharitat	ble exempt organization			1b(1)		X
	(2) Purch	ases of assets from a nor	ncharitable exempt organization			1b(2)		X
	(3) Renta	of facilities, equipment, i	or other assets			1b(3)		_X_
	(4) Reimb	oursement arrangements				1b(4)		<u>X</u>
	(5) Loans	or loan guarantees				1b(5)		X
	(6) Perfor	mance of services or me	mbership or fundraising solicitation	ns		1b(6)		X
C	Sharing of	facilities, equipment, ma	iling lists, other assets, or paid emp	ployees		1c	L	X
d		•		• •	ays show the fair market value of the goods,		sets,	
		• • •		ed less than fair market value	e in any transaction or sharing arrangement,	show in		
			other assets, or services received.	averant arganization	1 (4) -			
a)L	ne no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and	sharing ar	rangeme	nts
			N/A	-				
		-						
				-				
	 -			- · · -				
				·				
					4			
							-	
			-					
2a	Is the four	idation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiz	zations described		_	_
	ın section	501(c) of the Code (other	r than section 501(c)(3)) or in sect	ion 527?	Ĺ	Yes	LX	No
b	If "Yes," co	implete the following sch						
		(a) Name of org	janization	(b) Type of organization	(c) Description of relations	snib		
		N/A	· -					
		 .						
	·							
	Unde	r penalties of perjury, I declare	e that I have examined this return, includi	I III III III III III III III III III	d statements, and to the best of my knowledge and be	elief, it is tr	ue, corre	ect,
Si			erer (other than taxpayer or fiduciary) is be					
	ere	Ala A	- 2/mm	11-9-2	011 Prosplit, CEN			
		Signature of officer or tru	- Ar r -	Date	Title			
		Print/Type preparer's na	ame Preparer's si	igna(ure	Date Check If PTIN			
		1		. To Nacio	self- employed P		_ ^ _	
Pa	id	Dorlene M	n. Davis Wall	my xx	11-8-11 PC	038	145	19
Pr	eparer	Firm's name ► RSM	MCGLADREY, INC		Firm's EIN ►			
Us	e Only		· 					
			01 LAKESIDE AVE					
		CL	EVELAND, OH 441	14-1152	Phone no. (216) 52	3-1	<u>900</u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization **Employer Identification number** SAINT LUKE'S FOUNDATION OF CLEVELAND 34-0714513 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

SAINT LUKE'S FOUNDATION OF CLEVELAND, OH

34-0714513

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MILDRED S TAYLOR CHARITABLE LEAD ANNUITY TRUST 3993 E ROYALTON RD BROADVIEW HEIGHTS, OH 44147	 \$12,758.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution)
_ (a)_ No.	(b) Name, address, and ZIP + 4	. (c) Aggregate contributions	- (d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

SAINT LUKE'S FOUNDATION OF CLEVELAND, OH

34-0714513

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
İ		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
— I			

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Name of organization Employer identification number SAINT LUKE'S FOUNDATION OF CLEVELAND, OH 34-0714513 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

CONTINUATION FOR 990-PF, PART IV
SAINT LUKE'S FOUNDATION OF CLEVELAND, OH

A 14-0714513 PAGE 1 OF 2

Part IV Capital Gains and Losses for Tax on Investment Income

Part IV Capital Gains and Los	sses for Tax on Investment Income			
	describe the kind(s) of property solick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
la CFI MULTI-STAT	EGY COMMODITIES		P	VARIOUS VARIOUS
	GY EQUITY INVEST	ORS LLC	P	VARIOUS VARIOUS
c CFI ALL CAP FU	ND		P	VARIOUS VARIOUS
d CFI CORE EQUIT			P	VARIOUS VARIOUS
e CFI INTERNATIO	NAL EQUITY FUND	-	P	VARIOUS VARIOUS
f EMERGING MARKE	TS INVESTORS CO	В	P	VARIOUS VARIOUS
g HEDGED INVESTO	RS COMPANY		P	VARIOUS VARIOUS
h CFI MULTI-STRA	TEGY BOND INVEST	ORS LLC	P	VARIOUS VARIOUS
CFI INVESTMENT	GRADE CREDIT FU	ND	P	VARIOUS VARIOUS
CFI REAL RETUR	N BOND FUND		P	VARIOUS VARIOUS
k INTERNATIONAL	PRIVATE EQUITY C	IP IV	P	VARIOUS VARIOUS
NATURAL RESOUR	CES CNR VIII		_ P	VARIOUS VARIOUS
m US PRIVATE EQU	ITY CEP V		P	VARIOUS VARIOUS
n US PRIVATE EQU	ITY CEP VI		P	VARIOUS VARIOUS
o VENTURE CAPITA	L CVP VI		P	VARIOUS VARIOUS
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)
a 9,008,617.		8,914,721.		93,896.
b 18,350,000.		16,931,500.		1,418,500.
c 8,400,000.		6,324,252.		2,075,748.
d 4,000,000.		3,690,834.		309,166.
e 4,000,000.		3,380,599.		619,401.
f 4,205.				4,205.
g 5,273,740.		5,078,145.		195,595.
h 12,620,000.		11,434,492.		1,185,508.
6,804,737.		6,804,734.		3.
760,000.		714,875.		45,125.
k 166,321.		148,655.	· -	17,666.
37,222.		28,937.		8,285.
m 442,176.		354,387.		87,789.
n 9,473.				9,473.
<u>o</u> 140,319.		176,517.		-36,198.
Complete only for assets showing	ig gain in column (h) and owned by	the foundation on 12/31/69		sses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		of col. (h) gain over col. (k), not less than "-0-")
a				93,896.
<u>b</u>				1,418,500.
С				2,075,748.
<u>d</u>				309,166.
e				619,401.
<u>f</u>				4,205.
<u>g</u>				195,595.
h	<u>. </u>			1,185,508.
<u> </u>				3.
1	<u> </u>			45,125.
<u>k</u>				<u> 17,666.</u>
<u> </u>	<u> </u>			8,285.
<u>m</u>				87,789.
<u>n</u>	· · · · · · · · · · · · · · · · · · ·			9,473.
0			1	-36,198.
2 Capital gain net income or (net ca	pital loss) { If gain, also enter -(in Part I, line 7)-" in Part I, line 7	2	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8	es) as defined in sections 1222(5) ar column (c).		3	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····			

