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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

, and ending

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For calendar year 2013 or tax year beginning

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| Nai | ne of | foundation | | | | | | | A Employer identification | number |
|-------------------|--------------------------------|--|--------------------|-------------------|-----------------|------------------------|-------------|----------------|--|---|
| S | AI: | NT LUKE'S FOU | NDAT | ON OF | CLEVEI | AND. | ЭН | | 34-0714513 | |
| | | nd street (or P O box number if ma | | | | | | Room/suite | B Telephone number | <u></u> |
| 1 | 13 | 27 SHAKER BOU | LEVA | RD | | | | 600W | 216 431-80 | 10 |
| | | own, state or province, count VELAND, OH 4 | ry, and ZI 4104 | | ostal code | | | | C If exemption application is p | ending, check here |
| | | | ıtıal retur | | Initial | return of a fo | rmer public | charity | D 1. Foreign organizations | , check here |
| | | Fı | nal returr | 1 | Amen | ded return | | | 2 - | |
| | | Aı | ddress ch | nange | Name | change | | | 2 Foreign organizations me check here and attach co | mputation test, |
| H (| _ | <i>,</i> , , | | ` ' <u>`</u> | empt private fo | | | | E If private foundation sta | |
| | | ction 4947(a)(1) nonexempt | | | Other taxable p | rivate founda | | | under section 507(b)(1) | (A), check here $ ightharpoonup$ |
| | | arket value of all assets at enc | of year | J Account | _ | Cash | X Acc | rual | F If the foundation is in a | |
| | | Part II, col. (c), line 16) | 000 | Ot Ot | her (specify) | | | | under section 507(b)(1) | (B), check here |
| | -\$ | 181,810, | | | | | | | | (d) Durburgung |
| | art I | (The total of amounts in column necessarily equal the amounts i | n column (| a)) | | per books | | ome | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, | • | | 24 | 4,012. | | | | |
| | 2 | Check I if the foundation is Interest on savings and temporar | • | to attach Sch B | | | | | | |
| | 3 | cash investments | | | 1 60 | 4 000 | 1 15 | 0 260 | | |
| | 4 | Dividends and interest from | securitie | S | 1,684 | 4,292. | 1,15 | 8,362. | | |
| | | Gross rents | | | | | | | - | |
| | _ ا | Net rental income or (loss) | | | 1 20 | 1,769. | | | | |
| e | ba | Net gain or (loss) from sale of ass Gross sales price for all | | 10 3 , 8 9 0 • | 4,40. | 1,109. | | | | |
| Revenue | 7 | assets on line 6a | | | | | 3 41 | 7,343. | | |
| æ | 8 | Net short-term capital gain | 114, 11116 2) | • | | | | . , , 5 1 5 0 | | |
| | 9 | Income modifications | | | | | • | | | |
| | 10a | Gross sales less returns and allowances | | | | - | | | | |
| | Ι. | Less Cost of goods sold | | | | | | | | |
| | C | Gross profit or (loss) | · | | | | | | | |
| | 11 | Other income | | | | 5,307. | | 0. | 0. | STATEMENT 6 |
| | 12 | Total Add lines 1 through | 11 | | | 5,380. | 4,57 | <u>75,705.</u> | 0. | |
| | 13 | Compensation of officers, director | ors, trustee | s, etc | | 9,849. | | 0. | <u> </u> | 406,781. |
| | 14 | Other employee salaries and | i wages | | | 2,043. | | 0. | | 497,856. |
| Ø | 15 | Pension plans, employee be | | | | 5,774. | | 0. | | 185,774. |
| ense | 16a | | 1 | MT 1 | | 0,049. | | 0. | | 30,049. |
| | | Accounting fees | | PMT 2 | | 2,593. | 0.5 | 0. | 0. | 92,593. 5,943. |
| CLEREN OF | C)于E18 19 20 21 22 | : Other professional fees | RS-OS(| TMT 3 | 21 | 8,885. | | 72,942. | | 3,343. |
| ∌ ti | 83 | Inth@V 0 3 2014 | 8 0 | rmt 4 | 12 | 3,107. | | 0. | . 0. | 0. |
| Str. | 101 | Taxes | 7 = 2, | IMI 4 | | $\frac{3,10}{4,054}$. | | 0. | . 0. | |
| | 20 | Depreciation and depletion | | | | $\frac{1}{4},799.$ | | 0. | | 174,799 |
| | 21 | Travel, conferences, and me | eetinas | | | 4,453. | | 0. | | 24,453. |
| AUIN and A | 22 | Printing and publications | Journa | | | 3,386. | | 0. | | 13,386. |
| | | Other expenses | SI | TMT 5 | | 9,432. | | 0. | | 434,705. |
| C ® ₪ perating | 24 | | | | | | | | | |
| Š ė | | expenses. Add lines 13 thr | | | 2,35 | 8,424. | 27 | 72,942. | 0. | 1,866,339. |
| აე ეე გე | 25 | Contributions, gifts, grants | paid | | 11,05 | 3,531. | | | | 11,053,531 |
| > | 26 | Total expenses and disbur | sements | | | | | | | |
| | <u> </u> | Add lines 24 and 25 | | | 13,41 | <u>1,955.</u> | 2 | 72,942. | 0. | 12,919,870. |
| | 27 | Subtract line 26 from line 1 | 2: | | | | | | | |
| | a | Excess of revenue over expense | s and disb | ursements | -7,26 | 6,575. | | | | |
| | 1 | Net investment income (if n | | | | | 4,30 | 2,763 | | |
| | 0 | Adjusted net income (if negation | ative, enter | -0-) | } | | | | ⊥ 0. | .1 |

| <u>For</u> | m 99 | 0-PF (2013) SAINT LUKE'S FOUNDATION | | | 0714513 Page 2 |
|-----------------------------|----------|---|------------------------|---------------------------------------|---------------------------|
| P | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | , |
| 느 | | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 4,378,459. | 3,782,890. | |
| | 2 | Savings and temporary cash investments | 824,502. | 398,595. | 398,595. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable - | | | |
| | 1 | Less: allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | · · · · · · · · · · · · · · · · · · · | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | 7,609. | 48,637. | 48,637. |
| ⋖ | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock STMT 9 | 123,183. | 146,487. | 146,487. |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | investments - other STMT 10 | 168,062,131. | <u>177,206,482.</u> | 177,206,482. |
| | 14 | Land, buildings, and equipment: basis ► 531,830. | | | |
| | | Less accumulated depreciation STMT 8 ► 405,690. | 98,189. | <u>126,140.</u> | 126,140. |
| | 15 | Other assets (describe ► STATEMENT 11) | 53,045. | 101,756. | 101,756. |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| _ | | instructions. Also, see page 1, item 1) | 173,547,118. | <u> 181,810,987.</u> | 181,810,987. |
| | 17 | Accounts payable and accrued expenses | 423,067. | 519,793. | |
| | 18 | Grants payable | | . | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| jab | 21 | Mortgages and other notes payable | | | _ |
| _ | 22 | Other liabilities (describe STATEMENT 12) | 25,000. | 30,000. | - |
| | | | 440.055 | 540 500 | |
| | 23 | Total liabilities (add lines 17 through 22) | 448,067. | 549,793. | |
| | | Foundations that follow SFAS 117, check here | | | |
| ģ | l | and complete lines 24 through 26 and lines 30 and 31 | 161 000 540 | 160 644 140 | |
| 2 | 24 | Unrestricted | 161,820,740. | | <u> </u> |
| alai | 25 | Temporarily restricted | 6,554,239. | 7,468,449. | |
| B P | 26 | Permanently restricted | 4,724,072. | 5,148,603. | - |
| Net Assets or Fund Balances | | Foundations that do not follow SFAS 117, check here | | | |
| <u>,</u> | | and complete lines 27 through 31. | | | |
| ş | 27 | Capital stock, trust principal, or current funds | | | - |
| SS | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | · - | - |
| ¥ | 29 | Retained earnings, accumulated income, endowment, or other funds | 172 000 051 | 101 061 104 | - |
| ž | 30 | Total net assets or fund balances | 173,099,051. | 181,261,194. | 1 |
| | | - | 172 547 110 | 101 010 007 | |
| _ | 31 | Total liabilities and net assets/fund balances | 1/3,54/,118. | 181,810,987. | 1 |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | |
| _ | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | <u> </u> | |
| • | | | 30 | | 173,099,051. |
| 2 | | st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a | | 1 2 | -7,266,575 . |
| | | r increases not included in line 2 (itemize) | ጥን ቁቁን | ATEMENT 7 3 | 15,428,718. |
| | | lines 1, 2, and 3 | nee or. | | 181,261,194. |
| | | eases not included in line 2 (itemize) | | 5 | _0. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 181,261,194. |
| <u>-</u> | | Taren, or | S.E. M. J. P. M. M. O. | 10 | Form 990-PF (2013) |

