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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 86-0097240	
<b>B</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		<b>E Telephone number</b> (602) 385-6500	
<b>C</b> Name of organization ST LUKE'S HEALTH INITIATIVES Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2929 N CENTRAL AVENUE NO 1550 City or town, state or country, and ZIP + 4 PHOENIX, AZ 85012		<b>G</b> Gross receipts \$ 24,109,421	
<b>F</b> Name and address of principal officer FRED KARNAS 2929 N CENTRAL AVENUE NO 1550 PHOENIX, AZ 85012		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.SLHI.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1908	<b>M</b> State of legal domicile AZ

Part I		Summary		
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <b>TO INFORM, CONNECT AND SUPPORT EFFORTS TO IMPROVE THE HEALTH OF INDIVIDUALS &amp; COMMUNITIES IN AZ</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	26	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	25	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	10	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0	
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-484,108	
Expenses			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .		809,335	50,695
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		7,432,891	4,409,521
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,105	15,615
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		8,250,331	4,475,831
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0	0
Net Assets or Fund Balances	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,258,127	1,323,037
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		4,309,199	3,517,647
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		5,567,326	4,840,684
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .		2,683,005	-364,853
			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .		104,277,965	98,785,058
<b>21</b> Total liabilities (Part X, line 26) . . . . .		1,175,591	1,092,175	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		103,102,374	97,692,883	

<b>Part II</b>	<b>Signature Block</b>
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.	

<b>Sign Here</b>	***** Signature of officer			2013-02-12 Date	
	FRED KARNAS CEO Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	COLETTE KAMPS	Date 2013-02-12	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00367616
	Firm's name (or yours if self-employed), address, and ZIP + 4	HENRY & HORNE LLP 2055 E WARNER RD STE 101 TEMPE, AZ 85284			EIN 86-0133881
					Phone no (480) 839-4900

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

Part III

Statement of Program Service Accomplishments

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

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?

If “Yes,” describe these new services on Schedule O

3

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

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,017,564 including grants of \$ 1,673,302 ) (Revenue \$ )

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

4b

(Code ) (Expenses \$ 359,898 including grants of \$ ) (Revenue \$ 13,130 )

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 IMPACT OF BUDGET CUTS ON ACCESS TO CARE IN ARIZONA, THE IMPACT OF THE ECONOMIC DOWNTURN ON HEALTH, OPPORTUNITIES AND CHANGES RELATED TO HEALTHCARE REFORM AND OTHER TOPICS FROM THE ARIZONA HEALTH SURVEY

4c

(Code ) (Expenses \$ 372,839 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

(Code ) (Expenses \$ 247,072 including grants of \$ ) (Revenue \$ 2,485 )

THE TECHNICAL ASSISTANCE 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

4d

Other program services (Describe in Schedule O )


















(Expenses \$ 247,072 including grants of \$ ) (Revenue \$ 2,485 )

4e

Total program service expenses \$ 3,997,373

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 (see instructions)?	2	No
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV 	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 and IV 	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	30
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	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.	<b>2a</b>	10
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	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 or securities account)?	<b>4a</b>	Yes
<b>b</b>	If "Yes," enter the name of the foreign country: <u>CJ, BD</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

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

☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	931,484	0	144,277

**2** Total number of individuals (including but not limited to those I  
\$100,000 of reportable compensation from the organization) 6

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SMITH BARNEY 2398 E CAMELBACK RD SUITE 800 PHOENIX, AZ 85016	INVESTMENT MANAGEMENT	193,167
PHOENIX PLAZA PT LLC 2901 N CENTRAL AVE PHOENIX, AZ 85012	RENT	183,347
EAGLE CAPITAL MANAGEMENT 499 PARK AVE 17TH FLOOR NEW YORK, NY 10022	INVESTMENT MANAGEMENT	138,526
SCUTARI AND CIESLAK INC 4144 N 44TH ST SUITE A-2 PHOENIX, AZ 85018	COMMUNICATIONS CONSULTING	103,325