34-0714513

OH

PAGE

OF

Part IV. Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) D - Donation 1a VENTURE CAPITAL CVP VII P VARIOUS VARIOUS P b PIMCO VARIOUS **VARIOUS** c FARALLON P VARIOUS **VARIOUS** P d KAPI I VARIOUS VARIOUS e PROTEGE' P VARIOUS VARIOUS f KAEF III Ρ VARIOUS **VARIOUS** P VARIOUS VARIOUS g KAPI II h ALTERNATIVE INVESTMENT GROUP P VARIOUS VARIOUS P VARIOUS VARIOUS · SEIX k 1 m n 0 (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) -84. 84 225,324. 68,759 156,565. b 672,620. 269,817 402,803. 138,734 296,401. 157,<u>66</u>7. d <u>338,8</u>13. 249,225 89,588. 86,811. 86,811. 255,542. 127,771 127,771. g 238,749. 234,635 4,114. h 3,735,679. 2,147,338 1,588,341. k 1 m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -84. а 156,565. b 402,803. C 157,667. d 89,588. е 86,811. 127,771. g 4,114. h 1,588,341. m n 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 8,647,738. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

SAINT LUKE'S FOUNDATION OF CLEVELAND,

FORM 990-PF	LEGAL	FEES	ST	PATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS LEGAL FEES	26,283.	0.	0.	26,283.
TO FM 990-PF, PG 1, LN 16A =	26,283.	0.	0.	26,283.
FORM 990-PF	ACCOUNTI	NG FEES	ទា	FATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING/AUDIT/TAX FEES	66,018.	0.	0.	66,018.
TO FORM 990-PF, PG 1, LN 16B	66,018.	0.	0.	66,018.
FORM 990-PF (THER PROFES	SIONAL FEES	នា	гатемент 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	226,206.	226,206.	0.	0.
PENSION FEES PAYROLL PROCESSING FEES	1,144. 3,263.	0. 0.	0. 0.	1,144. 3,263.
TO FORM 990-PF, PG 1, LN 16C	230,613.	226,206.	0.	4,407.
FORM 990-PF	TAX	ES	Si	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	109,847.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	109,847.	0.	0.	0.
=				

FORM 990-PF	OTHER E	OTHER EXPENSES			STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
BANK FEES	13,078.	0.		0.	13,0	78.
SUPPLIES	4,484.		_	0	-4,48	
TELEPHONE	4,251.	0.		0.	4,25	51.
EQUIPMENT RENTAL &	24.066	•		^	24 24	-
MAINTENANCE	34,266.	0.		0.	34,26	36.
EDUCATION & TRAINING	86. 26,191.	0.		0.	26,19	
INSURANCE DUES & PUBLICATIONS	1,327.	0.		0.	1,32	
MISCELLANEOUS EXPENSES	17,616.	0.		0.	17,6	
TO FORM 990-PF, PG 1, LN 23	101,299.	0.		0.	101,29	99.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND BA	ALANCES	STA	ATEMENT	6
FORM 990-PF OTHER INCREASES DESCRIPTION	S IN NET ASS	ETS OR FUND BA	ALANCES	STA	ATEMENT	6
DESCRIPTION		ETS OR FUND BA	ALANCES	STA	AMOUNT	
	rs	ETS OR FUND BA	ALANCES	STA		33.
DESCRIPTION UNREALIZED GAIN ON INVESTMENT	rs By others	ETS OR FUND BA	ALANCES	STA	AMOUNT 9,116,2	91.
DESCRIPTION UNREALIZED GAIN ON INVESTMENT CHANGE IN FMV OF TRUST HELD I	rs By others		ALANCES		AMOUNT 9,116,2 245,8	33.
DESCRIPTION UNREALIZED GAIN ON INVESTMENT CHANGE IN FMV OF TRUST HELD IN TOTAL TO FORM 990-PF, PART IN	IS BY OTHERS II, LINE 3	E STOCK	ALANCES OK VALUE	STA	AMOUNT 9,116,22 245,89 9,362,13	33.
DESCRIPTION UNREALIZED GAIN ON INVESTMENT CHANGE IN FMV OF TRUST HELD F TOTAL TO FORM 990-PF, PART II	IS BY OTHERS II, LINE 3	E STOCK		STA	AMOUNT 9,116,22 245,89 9,362,13 ATEMENT IR MARKE	33. 91. 24.

FORM 990-PF OT	HER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EQUITY MUTUAL FUNDS	COST	111,193,831.	111,193,831.
LIMITED PARTNERSHIPS	COST	37,682,888.	37,682,888.
ACCRUED INCOME	COST	180,010.	- 180,010.
FIXED MUTUAL FUNDS	COST	25,359,233.	25,359,233.
COMMODITIES	COST	7,358,191.	7,358,191.
INVESTMENTS HELD IN TRUST	COST	3,072,477.	3,072,477.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	184,846,630.	184,846,630.
FORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	78,178.	41,623.	36,555.
FURNITURE	137,197.	105,739.	31,458.
OFFICE EQUIPMENT	33,757.	23,606.	10,151.
COMPUTER HARDWARE	92,296.	79,955.	12,341.
COMPUTER SOFTWARE	37,031.	35,121.	1,910.
TOTAL TO FM 990-PF, PART II, LN 1	4 378,459.	286,044.	92,415.
FORM 990-PF	OTHER ASSETS		STATEMENT 10
	BEGINNING OF	END OF YEAR BOOK VALUE	FAIR MARKET
FORM 990-PF DESCRIPTION		END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DESCRIPTION DEFERRED COMPENSATION DEPOSITS	BEGINNING OF YR BOOK VALUE	BOOK VALUE 15,000.	FAIR MARKET VALUE
	BEGINNING OF YR BOOK VALUE	BOOK VALUE	FAIR MARKET VALUE

FORM 990-PF	OTHER LIABILITIES		STATI	EMENT	11
DESCRIPTION		BOY AMOUN	r EOY	AMOUNT	
LIABILITY FOR DEFERRED COME	PENSATION	10,0	00.	15,00	0.
TOTAL TO FORM 990-PF, PART	II, LINE 22	10,0	00.	15,00	0.
	I - LIST OF OFFICERS, D EES AND FOUNDATION MANA		STAT	EMENT	12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
FRANCIS AFRAM-GYENING 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.		0.
FRANCIS H. BEAM, JR. 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.		0.
JANET BURNEY 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.		0.
GERALDINE BURNS 4208 PROSPECT AVENUE CLEVELAND, OH 44103	SECRETARY 1.00	0.	0.		0.
JOHN CORLETT 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.		0.
CLAUDIA COULTON 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.		0.
EDGAR JACKSON JR MD 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.		0.
SANDRA KIELY KOLB 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	-	0.