| Førr | n 990-PF (2013) SAII | NT LU | KE'S FOUNDA | TION O | F CLEVEL | ANI | D, (| OH | 3 | 4-071 | 4513 | Page 3 |
|----------|--|---------------------------------------|---|--|--------------------------------------|---------------|--|--------------|------------------------|-------------------------------|------------------------|---------------|
| | art IV Capital Gains a | and Los | sses for Tax on In | vestment | Income | | | | | | | |
| | (a) List and descr 2-story brick wai | ibe the kin rehouse; o | d(s) of property sold (e.g r common stock, 200 shs | ., real estate, s. MLC Co.) | | (b) F | łow ac - Purcl - Dona | iase | (c) Date a (mo., da | cquired ay, yr.) | (d) Dat (mo., d | |
| 1a | | • | | | | | | | | | | |
| b | SEE ATTACHED | STAT | 'EMENTS | | | | | | | | | |
| C | _ | _ | | | | | | | | | | _ |
| d | | | | | | ļ | | | | _ | | - |
| е | | | | | | <u> </u> | | | | | | |
| | (e) Gross sales price | (f) D | epreciation allowed (or allowable) | | t or other basis xpense of sale | | <u>, </u> | | (h) Ga (e) plus | un or (loss) (f) minus (| g) | |
| <u>a</u> | | | | | | | | | | | | |
| <u>b</u> | | | | | | | | | | | | |
| <u> </u> | | | | | | | | | • | . | | |
| <u>d</u> | 4 200 000 | | | | 001 54 | 7 | | | | | 2 /17 | 242 |
| <u>e</u> | 4,398,890. | | alumn (h) and award by | the foundation | 981,54 | : / • | | (1) | Causa (C | | 3,417 | ,343. |
| _ | Complete only for assets showin | | | T | | | | (I) COİ. | (k), but n | ol. (h) gaın ıot less thaı | 11111108 13 -0-) or | |
| | (i) F.M.V. as of 12/31/69 | | as of 12/31/69 | | cess of col. (ı) col. (ı), ıf any | | | | Losses | (from col. (| h)) / | |
| <u>a</u> | | | | | · · · · · · · | | | | | | | |
| <u>b</u> | | | | | | | | | | | | |
| <u> </u> | | | _ | | | | | | | | | |
| <u>d</u> | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | 3,417 | 3/13 |
| <u>e</u> | | | <u> </u> | <u> </u> | _ | $\overline{}$ | | | | | <i>3,</i> 41/ | ,,,,,,, |
| 2 | Capital gain net income or (net ca | pıtal loss) | { If gain, also ente If (loss), enter -0 | r in Part I, line - in Part I, line | 7 7 | } | 2 | | | | 3,417 | ,343. |
| | Net short-term capital gain or (los | • | , , | nd (6): | | ٦ | | | | | | |
| | If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | column (c |). | | | | 2 | | | N/A | | |
| _ | art V Qualification U | nder S | ection 4940(e) for | Reduced | Tax on Net | Inv | estn | nent inc | ome | 11/11 | | |
| | r optional use by domestic private | | | | | | | - | | | | |
| (101 | optional asc by domestic private | , roundatio | no subject to the section | 10 10(a) tax 011 | not invocation in | 1001110 | , | | | | | |
| If se | ection 4940(d)(2) applies, leave th | ns part bla | ınk. | | | | | | | | | |
| Was | s the foundation liable for the sect | tion 4942 | tax on the distributable an | nount of any ve | ear in the base pe | riod? | | | | | Yes | X No |
| If "Y | es," the foundation does not qual | ify under s | section 4940(e). Do not co | mplete this pa | ırt. | | | | | | | |
| 1 | Enter the appropriate amount in e | each colur | nn for each year; see the i | nstructions be | fore makıng any e | entries | 3. | | | | | |
| | (a) Base period years | | (b) | | | (c) | | | | Distrit | (d) outlon ratio | |
| _(| Calendar year (or tax year beginnii | ng in) | Adjusted qualifying dis | | Net value of no | | | | | (col. (b) div | ided by col | . (c)) |
| | 2012 | | | 0,002. | | | | 9,567 | | | | 70130 |
| | 2011 | | | 1,267. | | | | 3,908 | | | | 62279 |
| _ | 2010 | | | 5,571. | | | | 5,447 | | | | 55362 |
| | 2009 | | | 3,877. | | | | 3,391 | | | | 60503 |
| _ | 2008 | | 11,10 | 0,177. | | .94 | ,80 | <u>1,575</u> | • | | .0 | <u>56982</u> |
| _ | | | | | | | | | 1 _ | | 2 | 05056 |
| | Total of line 1, column (d) | | | | | | | | | | 3 | 05256 |
| | Average distribution ratio for the | - | • | on line 2 by 5, | or by the number | r of ye | ears | | | | 0 | <i>6</i> 1051 |
| | the foundation has been in exister | nce it less | tnan 5 years | | | | | | 3 | | . 0 | 61051 |
| 4 | Enter the net value of noncharitab | le-use ass | sets for 2013 from Part X, | line 5 | | | | | 4 | 17 | 1,464 | ,133. |
| 5 | Multiply line 4 by line 3 | | | | | | | | 5 | 1 | 0.468 | ,057. |
| - | | | | | | | | | | | - | |
| 6 | Enter 1% of net investment incom | ne (1% of | Part I, line 27b) | | | | | | 6 | | 43 | ,028. |
| 7 | Add lines 5 and 6 | | | | | | | | 7 | 1 | 0,511 | ,085. |
| 8 | Enter qualifying distributions fron | n Part XII, | line 4 | | | | | | 8 | 1 | 2,919 | ,870. |
| | If line 8 is equal to or greater than See the Part VI instructions. | line 7, ch | eck the box in Part VI, line | e 1b, and comp | olete that part usin | ng a 1 | % tax | rate. | | | | |

| | | | 0714513 | | Page 4 |
|----|--|-------|--------------|----------------|----------------|
| _ | ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 · | - see instri | OITO | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | | | | |
| b | 4 | 3,0 | <u> 28.</u> | | |
| | of Part I, line 27b | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | _ |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | _3_ | 4 | 3,0 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 4 | <u>3,0</u> | 28. |
| 6 | Credits/Payments: | | 1 | | |
| a | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 132,140. | | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | | |
| C | I Backup withholding erroneously withheld 6d | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 13 | 2,1 | 40. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | ļ <u></u> - | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | |
| 10 | | 10 | | 9,1 | 12. |
| | Enter the amount of line 10 to be: Credited to 2014 estimated tax | 11 | <u> </u> | | 0. |
| | art VII-A Statements Regarding Activities | | | V | NI. |
| 18 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | ın | | res | No |
| | any political campaign? | _ | 1 <u>a</u> | - | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition | | <u>1b</u> | - | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | d or | | | |
| | distributed by the foundation in connection with the activities. | | | | 7.7 |
| | Did the foundation file Form 1120-POL for this year? | | <u>1c</u> | | X |
| • | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| _ | (1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0. | | | | |
| • | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| ^ | managers. > \$ | | | | . |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | | 2 | | X |
| 9 | · | _ | | | |
| J | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | ī | 3 | | x |
| A | 1 Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | X | <u>^</u> |
| | of "Yes," has it filed a tax return on Form 990-T for this year? | | 4b | X | - |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | 1 | X |
| ٠ | If "Yes," attach the statement required by General Instruction T. | | - | | - |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| • | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | | |
| | remain in the governing instrument? | | 6 | x | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | , | 7 | X | |
| • | The second secon | | ' | | <u> </u> |
| 82 | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| | OH | | | | |
| t | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | 8b | x | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale | ndar | 32 | 1 | |
| | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | | х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | | Х |
| | | | | _ == | |

| | 990-PF (2013) SAINT LUKE'S FOUNDATION OF CLEVELAND, OH 34-0714 | 513 | F | Page 5 |
|----|--|------------------------------|----------|---------------|
| | rt VII-A Statements Regarding Activities (continued) | 1 1 | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | x |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► <u>WWW.SAINTLUKESFOUNDATION.ORG</u> | 121 | 001 | |
| 14 | The books are in care of ► ROBERT S. MONITELLO Located at ► 11327 SHAKER BOULEVARD, SUITE 600W, CLEVELAND, OH ZIP+4 ► 44 | | ROI | <u> </u> |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | 1 1 0 4 | | |
| •• | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | <u> X</u> |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign | | | |
| Pa | country Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | | ļ | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No | | | |
| | termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| U | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1 _b | | х |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2013? | 1c | | <u>X</u> |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| _ | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? Yes X No | | · | |
| | If "Yes," list the years \blacktriangleright | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| 20 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| Ja | during the year? Lagrange The grant 2 % direct of indirect interest in any business enterprise at any time Yes X No | | | |
| b | of "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| • | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2013) N/A | 3b | | |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | <u>4a</u> | <u> </u> | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 16 | | х |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2013? | <u>4b</u> orm 99 0 |)-PF | |
| | | | | , / |

| orm 990-PF (2013) SAINT LUKE'S FOUNDATION | | | <u>34-071451</u> | . 3 Page 6 |
|---|--|-----------------------------|--|------------------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be R | Required (continu | ıed) | |
| 5a During the year did the foundation pay or incur any amount to: | | _ | | 1 1 |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | └── Ye | s 🛣 No | |
| (2) Influence the outcome of any specific public election (see section 4955); or | to carry on, directly or indire | | | |
| any voter registration drive? | | | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | Ye | s X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | described in section | | - | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | |
| the prevention of cruelty to children or animals? | - | | s X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | n Regulations | / | _ |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | · | | N/A 5 | b |
| Organizations relying on a current notice regarding disaster assistance check h | | _ | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | |
| expenditure responsibility for the grant? | | 「/A | s L No | |
| If "Yes," attach the statement required by Regulations section 53.4945 | • • | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | oay premiums on | | [1 | |
| a personal benefit contract? | | Ye | s X No | . |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | 10 | b X |
| If "Yes" to 6b, file Form 8870. | halda- tmaaataa 0 | | s X No | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Y6 | N/A 7 | - - - |
| Part VIII Information About Officers, Directors, Trusto | | nagere Highly | | <u> </u> |
| Paid Employees, and Contractors | ses, i outlation ma | magers, mgm, | , | |
| List all officers, directors, trustees, foundation managers and their | compensation. | | · · · · · · · · · · · · · · · · · · · | ····· |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to | (e) Expense account, other |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | account, other allowances |
| | to position | J | | |
| | | | | |
| SEE STATEMENT 13 | | 409,849. | 53,158. | 0. |
| | | 1 | | |
| | | | | |
| | | | ! | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ···· | | | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) Contributions to | (a) Function |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | i emplovee benefit plans. I | (e) Expense account, other |
| (-) | hours per week devoted to position | (-,, | and deterred compensation | allowances |
| LATIDA SMITH - 11327 SHAKER | VP PROGRAMS-C | | l l | |
| BOULEVARD, SUITE 600W, CLEVELAND, OH | 40.00 | 145,481. | 14,106. | 0. |
| | SR PROG OFF-S | | 1 3 | |
| BOULEVARD, SUITE 600W, CLEVELAND, OH | 40.00 | 127,062. | | 0. |
| | SR PROG OFF-H | II . | 1 | _ |
| BOULEVARD, SUITE 600W, CLEVELAND, OH | 40.00 | 112,471. | 15,199. | 0. |
| | GRANTS MANAGE | | | _ |
| BOULEVARD, SUITE 600W, CLEVELAND, OH | 40.00 | 80,272. | 18,053. | 0. |
| | SENIOR PROGRA | | | _ |
| BOULEVARD, SUITE 600W, CLEVELAND, OH | 40.00 | <u> 78,577.</u> | 11,339. | 0. |
| Total number of other employees paid over \$50,000 | | | | 0 |