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

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	50,695			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .			50,695		
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) . . . . .		2,034,856		
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) . . . . .		2,374,665			2,374,665
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		MISCELLANEOUS	900099	15,615	15,615		
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		15,615				
12	Total revenue. See Instructions . . . . .		4,475,831	15,615	0	4,409,521	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	428,904	291,702	137,202	
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	642,217	559,275	82,942	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	87,511	69,186	18,325	
9	Other employee benefits . . . . .	82,398	65,175	17,223	
10	Payroll taxes . . . . .	82,007	65,096	16,911	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	3,950	1,728	2,222	
c	Accounting . . . . .	16,000		16,000	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	405,651		405,651	
g	Other . . . . .	11,825	8,265	3,560	
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	45,124	37,595	7,529	
14	Information technology . . . . .	26,159	20,349	5,810	
15	Royalties . . . . .				
16	Occupancy . . . . .	238,916	191,594	47,322	
17	Travel . . . . .	49,011	40,156	8,855	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	51,605	48,097	3,508	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	15,908		15,908	
23	Insurance . . . . .	13,527	4,345	9,182	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	SUPPORTED ORGANIZATIONS	1,665,957	1,665,957		
b	PROGRAM RELATED CONTRAC	881,197	865,618	15,579	
c	MISCELLANEOUS	37,271	31,140	6,131	
d	GRAPHIC DESIGN	32,422	32,095	327	
e					
f	All other expenses	23,124		23,124	
25	Total functional expenses. Add lines 1 through 24f	4,840,684	3,997,373	843,311	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .			51,692	1	68,200
	2	Savings and temporary cash investments . . . . .			1,283,468	2	3,211,790
	3	Pledges and grants receivable, net . . . . .			201,033	3	95,238
	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 . . . . .			14,808	9	24,845
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	541,696			
	b	Less: accumulated depreciation . . . . .	10b	493,245	93,673	10c	48,451
	11	Investments—publicly traded securities . . . . .			59,989,873	11	51,714,320
	12	Investments—other securities. See Part IV, line 11 . . . . .			42,643,418	12	43,622,214
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			104,277,965	16	98,785,058
Liabilities	17	Accounts payable and accrued expenses . . . . .			181,019	17	241,667
	18	Grants payable . . . . .			620,000	18	653,867
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			374,572	25	196,641
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			1,175,591	26	1,092,175
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			86,125,889	27	82,310,726
	28	Temporarily restricted net assets . . . . .			7,681,550	28	6,087,222
	29	Permanently restricted net assets . . . . .			9,294,935	29	9,294,935
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	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	<b>Total net assets or fund balances</b> . . . . .			103,102,374	33	97,692,883
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			104,277,965	34	98,785,058

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,475,831
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,840,684
3	Revenue less expenses Subtract line 2 from line 1	3	-364,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	103,102,374
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,044,638
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	97,692,883

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 separate basis, consolidated 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

2011

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 Se**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									1,662,612

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization 		
b	<b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization 		
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



**Part IV** **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part 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 . . . . .	14,894,079	13,361,550	12,832,113	15,764,797
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .	-69,343	2,049,344	12,832,113	-2,245,235
d	Grants or scholarships . . . . .	-568,205	-516,815	-795,936	-687,449
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	14,256,531	14,894,079	13,361,550	12,832,113

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)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		245,016	223,878	21,138
d Equipment . . . . .		80,629	57,688	22,941
e Other . . . . .		216,051	211,679	4,372
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				48,451



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,475,831
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,840,684
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-364,853
4	Net unrealized gains (losses) on investments	4	-5,044,638
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-5,044,638
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,409,491

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	-568,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-5,044,638
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 . . . . .	2e	-5,044,638
3	Subtract line 2e from line 1 . . . . .	3	4,475,831
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 . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	4,475,831

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	4,840,684
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	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	4,840,684
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 . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	4,840,684

Part XIVSupplemental 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO PERMANENTLY RESTRICTED ENDOWMENT FUNDS, THE INCOME OF WHICH IS EXPENDABLE TO SUPPORT HEALTH CARE PROGRAMS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	SLHI RECOGNIZES UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AT JUNE 30, 2012, SLHI HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS



**1**

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

**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 Part V if additional space is needed.

[illegible]



**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

**Additional Data**

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

**Part V** **Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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.

[illegible]

**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
	PART I, LINE 3	A COMMITTEE OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE, RECOMMENDS TO THE BOARD THE ANNUAL COMPENSATION OF THE CEO. 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.
		ROGER HUGHES - \$151,214

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
ST LUKE'S HEALTH INITIATIVES**Employer identification number**

86-0097240

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	AT LEAST HALF OF ALL BOARD MEMBERS MUST BE ELECTED OR APPOINTED BY TAP-AZ, A SUPPORTED ORGANIZATION
	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 OUR WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -5,044,638

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
ST LUKE'S HEALTH INITIATIVES

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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, 35A, or 36.)