SAINT LUKE'S FOUNDATION OF CLE	EVELAND, OH		34-07	714513
ARTHUR LAVIN MD 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	0.
CHRISTOPHER MANNERS 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	0.
JOHN O'BRIEN 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TREASURER - 1:00	- · 0.	0	0.
KENNETH OKESON 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	0.
THOMAS RATHBONE 4208 PROSPECT AVENUE CLEVELAND, OH 44103	CHAIRMAN 1.00	0.	0.	0.
BAIJU SHAH 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	0.
SALLY STALEY 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	0.
BELVA DENMARK TIBBS 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	0.
ERIC VON HENDRIX 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	0.
DOUG WANG 4208 PROSPECT AVENUE CLEVELAND, OH 44103	VICE CHAIRMAN 1.00	0.	0.	0.
MARGIE WHEELER 4208 PROSPECT AVENUE CLEVELAND, OH 44103	TRUSTEE 1.00	0.	0.	0.
DENISE ZEMAN 4208 PROSPECT AVENUE CLEVELAND, OH 44103	PRESIDENT AND C		32,694.	0.
DANIEL HARRINGTON 4208 PROSPECT AVENUE CLEVELAND, OH 44103	ASSISTANT TREAS	114,350.	0.	0.

SAINT LUKE'S FOUNDATION OF CLEVELAND, OH		34-0	0714513
KIM FIELDS ASSISTANT 4208 PROSPECT AVENUE 35.00 CLEVELAND, OH 44103	SECRETARY 42,424.	3,558.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	387,098.	36,252.	0.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED:

LaTida Smith, Senior Program Officer for Community Grants 4208 Prospect Avenue Cleveland, OH 44103

Telephone Number: 216-431-8010

Name of Grant Program: Community Grants

Form and Content of Applications: Community Grants are awarded four times per year in response to requests from qualifying organizations. Community Grants provide short term operating, program, capital, and capacity building support in response to requests to sustain a safety net of core health and human services, build the capacity of key organizations and pilot promising programs.

The Community Grants process is initiated with a Letter of Inquiry (LOI) which is submitted through the Foundation's website, www.saintlukesfoundation.org. The LOI provides a concise presentation of the proposed project, its intended outcomes and the applicant organization. It includes the proposed activities, amount requested, anticipated outcomes, and capacity of the applicant organization to successfully implement the proposed program. All LOIs are reviewed by program staff to determine if there is a reasonable match between the proposed project and the Foundation's mission, and applicants receive formal notification from the Foundation regarding the status of their request within two weeks following the LOI deadline. If the proposed project is determined to be within the Foundation's areas of interest, a site visit is scheduled. The site visit provides Foundation staff and board with detailed information to evaluate proposed requests. Additionally, the site visit provides an opportunity for Foundation staff to update community partners regarding the Foundation's initiatives and activities. Following the site visit, Foundation staff determines whether or not to request a full proposal. This is based upon the degree to which the proposed project addresses a significant community need; has clear goals, measurable outcomes and a plan for evaluating progress; is fully conceptualized; has sufficient community support; has the capacity to carry out the project; has benefits that will live beyond Foundation funding; and has costs that are reasonable and appropriate. The full proposal is submitted through the Foundation's website according to the detailed instructions provided at the time a proposal is requested. As a function of the partnership between the Foundation and the applicant organization, Foundation staff members are available to offer support and guidance throughout the proposal process.

Funding decisions up to \$150,000 annually are made by the Grant Committee of the Board of Trustees. The Grant Committee decisions are ratified by the Board of Trustees, which also makes funding decisions on all requests over \$150,000 annually based upon the recommendation of the Grant Committee.

Staff Discretionary Grants: Foundation program staff has the authority staff make Community Grant awards of up to \$20,000 for smaller, time-sensitive projects that otherwise meet the guidelines for Community Grants as described above. In requesting discretionary grant funds, applicants must submit a LOI as described above. Requests of \$5,001-\$20,000 also require a site visit and proposal; however, funding decisions are made following staff review of proposals submitted. Staff decisions are ratified by the Grant Committee and the Board of Trustees.

SUBMISSION DEADLINES FOR LOIs: January 2, April 1, July 1; October 1

RESTRICTIONS AND LIMITATIONS ON AWARDS: Community Grants can be made in the amount of up to \$150,000 per year for up to three years; however, due to the uncertainty of the economy, no multi-year Community Grants were awarded in 2010. The Foundation does not fund biomedical research; debt retirement; endowment funds; fundraising events; individuals; lobbying; projects outside Greater Cleveland that do not directly benefit its residents; or religious/evangelical programs. The Foundation does not consider unsolicited proposals.

STATEMENT 12A

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED:

Sandra Chappelle, Senior Program Officer for Transformational Initiatives 4208 Prospect Avenue Cleveland. OH 44103