| Form 990-PF (2013) SAINT LUKE'S FOUNDATION OF CLE | | 0714513 Page 7 |
|--|---|------------------|
| Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued) | ndation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, | enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | <u>▶</u> 0 |
| | etetestical information auch as the | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant in number of organizations and other beneficiaries served, conferences convened, research papers | | Expenses |
| 1 N/A | , | |
| 1 | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | - |
| 4 | | |
| | | |
| Don't IV D. C | | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax ye | or on lines 1 and 2 | Amount |
| | at off files 1 and 2. | Alliount |
| 1 <u>N/A</u> | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total Add lines 1 through 3 | • | 0. |

Form **990-PF** (2013)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2013)

12,876,842.

6

43,028.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

e Excess from 2013

389,691

| | UKE'S FOUND | | | | 14513 Page 1 |
|--|------------------------------|----------------------------|------------------------------|-----------------------------|----------------|
| Part XIV Private Operating Fo | | _ | | N/A | |
| _ | | · · · · · · · | | | |
| | | | ▶ | | |
| | | ng foundation described | | 4942(j)(3) or 4 | 942(j)(5) |
| • | | (5) 2010 | | (4) 2010 | (a) Total |
| | (a) 2013 | (B) 2012 | (c) 2011 | (0) 20 10 | (e) lotal |
| | | | | | |
| • | | | <u> </u> | - | |
| = | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | • | | | | |
| Subtract line 2d from line 2c | | | | | |
| | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (2) Value of assets qualifying | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | <u> </u> | | | | <u> </u> |
| | | | it the foundation | n nad \$5,000 or m | ore in assets |
| 1 Information Regarding Foundation | on Managers: | | | | |
| | | | ntributions received by th | e foundation before the clo | ose of any tax |
| NONE | | | | | |
| | | | n (or an equally large port | ion of the ownership of a p | partnership or |
| NONE | | | | ···· | |
| Check here ▶ ☐ If the foundation of | only makes contributions | to preselected charitable | e organizations and does | | |
| d Amounts included in line 2c not used directly to active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test relied upon: b "Endowment" alternative test relied upon: a "Assets" alternative test relied upon: b "Endowment" alternative test - enter: 20 of minimum investment return sisted in Part X, line 6 for each year listed c "Support" alternative test - enter: 20 of minimum investment return sisted c "Support" alternative test - enter: 21 of minimum investment return sisted c "Support" alternative test - enter: 22 of minimum investment return sisted c "Support alternative test - enter: 3 of minimum investment return sisted c "Support" alternative test - enter: 3 of minimum investment return sisted c "Support alternative test - enter: 3 of minimum investment return sisted c "Support" alternative test - enter: 3 of minimum investment return sisted c "Support" alternative test - enter: 3 of minimum investment return sisted c "Support" alternative test - enter: 3 of minimum investment return sisted c "Support" alternative test - enter: 3 of minimum investment return sisted c "Support" alternative test - enter: 3 of minimum investment return sisted c "Support" alternative test - enter: 4 of minimum investment return sisted c "Support" alternative test - enter: 4 of minimum investment return sisted c "Support" alternative test - enter: 4 of minimum investment return sisted c "Support" alternative test - enter: 4 of minimum investment return sisted c "Support" alternative test - enter: 5 of minimum investment return sisted c "Support" alternative test - enter: 5 of minimum investment return sisted c "Support" alternative test - enter: 5 of minimum investment return sisted c "Support" alternative test - enter: 5 of minimum investment return sisted c "Support" alternative test - enter: 5 of minimum investment return sisted c "Support" alternati | | | | | |
| , | istr of a mail address of | the person to whom up | pridations should be addit | | |
| | be submitted and informa | ition and materials they | should include: | | |
| The form in which approaches should be | | | | | |
| each year Isind b 85% of line 2a c Qualitying distributions from Part XII, line 4 for each year idea conduct of exempl activities d Amounts included in line 2c not used directly for active conduct of exempl activities e Qualitying distributions made directly for active conduct of exempl activities e Qualitying distributions made directly for active conduct of exempl activities Subtract line 2d from line 2c Complete 3a, D or for line alternative Isst—enter: (1) Value of all assests and activities of the alternative Isst—enter: (1) Value of all assests qualitying under section 4942(1)(3)(8)(1) b "Endowment" afternative Isst—enter: (2) Value of all assests qualitying under section 4942(1)(3)(8)(1) b "Endowment" afternative Isst—enter: (3) Indicate a state of the properties of the pro | | | | | |
| d Any restrictions or limitations on award | is, such as by geographic | al areas, charitable field | s, kinds of institutions, or | other factors: | |
| , | | | | | |

▶ 3b

Total

| Form 990-PF (2013) SAINT LUKE 'S Part XVI-A Analysis of Income-Prod | | | AND, | OH 34-0 | 714513 Page 12 |
|--|------------------------|---------------------------------------|--|-------------------------------|----------------------|
| Enter gross amounts uplace atherwise indicated | Unrelated b | usiness income | Excluded | by section 512, 513, or 514 | (e) |
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | Bušiness code | Amount | sion | Amount | function income |
| a | 3333 | · · · · · · · · · · · · · · · · · · · | | | ·· · · · · · · · · · |
| b | | | | | |
| С | 1 1 | | | | |
| d | | | | | |
| e | 1 | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | , | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | 523000 | 131,784. | 14 | 1,552,508. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | <u> </u> | | |
| b Not debt-financed property | | | | | • |
| 6 Net rental income or (loss) from personal | | | 1 | | |
| property | | | | | |
| 7 Other investment income | | | ļ ļ | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 3,417,343. | ··· · |
| 9 Net income or (loss) from special events | ļ | | | | ÷ |
| 10 Gross profit or (loss) from sales of inventory | | | - | | |
| 11 Other revenue: | | | | | |
| a REFUND OF PRIOR YEAR | _ | | + | | 155 205 |
| b GRANT | _ | | - | | 155,307. |
| <u> </u> | (| ····· | + | | |
| d | | | + | | |
| e | _ | 131,784. | + | 4,969,851. | 155,307. |
| 12 Subtotal. Add columns (b), (d), and (e) | | 131,/04. | <u> </u> | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 3,230,342. |
| (See worksheet in line 13 instructions to verify calculations. | | | | | ,,,*, = |
| Part XVI-B Relationship of Activities | s to the Accon | nplishment of Ex | xempt | Purposes | |
| Line No. Explain below how each activity for which in | ncome is reported in a | column (e) of Part XVI-4 | \ contribut | ted importantly to the accomi | nlishment of |
| the foundation's exempt purposes (other th | | | | is a mportantly to the accom | |
| 11A REFUND OF PRIOR YEAR | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
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| | | | | | 180 |
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| | <u>-</u> | | | | |
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| | | | | . <u>.</u> . | |
| | | | | | |

Form **990-PF** (2013)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Employer identification number

SAINT LUKE'S FOUNDATION OF CLEVELAND, OH

24 0714512

| SA | AINT LUKE'S FOUNDATION OF CLEVELAND, OH | 34-0714513 |
|--|--|---|
| Organization type (check of | one): | |
| | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | | |
| Check if your organization is | is covered by the General Rule or a Special Rule. | |
| Note. Only a section 501(c) |)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. | See instructions. |
| General Rule | | |
| X For an organizatio contributor. Comp | on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon plete Parts I and II | ey or property) from any one |
| Special Rules | | |
| 509(a)(1) and 170 | (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regula (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greation (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | |
| total contributions | (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribused from \$1,000 for use exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III. | |
| contributions for u If this box is chec purpose Do not o | (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions exclusively for religious, charitable, etc., purposes, but these contributions did not total ked, enter here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization because it relie, etc., contributions of \$5,000 or more during the year | to more than \$1,000 religious, charitable, etc , |
| but it must answer "No" or | that is not covered by the General Rule and/or the Special Rules does not file Schedule B (in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | |

Name of organization

Employer identification number

SAINT LUKE'S FOUNDATION OF CLEVELAND, OH

34-0714513

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MARY JANE ALBRECHT C/O SUN TRUST MAIL CODE FL-ORLANDO-1055 P.O. BOX 1689 ORLANDO, FL 32802 | \$ 22,630. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroli Noncash (Complete Part II for noncash contributions) |