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

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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]

Part VII

Supplemental Information

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

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

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

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	g Section 512 (b)(13) controlled organization	
ADELANTE HEALTHCARE  9520 W PALM LANE SUITE 200 PHOENIX, AZ 85037 86-0377821	DENTAL SERVICES FOR PREGNANT WOMEN	AZ	501(C)(3)	LINE 7			No
ALHAMBRA SCHOOL DISTRICT  4510 N 37TH AVE PHOENIX, AZ 85019 86-6000534	VISION SERVICES	AZ	501(C)(3)	LINE 7			No
ALZHEIMER'S ASSOCIATION  1028 E MCDOWELL ROAD PHOENIX, AZ 85006 13-3039601	FUND THE ALZHEIMER'S TASK FORCE PLANNING GROUP	AZ	501(C)(3)	LINE 7			No
AMERICAN ACADEMY OF PEDIATRICS - ARIZONA FOUNDATION  2600 N CENTRAL SUITE 740 PHOENIX, AZ 85004 86-0917603	VISION SERVICES FOR CHILDREN	AZ	501(C)(3)	LINE 7			No
AREA AGENCY ON AGING  1366 E THOMAS ROAD 108 PHOENIX, AZ 85014 74-2371957	PROVIDE VISION AND HEARING SERVICES TO SENIORS	AZ	501(C)(3)	LINE 7			No
ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED INC  3100 E ROOSEVELT PHOENIX, AZ 85008 86-0133392	PROVIDE VISION SERVICES TO VISUALLY IMPAIRED ADULTS	AZ	501(C)(3)	LINE 7			No
ARIZONA GRANTMAKERS FORUM  1505 E MISSOURI 200 PHOENIX, AZ 85014 86-1040394	CORE OPERATING SUPPORT	AZ	501(C)(3)	LINE 7			No
ASIAN PACIFIC COMMUNITY IN ACTION  6741 NORTH 7TH STREET PHOENIX, AZ 85014 75-3040117	EXPAND SOUTH PHX HEALTHY KIDS PARTNERSHIP TO LARGER SOUTH PHX COMMUNITY	AZ	501(C)(3)	LINE 7			No
ASU FOUNDATION  PO BOX 2260 TEMPE, AZ 85280 86-6051042	SUPPORT PROMOTORAS HOPE NETWORK	AZ	501(C)(3)	LINE 7			No
AZ CHILDREN ASSOCIATION  2833 NORTH THIRD STREET PHOENIX, AZ 85004 86-0096772	PROMOTORAS DE BIENESTAR PROJECT	AZ	501(C)(3)	LINE 7			No
AZ COALITION FOR MILITARY FAMILIES  2066 WAPACHE TRAIL SUITE 116 APACHE JUNCTION, AZ 85220 86-0664708	GUIDELINES FOR CARE PROJECT	AZ	501(C)(3)	LINE 7			No
AZ FOUNDATION FOR EYE HEALTH  4602 NORTH 16TH STREET SUITE 301 PHOENIX, AZ 85016 86-0943010	DEVELOPMENT OF A TELEMEDICINE RETINAL SCREENING PROGRAM	AZ	501(C)(3)	LINE 7			No
AZ INTERFAITH ALLIANCE FOR WORKER JUSTICE  PO BOX 28055 PHOENIX, AZ 85010 36-4063982	ADVANCE SOCIAL JUSTICE ISSUES THROUGH COMMUNITY-DRIVEN INITIATIVES	AZ	501(C)(3)	LINE 7			No
BLACK NURSES ASSOCIATION OF GREATER PHOENIX  5060 N 19TH AVENUE 210 PHOENIX, AZ 85015 95-3543065	COMMUNITY ENGAGEMENT TO REDUCE CARDIO VASCULAR DISEASE AMONG AFRICAN AMERICA	AZ	501(C)(3)	LINE 7			No
CARDON CHILDREN'S MED CENTER  1400 S DOBSON RD MESA, AZ 85202 94-2545356	ACUTE CARE FOR CHILDREN	AZ	501(C)(3)	LINE 7			No
CENTERS FOR HABILITATION  215 W LODGE DRIVE TEMPE, AZ 85283 86-0217033	ADVOCACY FOR INDIVIDUALS WITH DISABILITIES	AZ	501(C)(3)	LINE 7			No
COMMUNITY HEARING AID PROGRAM  39506 N DAISY MOUNTAIN DR 122-478 ANTHEM, AZ 85086 26-1172753	PROVIDE HEARING AIDS TO LOW-INCOME AZ RESIDENTS	AZ	501(C)(3)	LINE 7			No
EAR FOUNDATION OF ARIZONA  668 N 44TH STREET 300 PHOENIX, AZ 85008 86-0822784	PROVIDE HEARING AIDS TO INFANTS AND CHILDREN	AZ	501(C)(3)	LINE 7			No
EAST VALLEY SENIOR SERVICES INC  45 W UNIVERSITY DRIVE SUITE A MESA, AZ 85201 94-2596075	PROVIDE DENTAL SERVICES FOR SENIORS	AZ	501(C)(3)	LINE 7			No
FAMILY INVOLVEMENT CENTER  1430 E INDIAN SCHOOL ROAD 110 PHOENIX, AZ 85014 71-0890534	COMMUNITY EMPOWERMENT TIME/DOLLAR EXCHANGE (TDX) MODEL	AZ	501(C)(3)	LINE 7			No