Telephone Number: 216 431-8010

Name of Grant Program: Transformational Initiatives

Form and Content of Applications: Transformational Initiatives identify and catalyze action in significant, long-term collaboration with community partners with deep knowledge and expertise to address the root causes of social conditions that will lead to equity in health and well being. Although grants for Transformational Initiatives are made on a year-by-year basis, it is intended that these initiatives will receive additional support over an extended period of time contingent upon an annual evaluation of performance and outcomes reports. There were eight Transformational Initiatives in 2010: 1.) Closing the Gap: The MetroHealth System was initially approved in 2005 to provide support to a ten-year effort to develop and deliver community-based programs to manage diabetes, asthma and obesity, the chronic diseases that disproportionately affect the minority populations living in the neighborhoods surrounding the MetroHealth Buckeye Health Center, just blocks away from the former Saint Luke's Medical Center. 2.) Healthy Kids in Healthy Homes, an initiative designed to eradicate childhood lead poisoning in Greater Cleveland, is led by the City of Cleveland Department of Public Health, and includes more than 70 community-based agencies collaborating on this important public health challenge. 3.) Buckeye Larchmere Healthy Communities Initiative, led by Neighborhood Progress, Inc. brings together key neighborhood stakeholders in a coordinated effort to develop a healthy urban community. The Foundation approved its first Program Related Investment to support this initiative in 2010, although the PRI was actually paid in 2011. 4.) The Mt. Pleasant Community Zone focuses on building capacity to create the safe, attractive, economically stable, and educated community envisioned by Mt. Pleasant's neighborhood stakeholders through the implementation of a neighborhood-based plan for community revitalization and growth. The plan addresses the following cross-cutting strategies: Economic Opportunity, Education, Physical Environment/Safety, and Community and Family Empowerment. 5.) Healthy Smiles Sealant Program is a collaboration between the Case Western Reserve College of Dental Medicine, the Cleveland Metropolitan School District and area dentists to develop and promote a comprehensive program of oral health for children throughout the local school district. The goals of the program are to prevent oral disease by examining and placing dental sealants on permanent molars; refer children with dental disease to community dentists for restorative care; educate children, parents and teachers to promote oral health and prevent disease; and to expose all dental students to the needs of underserved children. 6.) With a grant to University Hospitals of Cleveland, the Timothy L. Stephens, Jr. M.D. Fellowship was established to increase the number of African American and Latino medical students pursuing careers in orthopedic surgery, a specialty that is underrepresented by minorities. 7.) The Cuyahoga Health Access Partnership (CHAP) is a community-wide partnership among health systems, insurance companies, and safety net providers to increase access to a medical home for individuals who are ineligible for third party payment and therefore tend to use the local Emergency Departments for primary care. Saint Luke's Foundation supported the development of the business plan for this initiative as part of its 10th Anniversary Grants and continues to support its implementation. 8.) The Francis Beam Fellowship was established with a grant to the Center for Health Disparities at the MetroHealth System. With a focus on public health and the development of healthy, vibrant urban communities, this fellow will be situated within the Buckeye neighborhood, and the focus of his/her work is on ensuring that all of the various stakeholders share, and are working toward a common vision of healthy, active living in that urban neighborhood. It is anticipated that this will become a model for other urban neighborhoods

The Foundation is open to discussing opportunities for potential new Transformational Initiatives with anyone who is interested in collaborating to address our community's most pressing

[Type text] Statement 12B

problems. All potential new Transformational Initiatives begin with a conversation with the Senior Program Officer of Transformational Initiatives to determine if there is a fit with the Foundation's area of focus; however, due to the very unique nature of grants in this category, the Foundation does not accept unsolicited Letters of Inquiry and/or proposals for Transformational initiatives. Once an opportunity for a new Tranformational Initiative has been identified, the Senior Program Officer for Transformational Initiatives coordinates the due diligence and assists the potential grantee(s) in the development of the Letter of Inquiry (LOI). The LOI provides a concise presentation of the proposed project, its intended outcomes and the applicant organization. It includes the proposed activities, amount requested, anticipated outcomes, and capacity of the applicant organization to successfully implement the proposed program. The LOI is presented to the Planning Implementation Evaluation (PIE) Committee of the Board of trustees. The PIE Committee conducts a site visit during which Foundation staff and board assess the degree to which the proposed project has the potential to be transformational in its approach and outcome; addresses a significant community need; has clear goals, measurable outcomes and a plan for evaluating progress; is fully conceptualized; has sufficient community support; has the capacity to carry out the project; has benefits that will live beyond Foundation funding; and has costs that are reasonable and appropriate. Following the site visit, the PIE Committee makes a determination as to whether to request a full proposal or decline. A full proposal is submitted through the Foundation's website according to the detailed instruction provided at the time a proposal is requested. As a function of the partnership between the Foundation and the applicant organization, the Senior Program Officer for Transformational Initiatives is available to offer support and guidance throughout the proposal process. The proposal is evaluated by the PIE Committee, which makes a recommendation to the Board of Trustees. The Board of trustees makes final approvals of all Transformational Initiatives.

SUBMISSION DEADLINES: Transformational Initiatives are presented for funding decisions on a rolling basis.

RESTRICTIONS AND LIMITATIONS ON AWARDS: The Foundation does not fund biomedical research; debt retirement; endowment funds; fundraising events; individuals; lobbying; projects outside Greater Cleveland that do not directly benefit its residents; or religious/evangelical programs. The Foundation does not consider unsolicited proposals.

[Type text] [Type text] Statement 12B

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LATIDA SMITH 4208 PROSPECT AVENUE-CLEVELAND, OH O 44103

TELEPHONE NUMBER NAME OF GRANT PROGRAM

(216) 431-8010 COMMUNITY GRANTS

FORM AND CONTENT OF APPLICATIONS

SEE STATEMENT 12A

ANY SUBMISSION DEADLINES

SEE STATMENT 12A

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE STATEMENT 12A

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SANDRA CHAPPELLE 4208 PROSPECT AVENUE CLEVELAND, OH O 44103

TELEPHONE NUMBER NAME OF GRANT PROGRAM

---(-216)-431-8010------TRANSFORMATIONAL INITIATIVES ------

FORM AND CONTENT OF APPLICATIONS

SEE STATEMENT 12B

ANY SUBMISSION DEADLINES

SEE STATEMENT 12B

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE STATEMENT 12B

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 14
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ADOPTION NETWORK CLEVELAND 4614 PROSPECT AVE CLEVELAND, OH 44102		501(C)(3)	- 75,000 .
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES 100 WEST CEDAR STREET SUITE #300 AKRON, OH 44307	N/A STRATEGIC PLANNING PROCESS	501(C)(3)	50,000.
DOMESTIC VIOLENCE AND CHILD ADVOCACY CENTER 11811 SHAKER BLVD, SUITE 220 CLEVELAND, OH 44120	N/A BRIDGE OPERATING SUPPORT	501(C)(3)	10,000.
BEREA CHILDREN'S HOME AND FAMILY SERVICES 202 EAST BAGELEY ROAD BEREA, OH 44017-2058	ORGANIZATIONAL	501(C)(3)	100,000.
BIG BROTHERS BIG SISTERS 1422 EUCLID AVENUE, SUITE 552 CLEVELAND, OH 44115	N/A OPERATING SUPPORT	501(C)(3)	75,000.
BOYS AND GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVE CLEVELAND, OH 44127	N/A WEBSITE DEVELOPMENT	501(C)(3)	14,466.
BUCKEYE AREA DEVELOPMENT CORPORATION 11802 BUCKEYE ROAD CLEVELAND, OH 44120	N/A 40TH ANNIVERSARY PROGRAM AND OPERATING SUPPORT	501(C)(3)	21,500.
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST NINTH STREET, SUITE 1805 CLEVELAND, OH 44114	N/A OPERATING SUPPORT	501(C)(3)	85,000.