Employer identification number

SAINT LUKE'S FOUNDATION OF CLEVELAND, OH

34-0714513

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | | |
|------------------------------|---|--|----------------------|
| No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |

Şchedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Employer identification number Name of organization 34-0714513 SAINT LUKE'S FOUNDATION OF CLEVELAND, Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| Part XV Supplementary Information | | | | |
|--|--|----------------------|--------------------------------------|--------------|
| 3 Grants and Contributions Paid During the Y | | 1 | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| GREATER CLEVELAND FOOD BANK | N/A | 501(C)(3) | EXPANSION OF | |
| 15500 SOUTH WATERLOO ROAD | | | NUTRITIOUS FOOD | |
| CLEVELAND OH 44110 | | | INITIATIVE | 336,803. |
| | | | | |
| CLEVELAND HOUSING NETWORK, INC. | N/A | 501(C)(3) | RESIDENT SUCCESS & | |
| 2999 PAYNE AVE, SUITE 306 | N/A | 501(0)(3) | HOUSING STABILITY | |
| CLEVELAND OH 44114 | | | HOUSING STABILITY | 200,000 |
| CLEVELAND LEADERSHIP CENTER | N/A | 501(C)(3) | TUITION SCHOLARSHIPS | 200,000 |
| 1375 E. 9TH ST, SUITE 2430 | N/A | 501(0/(3/ | FOR LOCAL NONPROFIT | |
| CLEVELAND, OH 44114 | | | LEADERS TO ATTEND CLC | |
| CLEVELAND, OR 44114 | | | PROGRAMMING; | |
| | | | SCHOLARSHIP ASSISTANCE | 23,000, |
| CUYAHOGA COMMUNITY COLLEGE FOUNDATION | N/A | 501(C)(3) | INCREASING THE NUMBER | 25,000 |
| 700 CARNEGIE AVENUE | N/A | 501(6)(3) | OF HEALTHCARE | |
| CLEVELAND, OH 44115 | | | PROFESSIONALS TO | |
| Chevenand, on 44113 | | | SUPPORT HEALTH HOME | |
| | | | MODELS OF CARE | 100,000, |
| | | | HODDES OF CARE | 100,000 |
| | | | | |
| CUYAHOGA COUNTY BOARD OF HEALTH | N/A | GOVERNMENT | HEALTH IMPROVEMENT | |
| 5550 VENTURE DRIVE | | | PARTNERSHIP - CUYAHOGA | 75 000 |
| CLEVELAND OH 44130-9315 | | | | 75,000 |
| CUYAHOGA COUNTY, OFFICE OF HEALTH AND | N/A | GOVERNMENT | FATHERHOOD INITIATIVE | |
| HUMAN SERVICES | 1 | | 9TH ANNUAL FATHERHOOD | |
| 1640 SUPERIOR AVENUE, SUITE 80 | | | CONFERENCE; FATHERHOOD | |
| CLEVELAND, OH 44114 | | | DOCUMENTARY PREVIEW | 21,000 |
| CUYAHOGA HEALTH ACCESS PARTNERSHIP | N/A | 501(C)(3) | NAVIGATING HEALTH IN | |
| 75 ERIEVIEW PLAZA 2ND FLOOR | | | CUYAHOGA COUNTY; | |
| CLEVELAND, OH 44113 | | | OPERATING SUPPORT TO | |
| | | | COVER EXTENDED GRANT | |
| | | | PERIOD FROM 2012 GRANT | 95,000 |
| CASE WESTERN RESERVE UNIVERSITY | N/A | 501(C)(3) | COLLABORATIVE CUYAHOGA | |
| 10900 EUCLID AVENUE | N/A | 501(0)(3) | COUNTY COMMUNITY | |
| | | | | |
| CLEVELAND, OH 44106 | | | HEALTH IMPROVEMENT DATA SURVEILLANCE | 75 000 |
| | | <u> </u> | DATA SURVEILLANCE | 75,000 |
| | | | | |
| CWRU SCHOOL OF DENTAL MEDICINE | N/A | 501(C)(3) | 2013 HEALTHY SMILES | |
| 10900 EUCLID AVENUE | | | DENTAL SEALANT PROGRAM | |
| CLEVELAND, OH 44106 | | | | 491,250 |
| DOMESTIC VIOLENCE AND CHILD ADVOCACY | N/A | 501(C)(3) | BUILDING COMMUNITY | |
| CENTER | | | CAPACITY TO CREATE | |
| PO BOX 5466 | | | HEALTHY FAMILIES | |
| CLEVELAND OH 44101 | | | | 175,000 |
| Total from continuation sheets | · | | | 10 623 522 |

SAINT LUKE'S FOUNDATION OF CLEVELAND, OH 34-0714513

Part XV | Supplementary Information

| Part XV Supplementary Informatio 3 Grants and Contributions Paid During the | | | | |
|--|---|--|---|----------|
| Recipient | If recipient is an individual, | - | | <u>_</u> |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Turne and address (nome of basiness) | or substantial contributor | recipient | - | |
| | | | | |
| ENTERPRISE COMMUNITY PARTNERS, INC. | N/A | 501(C)(3) | HOUSING FIRST | |
| 11000 BROKEN LAND PARKWAY, SUITE 700 | | | INITIATIVE | |
| COLUMBIA MD 21044 | | | | 75,000 |
| ENVIRONMENTAL HEALTH WATCH | N/A | 501(C)(3) | MAKING GREATER | |
| 3500 LORAIN AVENUE SUITE 300 | | İ | CLEVELAND LEAD-SAFE | |
| CLEVELAND, OH 44113 | | | AND HEALTHY 2014; | |
| | | | RACE, FOOD AND | |
| | | | JUSTICE: ANALYZING THE | 190,000 |
| | | | İ | |
| ESPERANZA INCORPORATED | N/A | 501(C)(3) | FAMILY ENGAGEMENT | |
| 6958 MACKENZIE ROAD | ,,, | | | |
| OLMSTED TOWNSHIP OH 44138 | | | | 84,000 |
| | | | | |
| | | | | |
| FAIRHILL PARTNERS | N/A | 501(C)(3) | OPERATING SUPPORT | |
| 12200 FAIRHILL ROAD | | | | |
| CLEVELAND OH 44120 | | 501 (0) (3) | | 50,000 |
| FAMILY PROMISE | N/A | 501(C)(3) | CONTINUED PLANNING AND | |
| 470 EAST 152ND STREET | | | TRANSITION ACTIVITIES FOR THE RE-TOOLING OF | |
| CLEVELAND, OH 44120 | | | THE EMERGENCY SHELTER | |
| | | | PROGRAM | 20,000 |
| FORCES4QUALITY NORTHEAST OHIO | N/A | 501(C)(3) | OPERATING SUPPORT AND | |
| 2500 METROHEALTH DRIVE, R243A | | | CAPACITY BUILDING | |
| CLEVELAND, OH 44109 | | | SUPPORT FOR FINANCIAL | |
| | | | MANAGEMENT; BUILDING | |
| | | | PROGRAMS BUILDING ON | 310,336 |
| | | | | |
| FRIENDS OF BREAKTHROUGH SCHOOLS | N/A | 501(C)(3) | NEW SCHOOL DEVELOPMENT | |
| 3516 SUPERIOR AVENUE | ,,,. <u>.</u> | | AND EXPANSION | |
| CLEVELAND, OH 44114 | | | INITIATIVE | 400,000 |
| | | | | |
| GRANTMAKERS FOR EFFECTIVE | N/A | 501(C)(3) | IMPROVING GRANTMAKER | |
| ORGANIZATIONS | | | EFFECTIVENESS | |
| 1725 DESALES ST NW, SUITE 404 | 1 | | | 45.000 |
| WASHINGTON, DC 20036 | | | | 15,000 |
| HEALTH POLICY INSTITUTE OF OHIO | N/A | 501(C)(3) | ADVANCING THE HEALTH | |
| 37 W BROAD ST, SUITE 350 | N/A | 501(0)(3) | OF ALL OHIOANS THROUGH | |
| COLUMBUS, OH 43215 | | | INFORMED POLICY | |
| | | | DECISIONS | 100,000 |
| | | | | |
| JOINT CENTER FOR POLITICAL AND | N/A | 501(C)(3) | PLACE MATTERS NATIONAL | |
| ECONOMIC STUDIES | | | HEALTH EQUITY | |
| 805 15TH ST NW | | | CONFERENCE | |
| WASHINGTON, DC 20005 | | | | 5,000 |