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	g Section 512 (b)(13) controlled organization	
FATHER MATTERS  PO BOX 13575 TEMPE, AZ 85284 91-1846806	INCREASE THE INVOLVEMENT OF MEN WITH THEIR FAMILIES AND THEIR COMMUNITIES	AZ	501(C) (3)	LINE 7			No
FOUNDATION FOR BLIND CHILDREN  1235 E HARMONT PHOENIX, AZ 85020 86-0129981	PROVIDE SPECIALTY VISION SERVICES FOR CHILDREN AND SENIORS	AZ	501(C) (3)	LINE 7			No
GRANTMAKERS IN HEALTH  1100 CONNECTICUT AVE NW 1200 WASHINGTON, DC 20036 13-3206571	CORE OPERATING SUPPORT	AZ	501(C) (3)	LINE 7			No
HON KACHINA COUNCIL  3104 E CAMELBACK ROAD 212 PHOENIX, AZ 85016 86-0917041	CORE OPERATING SUPPORT	AZ	501(C) (3)	LINE 7			No
MENTORKIDS USA  15333 N PIMA ROAD 305 SCOTTSDALE, AZ 85260 86-0865368	EXPAND THE SOUTH PHOENIX LOVE THY NEIGHBOR (LTN) MENTORING ALLIANCE FOR SOUT	AZ	501(C) (3)	LINE 7			No
MISSION OF MERCY  PMB 5555 NORTH 7 STREET 134 PHOENIX, AZ 85014 86-0704883	PROVIDES PRIMARY CARE FOR UNINSURED	AZ	501(C) (3)	LINE 7			No
MOUNTAIN PARK HEALTH CENTER  2702 NORTH THIRD STREET 4020 PHOENIX, AZ 85004 86-0498020	PROVIDE DENTAL SERVICES FOR PREGNANT WOMEN	AZ	501(C) (3)	LINE 7			No
NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE  4201 N 16TH STREET 150 PHOENIX, AZ 85016 86-0208873	PROVIDE VISION SERVICES FOR INDIVIDUALS RECOVERING FROM SUBSTANCE USE	AZ	501(C) (3)	LINE 7			No
PARENT CHILD SCHOOL SUPPORT SERVICES  4332 NORTH 30 DRIVE PHOENIX, AZ 85017 33-0045514	PROGRAM TO HELP REFUGEEFAMILIES TRANSITION TO THE UNITED STATES	AZ	501(C) (3)	LINE 7			No
PHOENIX REVITALIZATION CORPORATION  1310 WHADLEY BLDG B PHOENIX, AZ 85007 86-0663748	PROMOTE AND SUPPORT A HEALTHY AND RESILIENT COMMUNITY	AZ	501(C) (3)	LINE 7			No
POPSICLE  8711 E PINNACLE PEAK ROAD 290 SCOTTSDALE, AZ 85255 20-8095826	SUPPORT AND EDUCATE FAMILIES AND THE MEDICAL COMMUNITY TO PROVIDE CHILDREN W	AZ	501(C) (3)	LINE 7			No
REHOBOTH CDC  PO BOX 57601 PHOENIX, AZ 85009 86-1114590	COMMUNITY DEVELOPMENT AND REVITALIZATION	AZ	501(C) (3)	LINE 7			No
SOCIETY OF ST VINCENT DE PAUL  PO BOX 13600 PHOENIX, AZ 85002 86-0096789	PROVIDE DENTAL AND VISION SERVICES	AZ	501(C) (3)	LINE 7			No
ST JOSEPH'S FOUNDATION  350 WTHOMAS ROAD PHOENIX, AZ 85001 94-2941245	FREQUENT USERS OF SYSTEMS ENGAGEMENT (FUSE) IN MARICOPA COUNTY	AZ	501(C) (3)	LINE 7			No
SUMSAL ASSOCIATES  2966 TROUSSEAU LANE OAKTON, VA 22124 36-4519371	INTEGRATED CARE MANAGEMENT PROJECT EVALUATION	AZ	501(C) (3)	LINE 7			No
TANNER COMMUNITY DEVELOPMENT (HEART & SOUL)  700 E JEFFERSON STREET 300 PHOENIX, AZ 85034 86-1027651	COMMUNITY ENGAGEMENT TO REDUCE CARDIO VASCULAR DISEASE AMONG AFRICAN AMERICA	AZ	501(C) (3)	LINE 7			No
TECHNICAL ASSISTANCE PARTNERSHIP - ARIZONA  1308 E APOLLO ROAD PHOENIX, AZ 85042 86-0872126	COMMUNITY DEVELOPMENT	AZ	501(C) (3)	LINE 7			No
THE GOVERNORS  PO BOX 25827 TEMPE, AZ 85285 31-1732033	CORE OPERATING SUPPORT	AZ	501(C) (3)	LINE 7			No
UNLIMITED POTENTIAL  6520 S CENTRAL AVENUE PHOENIX, AZ 85040 74-2383678	COMMUNITY DEVELOPMENT	AZ	501(C) (3)	LINE 7			No
WESLEY COMMUNITY CENTER  1300 SOUTH 10 STREET PHOENIX, AZ 85034 86-0133770	COMMUNITY DEVELOPMENT	AZ	501(C) (3)	LINE 7			No