. SAINT LUKE'S FOUNDATION OF CLEV	ELAND, OH		34-0714513
CARE ALLIANCE 1530 ST CLAIR AVE CLEVELAND, OH 44114	N/A RESTORING SMILES PROGRAM	501(C)(3)	75,000.
CARE ALLIANCE 1530 ST CLAIR AVE CLEVELAND, OH 44114	N/A CUYAHOGA HEALTH ACCESS PARTNERSHIP	501(C)(3)	75,000.
CENTER FOR FAMILIES AND CHILDREN 4500 EUCLID AVENUE CLEVELAND, OH 44103	N/A	501(C)(3)	85,000.
CENTER FOR FAMILIES AND CHILDREN 4500 EUCLID AVENUE CLEVELAND, OH 44103	N/A OPERATING SUPPORT	501(C)(3)	100,000.
CENTRAL SCHOOL OF PRACTICAL NURSING 4600 CARNEGIE AVENUE CLEVELAND, OH 44103	UPDATING LABORATORY	501(C)(3)	38,235.
CITY OF CLEVELAND, CLEVELAND DEPT OF PUBLIC HEALTH 75 ERIEVIEW PLAZA CLEVELAND, OH 44114	N/A YOUTH MARATHON PROGRAM	GOVERNMEN'	г 400,000.
CLEVELAND DEPARTMENT OF PUBLIC HEALTH 601 LAKESIDE AVE E #122 CLEVELAND, OH 44114	N/A FEASIBILITY STUDY	GOVERNMEN'	7,000.
CLEVELAND FOODBANK, INC. 15500 S WATERLOO RD CLEVELAND, OH 44110	N/A OPERATING SUPPORT	501(C)(3)	150,000.
CLEVELAND HOUSING NETWORK, INC. 2999 PAYNE AVE, SUITE 306 CLEVELAND, OH 44114	N/A OPERATING SUPPORT AND COMMUNICATIONS PROJECT	501(C)(3)	144,800.
CLEVELAND METROPOLITAN SCHOOL DISTRICT 1380 EAST 6TH STREET CLEVELAND, OH 44114	K-12 RESPONSIBLE	GOVERNMEN'	r 55,000.

SAINT LUKE'S FOUNDATION OF CLEV			34-0714513
CLEVELAND RAPE CRISIS CENTER 526 SUPERIOR AVE CLEVELAND, OH 44114	N/A OPERATING SUPPORT	501(C)(3)	50,000.
COMMUNITY CATALYST, INC 30 WINTER STREET 10TH FLOOR BOSTON, MA 02108	N/A THINKING AHEAD: OHIO & NATIONAL HEALTH REFORM	501(C)(3)	20,000.
COMMUNITY SERVICES ALLIANCE 1207 W STATE ST #M ALLIANCE, OH 44601-4686	N/A PROJECT SAVE	501(C)(3)	5,000.
COMPUTERS ASSISTING PEOPLE, INC 3150 PAYNE AVE CLEVELAND, OH 44114	N/A OPERATING SUPPORT	501(C)(3)	9,000.
CUYAHOGA COUNTY BOARD OF COMMISSIONERS 310 WEST LAKESIDE AVENUE, SUITE 500 CLEVELAND, OH 44113	N/A FATHERHOOD INITIATIVE ANNUAL CONFERENCE	GOVERNMENT	10,000.
CUYAHOGA COUNTY BOARD OF HEALTH 5550 VENTURE DRIVE CLEVELAND, OH 44130-9315	N/A PLACE MATTERS; HEALTH & LAND USE SUMMIT II	GOVERNMENT	3,994.
CWRU HEALTHY SMILES GRANT 10900 EUCLID AVENUE CLEVELAND, OH 44106	N/A TRANSFORMATIONAL INITIATIVE	501(C)(3)	678,436.
DRESS FOR SUCCESS CLEVELAND 2239 EAST 55TH STREET CLEVELAND, OH 44103	N/A MEDICAL SCRUBS FOR DISADVANTAGED WOMEN	501(C)(3)	19,570.
ENTERPRISE COMMUNITY PARTNERS, INC. 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	N/A CUYAHOGA COUNTY HOUSING FIRST INITIATIVE & ROSE ARCHITECTURAL	501(C)(3)	70,000.
ESPERANZA INCORPORATED 3104 W 25TH STREET 4TH FLOOR CLEVELAND, OH 44109	N/A FAMILY ENGAGEMENT PROJECT	501(C)(3)	20,000.

SAINT LUKE'S FOUNDATION OF CLEV	ELAND, OH		34-0714513
FOUNDATION DEVELOPMENT	N/A TRANSFORMATIONAL INITIATIVE	501(C)(3)	165,600.
FRIENDLY INN SETTLEMENT, INC 2386 UNWIN RD CLEVELAND, OH 44104	N/A MARKETING PLAN	501(C)(3)	51,600.
FRIENDS OF E PREP SCHOOL 1417 EAST 36TH STREET	N/A EXPLORING THE CONCEPT OF A SCHOOL IN MT PLEASANT		
GOLDEN AGE CENTERS OF GREATER CLEVELAND 12200 FAIRHILL ROAD CLEVELAND, OH 44120	HOME DELIVERED MEAL	501(C)(3)	42,916.
GRANTS MANAGERS NETWORK, INC. 1101 14TH STREET NW, 420 WASHINGTON, DC 20005	SPONSORSHIP FOR ANNUAL	501(C)(3)	2,000.
GREATER CLEVELAND HABITAT FOR HUMANITY 2110 WEST 110TH STREET CLEVELAND, OH 44102	RESTORE PROMOTION	501(C)(3)	30,000.
HATHAWAY BROWN SCHOOL 19600 NORTH PARK BLVD SHAKER HEIGHTS, OH 44122	N/A ASPIRE PROGRAM	501(C)(3)	50,000.
HEALTH POLICY INSTITUTE OF OHIO 37 W BROAD ST COLUMBUS, OH 43215	N/A OPERATING SUPPORT	501(C)(3)	75,000.
HELEN KELLER INTERNATIONAL INC. 352 PARK AVENUE SOUTH, SUITE 1200 NEW YORK, NY 10010	N/A CHILDSIGHT OHIO	501(C)(3)	50,000.
HELP FOUNDATION, INC. 3622 PROSPECT AVE CLEVELAND, OH 44115	N/A OPERATING SUPPORT	501(C)(3)	50,000.