| 3 Grants and Contributions Paid During the Yo | ear (Continuation) | | | |
|--|---|------------------------|---|----------------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | |
| MENTAL HEALTH AND ADDICTION ADVOCACY COALITION | N/A | 501(C)(3) | OPERATING SUPPORT, | |
| 4500 EUCLID AVENUE | | | | 120,000 |
| CLEVELAND, OH 44103 METROHEALTH FOUNDATION 2500 METROHEALTH DRIVE CLEVELAND, OH 44109 | N/A | 501(C)(3) | BUCKEYE HEALTH CENTER; COMMUNITY CAN! A PROCESS TO IGNITE AND SUSTAIN COMMUNITY-LED | |
| MT PLEASANT COMMUNITY ZONE 11019 KINSMAN ROAD CLEVELAND, OH 44104 | N/A | 501(C)(3) | CHANGE MT. PLEASANT COMMUNITY ZONE CAPACITY BUILDING PROJECT; 4TH DISTRICT CLEVELAND POLICE DEPARTMENT (CPD) & | 1,420,443 411,739 |
| NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE ROAD CLEVELAND, OH 44102 | N/A | 501(C)(3) | OPERATING SUPPORT AND EXPANDING ACCESS TO CARE; CAPACITY BUILDING | 350 <u>,000</u> |
| NEIGHBORHOOD LEADERSHIP INSTITUTE 5246 BROADWAY AVE CLEVELAND, OH 44127 | N/A | 501(C)(3) | PARENT AND FAMILY LEADERSHIP ACADEMY AND NORTHEAST OHIO PARENT AND FAMILY SUPPORT | 80.000 |
| CLEVELAND NEIGHBORHOOD PROGRESS, INC. 1956 WEST 25TH STREET #200 CLEVELAND, OH 44113 | N/A | 501(C)(3) | NETWORK 2013 CREATING NEIGHBORHOODS OF CHOICE IN THE BUCKEYE-SHAKER SQUARE AREA; SAINT LUKE'S | 1,028,000 |
| NORTH COAST HEALTH 16110 DETROIT AVE LAKEWOOD, OH 44107 | N/A | 501(C)(3) | CONTINUED AND EXPANDED EXECUTION OF THE PATIENT CENTERED MEDICAL HOME | 150,000 |
| NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. 4800 PAYNE AVENUE CLEVELAND, OH 44103 | N/A | 501(C)(3) | NEON HEALTH SERVICES - SAFETY NET PRIMARY CARE SERVICES | 175,000 |
| PARTNERSHIP FOR A SAFER CLEVELAND 2239 EAST 14TH ST CLEVELAND, OH 44115 | N/A | 501(C)(3) | STANCE POLICE ASSISTED REFERRALS; CAPACITY-BUILDING FOR FISCAL ACCOUNTABILITY, BOARD DEVELOPMENT, AND | 151,000 |
| POLICYBRIDGE 850 EUCLID AVENUE SUITE 1100 CLEVELAND, OH 44114 | N/A | 501(C)(3) | OPERATING SUPPORT FOR 2013 AGENDA; CUYAHOGA COUNTY PLACE MATTERS TEAM'S ATTENDANCE AT THE PLACE MATTERS | 103,770 |

| 3 Grants and Contributions Paid During the | ear (Continuation) | | | |
|---|---|----------------------|--|-------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | 001111111111111111111111111111111111111 | |
| | | | | |
| PROJECT LEARN | N/A | 501(C)(3) | CONSULTANT COSTS FOR | |
| 2728 EUCLID AVENUE, SUITE 400 | | | CONTINUED TRANSITION PLAN | 18,000 |
| CLEVELAND, OH 44115 | | | THE STATE OF THE S | |
| THE CENTER FOR COMMUNITY SOLUTIONS | N/A | 501(C)(3) | GENERAL OPERATING | |
| 1501 EUCLID AVE, SUITE 310 | | | SUPPORT; AFC COMMUNITY | |
| CLEVELAND, OH 44115 | | | MAPPING | 168,500 |
| CENTERS FOR FAMILIES AND CHILDREN | N/A | 501(C)(3) | OPERATING SUPPORT | |
| 4500 EUCLID AVENUE CLEVELAND, OH 44103 | | | | 150,000 |
| | | | | |
| THE FOUNDATION CENTER - CLEVELAND | N/A | 501(C)(3) | INFORMATION + | |
| 1422 EUCLID AVENUE, SUITE 1600 | | | EDUCATION = KNOWLEDGE | |
| CLEVELAND, OH 44115-2001 THE FREE CLINIC OF GREATER CLEVELAND | N/A | 501(C)(3) | FOR MAKING CHANGE OPERATING SUPPORT & | 12,500 |
| 12201 EUCLID AVENUE | 17.22 | 551(5,(5, | ELECTRONIC HEALTH | |
| CLEVELAND, OH 44106 | | | RECORDS PROJECT; | |
| | | | ORGANIZATIONAL | 205 000 |
| | | | LEADERSHIP | 325,000 |
| THE FUND FOR OUR ECONOMIC FUTURE | N/A | 501(C)(3) | OPERATING SUPPORT | |
| 1360 E NINTH ST SUITE 210 | | | | |
| CLEVELAND OH 44114 | | | | 100,000 |
| THE LEGAL AID SOCIETY OF CLEVELAND | N/A | 501(C)(3) | OPERATING REQUEST: | |
| 1223 WEST SIXTH STREET | | | HEALTH AND FINANCIAL | |
| CLEVELAND, OH 44113 | | | STABILITY FOR PARENTS | |
| | | | THROUGH LEGAL AID | 300,000 |
| THE PEW CHARITABLE TRUSTS | N/A | 501(C)(3) | HEALTH IMPACT | |
| 901 E ST NW | | | ASSESSMENT - GREATER | |
| WASHINGTON, DC 20004 | | | CLEVELAND | 28,824 |
| UHCAN OHIO | N/A | 501(C)(3) | CREATING AN EXCHANGE | |
| 404 S 5TH STREET SUITE G3 | μ/Δ | 501(0/(3/ | NAVIGATION SYSTEM IN | |
| COLUMBUS, OH 43215-7436 | | | OHIO | 85,000 |
| VIOLODO DOD OUTO 'S SUTEDO | 1/2 | E01/C\/2\ | ADVOCACY FOR CUTO'S | |
| VOICES FOR OHIO'S CHILDREN 3634 EUCLID AVENUE, SUITE 101 | N/A | 501(C)(3) | ADVOCACY FOR OHIO'S CHILDREN | |
| CLEVELAND, OH 44115 | | | | 40,000 |
| Total from continuation sheets | | | | |

| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | - - |
|--|---|------------------------|--------------------------------|----------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| WEST SIDE CATHOLIC CENTER | N/A | 501(C)(3) | ZACCHAEUS HOUSE; MEN'S | |
| 3135 LORAIN AVE | | | CLOTHING NEEDS | 440.000 |
| CLEVELAND, OH 44113 | | | | 110,000. |
| WESTERN RESERVE LAND CONSERVANCY, | N/A | 501(C)(3) | THRIVING COMMUNITIES | |
| THRIVING COMMUNITIES INSTITUTE | | | INSTITUTE - SAINT | |
| 2012 WEST 25TH STREET, SUITE 504 | | | LUKE'S NEIGHBORHOOD | |
| CLEVELAND, OH 44113 | | | REVITALIZING PROJECT | 355,000. |
| PHILANTHROPY OHIO | N/A | 501(C)(3) | PHILANTHROPY OHIO | |
| 37 W. BROAD ST., SUITE 800 | | | HEALTH INITIATIVE; | |
| COLUMBUS, OH 43215 | | | DIVERSITY AND | |
| | | | INCLUSION INITIATIVE; | 47.000 |
| | | | PHILANTHROPY 2.0; 2013 | 47,000. |
| | | | | |
| COMPUTERS ASSISTING PEOPLE, INC. | N/A | 501(C)(3) | OPERATING SUPPORT FOR | |
| 868 MONTFORD ROAD | | | 2012-13 | 10 000 |
| CLEVELAND HEIGHTS, OH 44121 | | | | 10,000, |
| EMERALD DEVELOPMENT & ECONOMIC | N/A | 501(C)(3) | COSTS IN HIRING | |
| NETWORK, INC. | | | EXECUTIVE SEARCH FIRM | |
| 7812 MADISON AVENUE | | | TO ASSIST IN HIRING | |
| CLEVELAND, OH 44102 | | - | NEW EXECUTIVE DIRECTOR | 20,000, |
| | | | | |
| HANDS ON NORTHEAST OHIO | N/A | 501(C)(3) | 2013 HOMELESS STAND | |
| 4614 PROSPECT AVENUE, SUITE 223 | | | DOMN | |
| CLEVELAND, OH 44103 | | | | 5,000 |
| | | | | |
| MILESTONES AUTISM ORGANIZATION | N/A | 501(C)(3) | MILESTONES PARENT | |
| 23880 COMMERCE PARK DRIVE, SUITE 2 | | | EMPOWERMENT NETWORK | |
| BEACHWOOD, OH 44122 | | - | | 15,000 |
| SISTERS OF CHARITY FOUNDATION | N/A | 501(C)(3) | LOCAL MATCH FOR THE | |
| 1228 EUCLID AVENUE | | | OHIO REGIONAL | |
| CLEVELAND, OH 44115 | | | CONVERGENCE | |
| | | · | PARTNERSHIP | 7,500 |
| | | | | |
| IDEASTREAM | N/A | 501(C)(3) | VIZ KIDS | |
| 1375 EUCLID AVENUE | | | | |
| CLEVELAND, OH 44115 | | | | 20,000 |
| CENTER FOR THE STUDY OF SOCIAL POLICY | N/A | 501(C)(3) | PARENT LEGAL | |
| 1575 EYE STREET, NW, SUITE 500 | | | REPRESENTATION AS AN | |
| WASHINGTON, DC 20005 | | | EFFECTIVE STRATEGY TO | |
| | | | IMPROVE CHILD WELFARE OUTCOMES | 20,000 |
| Total from continuation sheets | -1 | 1 | COLCOMBO | 20,000 |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Y | | | | |
|--|---|----------------------|--------------------------------------|----------|
| Recipient | If recipient is an individual. | | | _ |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Tallio and dedices (nome of beamess) | or substantial contributor | recipient | | |
| | | | | |
| OHIO STATE UNIVERSITY FOUNDATION | N/A | 501(C)(3) | CLEVELAND-CUYAHOGA | |
| 5320 STANARD AVENUE | | | COUNTY FOOD POLICY | |
| CLEVELAND, OH 44103 | | | COALITION | 50,000. |
| CARE ALLIANCE | N/A | 501(C)(3) | CAPITAL EXPANSION FOR | |
| 1530 ST CLAIR AVE CLEVELAND, OH 44114 | | | CARE ALLIANCE RIVERVIEW AND CENTRAL; | |
| CHEVERAND, ON 44114 | | | CARE ALLIANCE | |
| | | | SUSTAINED CAPACITY | 630,000. |
| CLEVELAND STATE UNIVERSITY FOUNDATION | N/A | 501(C)(3) | THE NEOMED-CSU | • |
| 2121 EUCLID AVENUE | | | PARTNERSHIP FOR | |
| CLEVELAND, OH 44115 | | | ENHANCING URBAN | |
| | | | HEALTH: URBAN HEALTH | |
| | <u></u> | T04 (=) (2) | FELLOWS PROGRAM | 184,307. |
| CENTER FOR CHILD HEALTH & POLICY AT | N/A | 501(C)(3) | 4-YEAR STRATEGIC PLAN | |
| UH RAINBOW BABIES & CHILDREN'S HOSPITAL | | | | |
| 11100 EUCLID AVENUE, MS 6004 | | | 1 | |
| CLEVELAND OH 44106 | | | | 10,000. |
| YWCA OF GREATER CLEVELAND | N/A | 501(C)(3) | YWCA LEADERSHIP & | |
| 4019 PROSPECT AVENUE | | | INCLUSION INITIATIVES: | |
| CLEVELAND, OH 44103 | | | ADVANCING NORTHEAST | |
| | | | OHIO'S NONPROFIT | 20 750 |
| | | | LEADERS; A PLACE 4 ME: | 29,750, |
| | | | | |
| FAMILY CONNECTIONS | N/A | 501(C)(3) | FAMILY-SCHOOL | |
| 19824 SUSSEX ROAD | | | CONNECTION | 10 500 |
| SHAKER HEIGHTS, OH 44120 | | | | 19,500, |
| | | | | |
| POLICY MATTERS OHIO | N/A | 501(C)(3) | FAMILY RESILIENCY | |
| 3631 PERKINS AVENUE, SUITE 4C-EAST | | 1 | THROUGH BETTER POLICY | 40.000 |
| CLEVELAND OH 44114 DIABETES PARTNERSHIP OF CLEVELAND | N/A | 501(C)(3) | DIABETES/OBESITY | 40,000 |
| 3601 SOUTH GREEN ROAD, SUITE 100 | N/A | 501(0)(3) | EDUCATION | |
| CLEVELAND, OH 44122 | | | INCORPORATING | |
| , | | | COMMUNITY HEALTH | |
| | | <u> </u> | WORKERS | 50,000 |
| EDWING DEGRANDANT AND LEADERSHIP | h7 / h | E01/C)/3) | TAINCUING POUTNO | |
| EDWINS RESTAURANT AND LEADERSHIP INSTITUTE | N/A | 501(C)(3) | LAUNCHING EDWINS RESTAURANT AND | |
| 12026 MAYFIELD ROAD | | | LEADERSHIP INSTITUTE | |
| CLEVELAND OH 44106 | | | | 65,000 |
| | | | | |
| SENIOR TRANSPORTATION CONNECTION OF | N/A | 501(C)(3) | CAPITAL SUPPORT FOR | |
| CUYAHOGA COUNTY | | | VEHICLE PURCHASE | |
| 4735 W 150TH ST, SUITE A | | | | 22 000 |
| CLEVELAND, OH 44135 Total from continuation sheets | | | | 32,000 |