Additional Data

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

Form 990, Special Condition Description:

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

4d. Other program services
(Code ) (Expenses \$ 247,072 including grants of \$ ) (Revenue \$ 2,485 ) THE TECHNICAL ASSISTANCE 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			
ROBERT APPLEWHITE TRUSTEE	1 00	X						0	0	0
CASH BEECHLER TRUSTEE	1 00	X						0	0	0
DANIEL CALLAHAN TRUSTEE	1 00	X						0	0	0
JAVIER CARDENAS TRUSTEE	1 00	X						0	0	0
RANDY CHRISTENSEN TRUSTEE	1 00	X						0	0	0
DAN COLEMAN TRUSTEE	1 00	X						0	0	0
FRANK FAIRBANKS TRUSTEE	1 00	X						0	0	0
VANESSA HILL TRUSTEE	1 00	X						0	0	0
LEE HUNTER TRUSTEE	1 00	X						0	0	0
ESSEN OTU 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
THOMAS SANDS TRUSTEE	1 00	X						0	0	0
SHERRI SLAYTON TRUSTEE	1 00	X						0	0	0
MARK STAUDOHAR TRUSTEE	1 00	X						0	0	0
MARTHA TAYLOR THOMAS TRUSTEE	1 00	X						0	0	0
LJ CHIP U'REN TRUSTEE	1 00	X						0	0	0
LISA URIAS TRUSTEE	1 00	X						0	0	0
ROBIN VITOLS TRUSTEE	1 00	X						0	0	0
JUDY SHANNON CHAIR	2 00	X		X				0	0	0
BETH SCHERMER VICE CHAIR	2 00	X		X				0	0	0
GARY VOLKENANT TREASURER	2 00	X		X				0	0	0
ALEXANDRA ZAVALA SECRETARY	2 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
ROGER HUGHES CEO - THROUGH 10/11	40 00	X		X				283,837	0	1,060
FRED KARNAS CEO - STARTED 11/11	40 00	X		X				45,054	0	31,176
JANE PEARSON DIRECTOR	40 00					X		140,382	0	46,145
ELIZABETH MCNAMEE DIRECTOR	40 00					X		119,760	0	12,000
ROY PRINGLE DIRECTOR	40 00					X		128,351	0	20,724
JON FORD DIRECTOR	40 00					X		107,000	0	10,700
KIM VANPELT DIRECTOR	40 00					X		107,100	0	22,472