. SAINT LUKE'S FOUNDATION OF CLEV	ELAND, OH		34-0714513
HOSPICE OF WESTERN RESERVE 300 EAST 185TH STREET CLEVELAND, OH 44119	N/A OPERATING SUPPORT	501(C)(3)	-6,031.
INTERACT CLEVELAND 1688 FULTON ROAD CLEVELAND, OH 44113-3004	N/A 2010 HOMELESS STAND DOWN	501(C)(3)	7,500.
JENNINGS CENTER FOR OLDER ADULTS 10204 GRANGER ROAD GARFIELD HEIGHTS, OH 44125	N/A REACH	501(C)(3)	42,000.
JOSEPH'S HOME 2412 COMMUNITY COLLEGE AVENUE CLEVELAND, OH 44115	N/A OPERATING SUPPORT	501(C)(3)	30,000.
LUTHERAN METROPOLITAN MINISTRY 1468 WEST 25TH STREET CLEVELAND, OH 44113	N/A ADULT GUARDIANSHIP SERVICES	501(C)(3)	100,000.
MALACHI HOUSE 2810 CLINTON AVENUE CLEVELAND, OH 44113	N/A OPERATING SUPPORT	501(C)(3)	50,000.
MENTAL HEALTH SERVICES FOR HOMELESS PERSONS, INC. 1744 PAYNE AVENUE CLEVELAND, OH 44114	N/A OPERATING SUPPORT	501(C)(3)	100,000.
MERRICK HOUSE 1050 STARKWEATHER AVE CLEVELAND, OH 44113	N/A ADVOCATES FOR BUDGET LEGISLATIVE EQUALITY	501(C)(3)	15,414.
METROHEALTH FOUNDATION 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	N/A BUCKEYE HEALTH CENTER	501(C)(3)	1000000.
METROHEALTH FOUNDATION 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	N/A FRANCIS H BEAM FELLOWSHIP	501(C)(3)	152,146.

SAINT LUKE'S FOUNDATION OF CLEV	ELAND, OH		34-0714513
METROHEALTH FOUNDATION 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	N/A CREATING A BUSINESS DEV. FUNCTION FOR BETTER HEALTH IN GREATER CLEVELAND	501(C)(3)	100,000.
MPCZ 11019 KINSMAN ROAD CLEVELAND, OH 44104	N/A OPERATING SUPPORT	501(C)(3)	459,393.
MT PLEASANT COUMMUNITY ZONE 11019 KINSMAN ROAD CLEVELAND, OH 44104	· ·	501(C)(3)	500.
MURTIS H TAYLOR MULTI-SERVICE CENTER 13422 KINSMAN ROAD CLEVELAND, OH 44120	N/A CEO SEARCH	501(C)(3)	-6,694.
NAMI GREATER CLEVELAND 2012 WEST 25TH STREET, #600 CLEVELAND, OH 44113	N/A EVALUATION: QUALITY IMPROVEMENT SYSTEM	501(C)(3)	15,675.
NATIONAL ASSOCIATION OF FREE CLINICS 1800 DIAGONAL ROAD SUITE 600 ALEXANDRIA, VA 22314	N/A NAFC SUMMIT	501(C)(3)	5,000.
NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE ROAD CLEVELAND, OH 44102		501(C)(3)	75,000.
NEIGHBORHOOD PROGRESS, INC 1956 WEST 25TH STREET SUITE 200 CLEVELAND, OH 44113	N/A CREATING NEIGHBORHOODS OF CHOICE IN BUCKEYE - SHAKER SQUARE AREAS	501(C)(3)	300,000.
NEIGHBORHOOD PROGRESS, INC 1956 WEST 25TH STREET SUITE 200 CLEVELAND, OH 44113	N/A NEIGHBORHOODS OF CHOICE	501(C)(3)	300,000.
NEW DIRECTIONS 30800 CHAGRIN BOULEVARD CLEVELAND, OH 44124	N/A DUAL DIAGNOSIS PROGRAM	501(C)(3)	50,000.

SAINT LUKE'S FOUNDATION OF CLEV	ELAND, OH		34-0714513
FAMILY PROMISE 2592 WEST 14TH STREET CLEVELAND, OH 44113-4409	N/A OPERATING SUPPORT	501(C)(3)	65,000.
NORTH COAST COMMUNITY HOMES, INC. 14221 BROADWAY AVENUE CLEVELAND, OH 44125	N/A HOUSING FOR INDIGENT ADULTS WITH DISABILITIES	501(C)(3)	10,000.
NORTH COAST HEALTH MINISTRY 16110 DETROIT AVE LAKEWOOD, OH 44107	N/A	501(C)(3)	75,000.
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. 8300 HOUGH AVENUE CLEVELAND, OH 44103	N/A OPERATING SUPPORT	501(C)(3)	150,000.
OHIO GRANTMAKERS FORUM 37 WEST BROAD STREET, #800 COLUMBUS, OH 43215	N/A OPERATING SUPPORT	501(C)(3)	5,000.
PARKWORKS 1422 EUCLID AVENUE #733 CLEVELAND, OH 44115-2063	N/A HARVEY RICE & ST LUKE'S DEVELOPMENT	501(C)(3)	500,000.
PARTNERSHIP FOR A SAFER CLEVELAND 2239 EAST 14TH STREET CLEVELAND, OH 44115-2329	N/A STANCE (STAND TOGETHER AGAINST NEIGHBORHOOD CRIME EVERYDAY) COMMUNITY OUTREA	501(C)(3)	50,000.
PROJECT: LEARN 2728 EUCLID AVENUE, SUITE 400 CLEVELAND, OH 44115	N/A READING HEALTH	501(C)(3)	123,000.
POSITIVE EDUCATION PROGRAM 3100 EUCLID AVENUE CLEVELAND, OH 44115		501(C)(3)	250,000.
PROVIDENCE HOUSE, INC 2037 WEST 32ND STREET CLEVELAND, OH 44113-4017	N/A BED SPONSORSHIP AND IMPACT ANALYSIS	501(C)(3)	75,000.