| Part XV Supplementary Information Grants and Contributions Paid During the Y | | | | |
|---|---|----------------------|--|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | , ,,,,, |
| OHIO IAF (GREATER CLEVELAND CONGREGATIONS) 6114 FRANCIS AVENUE CLEVELAND, OH 44127 | N/A | 501(C)(3) | CMSD PARENT INITIATIVE; EVALUATION PLAN | 40,000 |
| | | | | |
| FIELDSTONE FARM RIDING CENTER 16497 SNYDER ROAD CHAGRIN FALLS, OH 44023 | N/A | 501(C)(3) | WOUNDED VETERANS PROGRAM, IN HONOR OF TOM RATHBONE | 5,000 |
| CUYAHOGA COUNTY WITNESS/VICTIM SERVICE CENTER 310 W. LAKESIDE AVENUE | N/A | 501(C)(3) | CUYAHOGA COUNTY FAMILY JUSTICE CENTER | |
| CLEVELAND OH 44113 | | | | 20,000 |
| EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL ROAD CLEVELAND, OH 44104 | N/A | 501(C)(3) | EFFORTS TO OUTCOMES: A NEIGHBORHOOD-DRIVEN PILOT PROGRAM FOR COLLECTING PREVENTION-SERVICE | 30,000 |
| LAND STUDIO 1939 W. 25TH STREET, #200 CLEVELAND, OH 44113 | N/A | 501(C)(3) | LEVERAGING STORMWATER MANAGEMENT INVESTMENTS IN THE BUCKEYE NEIGHBORHOOD | 45,000 |
| PASSAGES CONNECTING FATHERS AND SONS 3631 PERKINS AVENUE CLEVELAND, OH 44114 | N/A | 501(C)(3) | JOBS FOR DADS | 55,000 |
| UNIVERSITY SETTLEMENT 4800 BROADWAY AVENUE CLEVELAND OH 44127 | N/A | 501(C)(3) | STRENGTHENING FAMILIES THROUGH FATHERHOOD CONNECTION | 48,000 |
| WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVENUE CLEVELAND OH 44102 | N/A | 501(C)(3) | WRAP FOR SUCCESS | 84,000 |
| ALLIANCE FOR A HEALTHIER GENERATION, INC. 606 SE 9TH AVENUE PORTLAND, OR 97214 | N/A | 501(C)(3) | HEALTHY SCHOOLS PROGRAM: CLEVELAND METROPOLITAN SCHOOL DISTRICT | 90,000 |
| UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115 | N/A | 501(C)(3) | THE COMMUNITY WRAP-AROUND INITIATIVE FOR ACADEMIC ACHIEVEMENT | 200,000 |
| Total from continuation sheets | | | | 200,000 |

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | · · · · · · · · · · · · · · · · · · · |
|--|--|----------------------|----------------------------------|---------------------------------------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (nome or business) | or substantial contributor | recipient | | |
| CUYAHOGA COUNTY DIVISION OF CHILDREN | N/A | GOVERNMENT | STRENGTHENING WORKERS, | |
| AND FAMILY SERVICES 3955 EUCLID AVENUE | | | SIRENGINENING PARILIES | |
| CLEVELAND, OH 44115 | | | | 75,000 |
| THE CITY CLUB OF CLEVELAND | N/A | 501(C)(3) | THE CITY CLUB OF | |
| 850 EUCLID AVENUE | ["- | | CLEVELAND'S STRATEGIC | |
| CLEVELAND, OH 44114 | | | MARKETING AND | |
| , | | | COMMUNICATIONS | |
| | | | INITIATIVE | 75,000 |
| YMCA OF GREATER CLEVELAND | N/A | 501(C)(3) | Y-CLEVELANDERS IN | |
| 2200 PROSPECT AVE., #900 | | | MOTION BODY AGE | |
| CLEVELAND, OH 44115 | | | SCREENING; WRTC (WE | |
| | | | RUN THIS CITY) YOUTH | 70.000 |
| | | | MARATHON | 70,000 |
| | | | | |
| CLEVELAND PUBLIC LIBRARY | N/A | GOVERNMENT | BOOKS UNDER THE SUN, A | |
| 325 SUPERIOR AVENUE | | | CELEBRATION OF READING | |
| CLEVELAND OH 44114 | | | | 2,500 |
| | | | | |
| MT. SINAI HEALTH CARE FOUNDATION | N/A | 501(C)(3) | EARLY CHILDHOOD | |
| 11000 EUCLID AVENUE | | | OBESITY PREVENTION | |
| CLEVELAND, OH 44106 | | | SUMMIT II - CHILDCARE | 2,650 |
| | | | SETTINGS | 2,650 |
| SHAKER SQUARE AREA DEVELOPMENT | N/A | 501(C)(3) | LARCHMERE FESTIVAL | |
| CORPORATION | | | 2013 | |
| 11811 SHAKER BOULEVARD, SUITE 106 | | | | |
| CLEVELAND, OH 44120 | | | | 2,150 |
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| | | | | |
| Total from continuation sheets | | | | |

CONTINUATION FOR 990-PF, PART IV SAINT LUKE'S FOUNDATION OF CLEVELAND, OH 34-0714513 PAGE OF Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation P VARIOUS 06/30/13 1a OAKTREE P VARIOUS 06/30/13 b FARRALLON P VARIOUS 06/30/13 c EARLY STAGE PARTNERS P VARIOUS 06/30/13 d OAKTREE III P 06/30/13 e MCM CAPITAL VARIOUS f KAYNE PRIVATE INVESTORS P VARIOUS 06/30/13 VARIOUS 06/30/13 G EARLY STAGE PARTNERS II P 06/30/13 h STRATEGIC SOLUTIONS REALTY OPPORTUNITIES P VARIOUS 06/30/13 P NEO CAPITAL FUND VARIOUS I NEW BOSTON P VARIOUS 06/30/13 k KAYNE ANDERSON PRIVATE INVESTORS P VARIOUS 06/30/13 P VARIOUS 06/30/13 KAYNE ANDERSON III m п 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) -193,025. 380,238 187,213. a -2,042.48,087. 50,129. þ -15,938. 71,692. 87,630 90,755 85,900 4,855. d 145,827. 1,173. 147,000. е 17,596 347,812. 365,408 12,487. 12,487. g 24,15024,150. 11.701. 11,701. 40,839. -40,839. -92,602. 92,602. -145,363. 145,363 m П 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -193,025. a -2,042. -15,938. C 4,855. đ 145,827. 347,812. 12,487. 24,150. h 11,701. -40,839. -92,602. -145,363. m

| 323591 | |
|----------|--|
| 05-01-13 | |

2 Capital gain net income or (net capital loss)

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

<u>n</u> 0

2

3

3,417,343.