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	
(A) ADELANTE HEALTHCARE	860377821	7		No	Yes		Yes		6000
(B) ALHAMBRA SCHOOL DISTRICT	866000534	7		No	Yes		Yes		23100
(C) ALZHEIMER'S ASSOCIATION	133039601	7		No	Yes		Yes		45000
(D) AMERICAN ACADEMY OF PEDIATRICS - ARIZONA FOUNDATION	860917603	7		No	Yes		Yes		7700
(E) AREA AGENCY ON AGING	742371957	7		No	Yes		Yes		64739
(F) ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED INC	860133392	7		No	Yes		Yes		62870
(G) ARIZONA GRANTMAKERS FORUM	861040394	7		No	Yes		Yes		9750
(H) ASIAN PACIFIC COMMUNITY IN ACTION	753040117	7		No	Yes		Yes		20000
(I) ASU FOUNDATION	866051042	7		No	Yes		Yes		41846
(J) AZ CHILDREN ASSOCIATION	860096772	7		No	Yes		Yes		34448
(K) AZ COALITION FOR MILITARY FAMILIES	860664708	7		No	Yes		Yes		30500
(L) AZ FOUNDATION FOR EYE HEALTH	860943010	7		No	Yes		Yes		43000
(M) AZ INTEFAITH ALLIANCE FOR WORKER JUSTICE	364063982	7		No	Yes		Yes		30000
(N) BLACK NURSES ASSOCIATION OF GREATER PHOENIX	953543065	7		No	Yes		Yes		60000
(O) CARDON CHILDREN'S MED CENTER	942545356	7		No	Yes		Yes		25000
(P) CENTERS FOR HABILITATION	860217033	7		No	Yes		Yes		11500
(Q) COMMUNITY HEARING AID PROGRAM	261172753	7		No	Yes		Yes		23000
(R) EAR FOUNDATION OF ARIZONA	860822784	7		No	Yes		Yes		157000
(S) EAST VALLEY SENIOR SERVICES INC	942596075	7		No	Yes		Yes		12500
(T) FAMILY INVOLVEMENT CENTER	710890534	7		No	Yes		Yes		82500

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	
(U) FATHER MATTERS	911846806	7		No	Yes		Yes		29086
(V) FOUNDATION FOR BLIND CHILDREN	860129981	7		No	Yes		Yes		32288
(W) GRANTMAKERS IN HEALTH	133206571	7		No	Yes		Yes		6500
(X) HON KACHINA COUNCIL	860917041	7		No	Yes		Yes		50000
(Y) MENTORKIDS USA	860865368	7		No	Yes		Yes		120000
(Z) MISSION OF MERCY	860704883	7		No	Yes		Yes		40000
(AA) MOUNTAIN PARK HEALTH CENTER	860498020	7		No	Yes		Yes		7500
(AB) NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE	860208873	7		No	Yes		Yes		11850
(AC) PARENT CHILD SCHOOL SUPPORT SERVICES	330045514	7		No	Yes		Yes		25000
(AD) PHOENIX REVITALIZATION CORPORATION	860663748	7		No	Yes		Yes		28000
(AE) POPSICLE	208095826	7		No	Yes		Yes		25000
(AF) REHOBOTH CDC	861114590	7		No	Yes		Yes		63200
(AG) SOCIETY OF ST VINCENT DE PAUL	860096789	7		No	Yes		Yes		68735
(AH) ST JOSEPH'S FOUNDATION	942941245	7		No	Yes		Yes		95000
(AI) SUMSAL ASSOCIATES	364519371	7		No	Yes		Yes		25000
(AJ) TANNER COMMUNITY DEVELOPMENT (HEART & SOUL)	861027651	7		No	Yes		Yes		80000
(AK) TECHNICAL ASSISTANCE PARTNERSHIP - ARIZONA	860872126	7	Yes		Yes		Yes		15000
(AL) THE GOVERNORS	311732033	7		No	Yes		Yes		25000
(AM) UNLIMITED POTENTIAL	742383678	7		No	Yes		Yes		50000
(AN) WESLEY COMMUNITY CENTER	860133770	7		No	Yes		Yes		75000