SAINT LUKE'S FOUNDATION OF CLEV	ELAND, OH	3	4-0714513
RECOVERY RESOURCES 3950 CHESTER AVENUE CLEVELAND, OH 44114	N/A TRANSFORMING BEHAVIORAL HEALTH CARE THROUGH THE USE	501(C)(3)	90,000.
SENIOR OUTREACH SERVICES, INC 2390 EAST 79TH STREET CLEVELAND, OH 44104-2161	N/A LEVERAGING LANGSTON	501(C)(3)	53,850.
SENIOR TRANSPORTATION CONNECTION OF CUYAHOGA COUNTY 4735 W 150TH ST, SUITE A CLEVELAND, OH 44135	N/A OPERATING SUPPORT	GOVERNMENT	75,000.
SHOES FOR KIDS, INC. 4614 PROSPECT AVE, SUITE 511 CLEVELAND, OH 44103	N/A PURCHASING AND DISTRIBUTION PROGRAM	501(C)(3)	31,000.
STELLA MARIS 1320 WASHINGTON AVENUE CLEVELAND, OH 44113-2384	N/A MEDICAL RECORDS SYSTEM	501(C)(3)	92,000.
THE CENTER FOR COMMUNITY SOLUTIONS 1501 EUCLID AVE, SUITE 310 CLEVELAND, OH 33115	N/A SUPPORT FOR HUMAN SERVICES INSTITUTE	501(C)(3)	2,500.
THE CENTER FOR COMMUNITY SOLUTIONS 1501 EUCLID AVE, SUITE 310 CLEVELAND, OH 44115	N/A AIDS FUNDING COLL OPERATING SUPPORT & IN-KIND SUBLEASE OF OFFICE SPACE	501(C)(3)	86,000.
THE CLEVELAND HEARING AND SPEECH CENTER 11635 EUCLID AVE CLEVELAND, OH 44106	N/A REGIONAL INFANT HEARING PROGRAM	501(C)(3)	250,000.
THE CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL DRIVE CLEVELAND, OH 44106-1701	N/A SUMMIT 2010 SCHOLARSHIPS AND CAPACITY BUILDING	501(C)(3)	20,000.
THE FREE MEDICAL CLINIC OF GREATER CLEVELAND 12201 EUCLID AVENUE CLEVELAND,	N/A OPERATING SUPPORT	501(C)(3)	150,000.

OH 44106

SAINT LUKE'S FOUNDATION OF CLEV	ELAND, OH		34-0714513
	HISPANIC CONVENTION	501(C)(3)	15,000.
1223 WEST SIXTH STREET CLEVELAND, OH 44113	N/A COMMUNITY ADVOCACY PROGRAM	501(C)(3)	75,000.
THE SALVATION ARMY 2507 E 22ND STREET CLEVELAND, OH 44115	N/A	501(C)(3)	51,000.
THE WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BOULEVARD CLEVELAND, OH 44106	SUPPORT FOR	501(C)(3)	6,000.
TRANSITIONAL HOUSING INC 1545 WEST 25TH STREET CLEVELAND, OH 44113-3158	N/A OPERATING SUPPORT	501(C)(3)	44,250.
UHCAN OHIO 370 S 5TH STREET SUITE G3 COLUMBUS, OH 43215-7436	N/A OPERATING SUPPORT	501(C)(3)	55,871.
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	N/A DONOR & NON-DONOR ANALYSIS	501(C)(3)	35,800.
UNIVERSITY HOSPITALS OF CLEVELAND 11100 EUCLID AVENUE CLEVELAND, OH 44106	N/A ORTHOPAEDIC FELLOWSHIP	501(C)(3)	91,600.
UNIVERSITY SCHOOL 20701 BRANTLEY ROAD SHAKER HEIGHTS, OH 44122	N/A REACH PROGRAM	501(C)(3)	20,000.
VOCATIONAL GUIDANCE SERVICES 2239 EAST 55TH STREET CLEVELAND, OH 44103	N/A MEDICAID CERTIFICATION COSTS	501(C)(3)	40,000.

N/A OPERATING SUPPORT &	501(C)(3)	65,000.
MIDWEST REGIONAL MEETING		
N/A BASIC NEEDS: FOOD, CLOTHING, SURVIVAL SERVICES, ADVO	501(C)(3)	90,000.
		416.
	MEETING N/A BASIC NEEDS: FOOD, CLOTHING, SURVIVAL	MEETING N/A 501(C)(3) BASIC NEEDS: FOOD, CLOTHING, SURVIVAL SERVICES, ADVO

Form **8868** (Rev. January 2011)