N/A

{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7

| SAINT LUKE'S FOUNDATION OF CLEVELAND, OH34-0714513 Part XV Supplementary Information |
|---|
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |
| NAME OF RECIPIENT - CLEVELAND LEADERSHIP CENTER |
| TUITION SCHOLARSHIPS FOR LOCAL NONPROFIT LEADERS TO ATTEND CLC |
| PROGRAMMING; SCHOLARSHIP ASSISTANCE FOR COMMUNITY LEADERS TO |
| PARTICIPATE IN THE MAKING ENDS MEET PROGRAM |
| |
| NAME OF RECIPIENT - ENVIRONMENTAL HEALTH WATCH |
| MAKING GREATER CLEVELAND LEAD-SAFE AND HEALTHY 2014; RACE, FOOD AND |
| JUSTICE: ANALYZING THE URBAN FOOD MOVEMENT THROUGH A SOCIAL JUSTICE |
| LENS; OPERATING SUPPORT AND PROFESSIONAL DEVELOPMENT |
| |
| NAME OF RECIPIENT - FORCES4QUALITY NORTHEAST OHIO |
| OPERATING SUPPORT AND CAPACITY BUILDING SUPPORT FOR FINANCIAL |
| MANAGEMENT; BUILDING PROGRAMS, BUILDING ON EARLY SUCCESS OF BUSINESS |
| MODEL FOR SUSTAINABILITY |
| |
| NAME OF RECIPIENT - MT PLEASANT COMMUNITY ZONE |
| MT. PLEASANT COMMUNITY ZONE CAPACITY BUILDING PROJECT; 4TH DISTRICT |
| CLEVELAND POLICE DEPARTMENT (CPD) & COMMUNITY ENGAGEMENT PLAN |
| NAME OF RECIPIENT - CLEVELAND NEIGHBORHOOD PROGRESS, INC. |
| |
| 2013 CREATING NEIGHBORHOODS OF CHOICE IN THE BUCKEYE-SHAKER SQUARE |
| AREA; SAINT LUKE'S MANOR PHASE III: TURNING A VISION INTO A REALITY; |
| GEO COMMUNITY OF PRACTICE MEETINGS; OUTDOOR GARDEN NAMED IN MEMORY OF |
| FRANCIS H. BEAM, JR. |
| NAME OF RECIPIENT - PARTNERSHIP FOR A SAFER CLEVELAND |
| STANCE POLICE ASSISTED REFERRALS; CAPACITY-BUILDING FOR FISCAL |
| ACCOUNTABILITY, BOARD DEVELOPMENT, AND COLLECTIVE VISIONING |

24

323655 05-01-13

| SAINT LUKE'S FOUNDATION OF CLEVELAND, OH34-0714513 Part XV Supplementary Information |
|---|
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |
| |
| NAME OF RECIPIENT - POLICYBRIDGE |
| OPERATING SUPPORT FOR 2013 AGENDA; CUYAHOGA COUNTY PLACE MATTERS TEAM'S |
| ATTENDANCE AT THE PLACE MATTERS NATIONAL HEALTH EQUITY CONFERENCE |
| |
| NAME OF RECIPIENT - THE FREE CLINIC OF GREATER CLEVELAND |
| OPERATING SUPPORT & ELECTRONIC HEALTH RECORDS PROJECT; ORGANIZATIONAL |
| LEADERSHIP DEVELOPMENT; ECONOMIC DEVELOPMENT: WHAT'S HEALTH GOT TO DO |
| WITH IT? THE SEQUEL; TO BRIDGE A SHORTFALL IN PURCHASING AN ELECTRONIC |
| HEALTH RECORD SYSTEM |
| |
| NAME OF RECIPIENT - PHILANTHROPY OHIO |
| PHILANTHROPY OHIO HEALTH INITIATIVE; DIVERSITY AND INCLUSION |
| INITIATIVE; PHILANTHROPY 2.0; 2013 OPERATING SUPPORT |
| |
| NAME OF RECIPIENT - CARE ALLIANCE |
| CAPITAL EXPANSION FOR CARE ALLIANCE RIVERVIEW AND CENTRAL; CARE |
| ALLIANCE SUSTAINED CAPACITY INITIATIVE; OPERATING EXPANSION FOR CARE |
| ALLIANCE RIVERVIEW AND CENTRAL |
| |
| NAME OF RECIPIENT - YWCA OF GREATER CLEVELAND |
| YWCA LEADERSHIP & INCLUSION INITIATIVES: ADVANCING NORTHEAST OHIO'S |
| NONPROFIT LEADERS; A PLACE 4 ME: TO PREVENT HOMELESSNESS AND IMPROVE |
| OUTCOMES FOR YOUTH INVOLVED WITH CHILD WELFARE |
| |
| NAME OF RECIPIENT - EAST END NEIGHBORHOOD HOUSE |
| EFFORTS TO OUTCOMES: A NEIGHBORHOOD-DRIVEN PILOT PROGRAM FOR COLLECTING |
| PREVENTION-SERVICE OUTCOMES |

| Part XV Supplementary Information | , OH34-0/14313 |
|---|----------------|
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution | |
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| | ses for Tax on Investment Income | Brave, on 34 071 | | |
|---|--|--|---------------|---|
| (a) List and | describe the kind(s) of property solo | | - ululasc | (c) Date acquired (d) Date sold (mo., day, yr.) |
| | ck warehouse; or common stock, 20 | | D - Donation | |
| 1a STRATEGIC SOLU | | | P P | VARIOUS 06/30/13 VARIOUS 06/30/13 |
| | EGY BOND INVESTO | RS, LLC | P | VARIOUS 06/30/13 VARIOUS 06/30/13 |
| c SSG DIVERSIFYII | TEGY COMMODITIES | EIND | P | VARIOUS 06/30/13 |
| e CFI REAL RETUR | | FUND | P | VARIOUS 06/30/13 |
| f PRIVATE EQUITY | | | P | VARIOUS 06/30/13 |
| 9 PRIVATE EQUITY | | | P | VARIOUS 06/30/13 |
| h PRIVATE EQUITY | | **** | P | VARIOUS 06/30/13 |
| INT'L PRIVATE | | IV | P | VARIOUS 06/30/13 |
| INT'L PRIVATE EQUITY PARTNERS V | | | P | VARIOUS 06/30/13 |
| k VENTURE PARTNE | | · · · · · · · · · · · · · · · · · · · | P | VARIOUS 06/30/13 |
| VENTURE PARTNE | | | P | VARIOUS 06/30/13 |
| | SED INVESTORS LL | C 3 | P | VARIOUS 06/30/13 |
| n NATURAL RESOUR | CES PARTNERS VII | I | P | VARIOUS 06/30/13 |
| 0 NATURAL RESOUR | CES PARTNERS IX, | LP | P | VARIOUS 06/30/13 |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | n) Gain or (loss) plus (f) minus (g) |
| a 1,492,549. | | | | 1,492,549. |
| b 674,717. | | | | 674,717. |
| c 27,772. | | | | 27,772. |
| d | | 80,077. | | <u>-80,077.</u> |
| e 12,798. | | | | 12,798. |
| f 281,314. | | | | 281,314. |
| g 121,001. | | | | 121,001. |
| h 764. | | | | 764. |
| 1 202,466. | | <u> </u> | | 202,466. |
| 156,122. | | | | 156,122. |
| k 236,818. | | | | 236,818. 43,816. |
| <u>43,816.</u> m 164,493. | | | | 164,493. |
| 01 010 | · · · · · · · · · · · · · · · · · · · | | | 21,819. |
| $\frac{n}{0}$ 21,819. | | | | 3,948. |
| | ng gain in column (h) and owned by | the foundation on 12/31/69 | (I) Lo | esses (from col. (h)) |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | Gains (excess | of col. (h) gain over col. (k), not less than "-0-") |
| a | | | | 1,492,549. |
| b | | | | 674,717. |
| C | | | | 27,772. |
| d | | | | -80,077. |
| е | | | | 12,798. |
| f | | | | 281,314. |
| g | | | | 121,001. |
| h | | | | 764. |
| 1 | | | | 202,466. |
| 1 | | | | 156,122. |
| k | | | | 236,818. |
| <u> </u> | | | • | 43,816. |
| m | | | · | 164,493. |
| <u>n</u> | | | | 21,819. |
| 0 | | 1 | | 3,948. |
| 2 Capital gain net income or (net ca | apıtal loss) { If gain, also ente If (loss), enter "- | r in Part I, line 7 0-" in Part I, line 7 | 2 | |
| 3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8 | ss) as defined in sections 1222(5) ai column (c). | , I | 3 | |
| | | | | |