Department of the Tressury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

762-673-6

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, complete					▶ 🗓
-	re filing for an Additional (Not Automatic) 3-Month Ex	•	, , , ,			
Do not co	implete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	m 8868.	
	c filling (e-file). You can electronically file Form 8868 if y			•		•
•	o file Form 990-T), or an additional (not automatic) 3-mo		•		•	
	file any of the forms listed in Part I or Part II with the ex-	•				
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	tronic filing of t	his form,
	irs.gov/efile and click on e-file for Charities & Nonprofits					····
Part I						
_ •	tion required to file Form 990-T and requesting an autor			•		, —
Part I only						▶ ∟}
	corporations (including 1120-C filers), pertnerships, REM une tax returns.	ICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Type or	Name of exempt organization			Emp	oyer Identifica	tion number
print	SAINT LUKE'S FOUNDATION OF	CLEV	BLAND, OH	3	4-071451	L3
File by the due date for	Number, street, and room or suite no. If a P.O. box, a					
filing your	4208 PROSPECT AVENUE					
return See Instructions.	City, town or post office, state, and ZIP code. For a for CLEVELAND, OH 44103	oreign add	Irese, see instructions.			
	CLEVELAND, OR 44103					
Enter the	Return code for the return that this application is for (file	a a conom	te annilication for each return)			04
Ditor trip	nation code for the return that this application is for fine	o a sobara	the application for each return)			
Application		Return	Application			Return
is For	ωı.	Code	la For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990	PF	04	Form 5227			10
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870			12
	DANIEL HARRING					
• The bo	ooks are in the care of \triangleright 4208 PROSPECT	<u>AVENU</u>	<u> E - CLEVELAND, OH 44</u>	103		
	lone No. ➤ (216)431-8010		FAX No. >			
	organization does not have an office or place of busines					.▶□
• If this j	is for a Group Return, enter the organization's four digit					
box 🕨	, If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extense	on is for.
1 tre	quest an automatic 3-month (6 months for a corporation		•			
	AUGUST 15, 2011 , to file the exemp	ot organiza	ition return for the organization named a	above.	The extension	
_	or the organization's return for:					
▶	X calendar year 2010 or					
►i	tax year beginning	, ar	nd ending		<u></u> •	
	Annual and the first of the fir		[
2 t	ne tax year entered in line 1 is for less than 12 months, o	check reas	ion: initial return Fin	al retur	п	
<u> </u>	Change in accounting period					
3a If th	nls application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	T -		
nor	nrefundable credits. See instructions.		· · ·	38		0.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and			
est	imated tax payments made. Include any prior year over	payment a	blowed as a credit.	36b	\$	67,169.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wi	th this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	actions.	3c	\$	0.
	If you are going to make an electronic fund withdrawal			8879-	EO for payment	
	or Paperwork Reduction Act Notice, see instructions					8 (Rev. 1-2011)

-	one films for an Additional (blat Automatic) 2 Month Ev	Annalan a	amalata anti-Bast II and abant this be			Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex		· ·		>	لم
	Inly complete Part II if you have already been granted an a			rom t	3868.	
Part	are filing for an Automatic 3-Month Extension, comple Additional (Not Automatic) 3-Month E					
rait.		Atensio	it of Tittle. Only file the original (no c	T		
Type or	Name of exempt organization			Empl	oyer identification	number
print	SAINT LUKE'S FOUNDATION OF	~T.@W@1	TAND OU	1 2	4-0714513	
File by the				<u> </u>	4-0/14313	
extended due date f	Number, street, and room or suite no. If a P.O. box, s 4208 PROSPECT AVENUE	ee instruc	tions.			_
filing your						
return Sec instruction		oreign add	ress, see instructions.			
	CLEVELAND, OH 44103					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
		T	<u> </u>		· · · · · · · · · · · · · · · · · · ·	T
Applica	ition	Return	Application			Return
is For		Code	Is For	11 5 Ben 5	150 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Code
Form 99		01	THE TAXABLE WAS	The Section	The said of the	
Form 99		02	Form 1041-A			80
Form 9		03	Form 4720			09
Form 9		04_	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)		05 Form 6069		11	
	90-T (trust other than above)	06	Form 8870			12
STOP	Do not complete Part II if you were not already granted DANIEL HARRING		natic 3-month extension on a previou	isty tile	d Form 8868.	
				4 4 4 4		
• -				11112		
	books are in the care of \triangleright 4208 PROSPECT	AVENU		1103		
Tele	phone No. ► (216)431-8010		FAX No. ▶	1103		
Tele If the	phone No. (216) 431-8010 e organization does not have an office or place of busines	s in the Ur	FAX No. ▶		b the whole group a	
Tele If the	phone No. (216) 431-8010 e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit	s in the Ur Group Exc	FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the	is is for		
Tele If the If the box	phone No. (216) 431-8010 e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit I fit is for part of the group, check this box	s in the Ur Group Exe	FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the list with the names and EINs of all	is is for		
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Tele ● If the ● If the box ▶ 4 5 6 7 8a II	phone No. (216) 431-8010 e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an additional 3-month extension of time until or calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months, on the companion of the extension accounting period that in detail why you need the extension account TIME IS NEEDED TO COMPLETE AND ACCURATE AND ALL this application is for Form 990-BL, 990-PF, 990-T, 4720, onrefundable credits. See instructions.	s in the Ur Group Exc and atta NOVEM Check reas ENSUR REQU	FAX No. Interpretation Number (GEN)	Final re	ers the extension is eturn	r for.
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that ram authorized to prepare this form.

Signature ** Authorized**

Date **8-/-// Date ▶ 8-1-11 Form 8868 (Rev. 1-2011)

Signature >

Note 9. Commitments and Contingencies

The Foundation has made commitments to various charitable organization. These commitments are conditional and, as such, will only be paid upon the recipient organizations meeting certain requirements as set forth by the Foundation. As a consequence, they do not meet the criteria for accrual as set forth by SFAS No. 116, Accounting for Contributions Received and Contributions Made. The Foundation had outstanding commitments of approximately \$5,433,016 and \$6,599,762 at December 31, 2010 and 2009, respectively.

Per Peg Butler - Gift Software: Grant Commitment Schedule Year

1,468,600
1,091,600
1,091,600
1,091,600
506,416
91,600
91,600
5,433,016

Grant Commitment Schedule (6 years)

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Organ <u>tz</u> ation Grant Amount	Total Paid	2011	2012	Sched 2013	Scheduled Payments 2013 2014	2016	2016	Remaining Balance
The Center for Community Solutions \$ 36,000.00 Sublease of Office Space	89,000.00	\$27,000.00	\$0.00	\$0.00	\$0.00	\$0.00	00.03	80.00
Cleveland Department of Public Health \$ 350,000.00 Lead-Safe Living	\$0.00	\$350,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MetroHealth Foundation \$ 10,000,000.00 Buckeye Health Center	\$5,585,184.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$0.00	\$0.00	\$414,816.00
University Hospitals of Cleveland \$ 916,000.00 Timothy L. Stephens, Jr., M.D. Orthopaedic Fellowship	\$274,800.00	\$91,600.00	\$91,600.00	\$91,600.00	\$91,600.00	\$91,600.00	\$91,600.00	\$91,600.00
Grand Total (4 items)	Grand Total \$5,868,984.00 (4 items)	\$1,468,600.00	\$1,091,600.00	\$1,091,600.00	\$1,091,600.00	\$91,600.00	\$91,600.00	\$506,416.00