| FORM 990-PF | LEGAL | FEES | ST | 'ATEMENT 1 | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| MISCELLANEOUS LEGAL FEES | 30,049. | 0. | 0. | 30,049. | |
| TO FM 990-PF, PG 1, LN 16A = | 30,049. 0. | | 0. | 30,049. | |
| FORM 990-PF | ACCOUNTI | NG FEES | ST | 'ATEMENT 2 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| ACCOUNTING/AUDIT/TAX FEES | 92,593. | 0. | 0. | 92,593. | |
| TO FORM 990-PF, PG 1, LN 16B | 92,593. | 0. | 0. | 92,593. | |
| FORM 990-PF C | OTHER PROFES | SIONAL FEES | rs | CATEMENT 3 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| INVESTMENT MANAGEMENT FEES PENSION FEES PAYROLL PROCESSING FEES | 272,942. 1,165. 4,778. | 272,942. 0. 0. | 0. 0. 0. | 0. 1,165. 4,778. | |
| TO FORM 990-PF, PG 1, LN 16C | 278,885. | 272,942. | 0. | 5,943. | |
| FORM 990-PF | TAX | ES | នា | CATEMENT 4 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| FEDERAL EXCISE TAX EMPLOYMENT TAXES | 65,828. 57,279. | 0. | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 123,107. | 0. | 0. | 0. | |
| = | | | | | |

| FORM 990-PF | OTHER EXPENSES | | | STATEMENT | | |
|--|---|-----------------------------------|-------------------------------|------------------------------------|--------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAI PURPOSI | | |
| FOUNDATION DEVELOPMENT BANK FEES SUPPLIES TELEPHONE INSURANCE MISCELLANEOUS EXPENSES | 398,973. 11,329. 4,935. 6,024. 15,792. 22,379. | 0. 0. 0. 0. | 0. 0. 0. 0. | 398,9° 11,3° 4,9° 6,0° 15,7° -2,3° | 29. 35. 24. 92. | |
| TO FORM 990-PF, PG 1, LN 23 | 459,432. | 0. | 0. | 434,7 | 05. | |
| FORM 990-PF | OTHER I | NCOME | ST | CATEMENT (A) | 6 | |
| DESCRIPTION | | | | REVENUE PER BOOK | S | |
| REFUND OF PRIOR YEAR GRANT | | | | 155,3 | 07. | |
| TOTAL TO FORM 990-PF, PART I | , LINE 11, C | OLUMN A | | 155,3 | 07. | |
| FORM 990-PF OTHER INCREASES | S IN NET ASS | ETS OR FUND BA | ALANCES SI | PATEMENT | 7 | |
| DESCRIPTION | | | | AMOUNT | | |
| UNREALIZED GAIN ON INVESTMENT | | | | 15,004,1 424,5 | | |
| TOTAL TO FORM 990-PF, PART I | II, LINE 3 | | | 15,428,7 | 18. | |

| FORM 990-PF DEPRECIATION | OF ASSETS NO | T HELD FOR IN | /ESTMENT | STATEMENT 8 | |
|--|------------------------|-----------------------------|--------------------------|------------------------|--|
| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE | FAIR MARKET VALUE | |
| LEASEHOLD IMPROVEMENTS | 135,749. | 79,864. | 55,885 | | |
| FURNITURE | 151,811. | 139,936. | 11,875 | | |
| OFFICE EQUIPMENT | 33,757. | 33,757. | 0 41 ,986 | | |
| COMPUTER HARDWARE COMPUTER SOFTWARE | 151,364. 59,149. | 109,378. 42,755. | 16,394 | | |
| TO 990-PF, PART II, LN 14 | 531,830. | 405,690. | 126,140 | . 126,140. | |
| FORM 990-PF | CORPORA | TE STOCK | | STATEMENT 9 | |
| DESCRIPTION | | B0 | OOK VALUE | FAIR MARKET VALUE | |
| CORPORATE STOCK | | | 146,487. | 146,487 | |
| TOTAL TO FORM 990-PF, PART | II, LINE 10B | | 146,487. | 146,487. | |
| FORM 990-PF | OTHER IN | VESTMENTS | | STATEMENT 10 | |
| DESCRIPTION | | ALUATION METHOD B | OOK VALUE | FAIR MARKET VALUE | |
| EQUITY MUTUAL FUNDS | _ | COST 1 | 09,782,475. | 109,782,475 | |
| LIMITED PARTNERSHIPS | | | 32,875,045. | 32,875,045 | |
| ACCRUED INCOME | | COST | 130,001. | 130,001 | |
| FIXED MUTUAL FUNDS | | | 23,598,663. | 23,598,663 | |
| COMMODITIES INVESTMENTS HELD IN TRUST | | COST COST | 7,391,370. 3,428,928. | 7,391,370 3,428,928 | |
| TOTAL TO FORM 990-PF, PART | II, LINE 13 | 1 | 77,206,482. | 177,206,482 | |

| FORM 990-PF | OTHER ASSETS | | STATE | EMENT 11 | |
|---|-------------------------------|---------------------------|---------------------------------|--------------------|--|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | | MARKET LUE | |
| DEFERRED COMPENSATION DEPOSITS DEFERRED TAX ASSET | 25,000. 28,045. | 30,000 71,756 | | 30,000. 71,756. | |
| TO FORM 990-PF, PART II, LINE 15 | 53,045. | 101,756 | 5. | 101,756. | |
| FORM 990-PF OT | HER LIABILITIES | | STATI | EMENT 12 | |
| DESCRIPTION | | BOY AMOUNT | EOY A | AMOUNT | |
| LIABILITY FOR DEFERRED COMPENSATI | ON | 25,000 |). | 30,000. | |
| TOTAL TO FORM 990-PF, PART II, LI | NE 22 | 25,000 |). | 30,000. | |
| | T OF OFFICERS, I | | STAT | EMENT 13 | |
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT | |
| FRANCIS AFRAM-GYENING 11327 SHAKER BOULEVARD, SUITE 600 CLEVELAND, OH 44104 | TRUSTEE | 0. | 0. | 0. | |
| JANET E. BURNEY 11327 SHAKER BOULEVARD, SUITE 600 CLEVELAND, OH 44104 | | 0. | 0. | 0. | |
| GERALDINE H. BURNS 11327 SHAKER BOULEVARD, SUITE 600 CLEVELAND, OH 44104 | TRUSTEE | 0. | 0. | 0. | |
| JOHN R. CORLETT 11327 SHAKER BOULEVARD, SUITE 600 CLEVELAND, OH 44104 | TRUSTEE)W 1.00 | 0. | 0. | 0. | |
| COLLEEN M. COTTER 11327 SHAKER BOULEVARD, SUITE 600 CLEVELAND, OH 44104 | TRUSTEE | 0. | 0. | 0. | |

| SAINT LUKE'S FOUNDATION OF CLEVE | | | 34-07 | 14513 |
|--|-----------------------|----|-------|-------|
| CLAUDIA J. COULTON 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | TRUSTEE 1.00 | 0. | 0. | 0. |
| EDGAR B. JACKSON, JR., MD 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | TRUSTEE 1.00 | 0. | 0. | 0. |
| SANDRA KIELY KOLB 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | 1.00 | | 0. | 0. |
| ARTHUR LAVIN, MD 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | VICE CHAIRMAN 1.00 | 0. | 0. | 0. |
| J. CHRISTOPHER MANNERS 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | | 0. | 0. | 0. |
| GEORGE MATEYO 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | | 0. | 0. | 0. |
| ROBERT MONITELLO 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | | 0. | 0. | 0. |
| JOHN P. O'BRIEN 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | | 0. | 0. | 0. |
| ASHLEY BASILE OEKEN 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | | 0. | 0. | 0. |
| KENNETH L. OKESON 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | | 0. | 0. | 0. |
| THOMAS RATHBONE 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | TRUSTEE 1.00 | 0. | 0. | 0. |
| SALLY J. STALEY 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | TRUSTEE 1.00 | 0. | 0. | 0. |
| BELVA DENMARK TIBBS 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | | 0. | 0. | 0. |

| SAINT LUKE'S FOUNDATION OF CLEVE | LAND, OH | | 34- | -0714513 |
|---|-------------------------|----------|---------|----------|
| DOUGLAS WANG 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | CHAIR 1.00 | 0. | 0. | 0. |
| DENISE ZEMAN 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | CEO AND PRESID 38.00 | | 53,158. | 0. |
| DANIEL J. HARRINGTON 11327 SHAKER BOULEVARD, SUITE 600W CLEVELAND, OH 44104 | | | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 409,849. | 53,158. | 0. |

FORM 990-PF

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

STATEMENT

14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

FOR QUESTIONS, CONTACT LATIDA SMITH 216-431-8010

NAME OF GRANT PROGRAM

COMMUNITY GRANTS

EMAIL ADDRESS

WWW.SAINTLUKESFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

ALL APPLICATIONS ARE ACCEPTED VIA ONLINE APPLICATION FOUND AT WWW.SAINTLUKESFOUNDATION.ORG. PAPER COPIES ARE NOT ACCEPTED.

SEE ATTACHED STATEMENT 15

ANY SUBMISSION DEADLINES

APRIL 1, JULY 1, AND OCTOBER 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION DOES NOT FUND:

- INDIVIDUALS
- RELIGIOUS ORGANIZATIONS FOR RELIGIOUS OR EVANGELICAL PURPOSES
- PROJECTS OUTSIDE CUYAHOGA COUNTY THAT DO NOT DIRECTLY BENEFIT CUYAHOGA COUNTY RESIDENTS
 - FUNDRAISING EVENTS
 - ENDOWMENT FUNDS
 - BIOMEDICAL RESEARCH
 - DEBT RETIREMENT
 - LOBBYING
- PRIVATE FOUNDATIONS OR PUBLIC CHARITIES WITH A 509(A)(3), TYPE III., NON-FUNCTIONALLY INTEGRATED DESIGNATED WITH THE IRS.

FORM AND CONTENT OF APPLICATIONS

Grants are awarded three times per year in response to requests from qualifying organizations. Qualifying organizations are those that advance the three strategies set forth by the foundation:

- 1. Healthy People
- 2. Strong Communities
- 3. Resilient Families

In addition to these three program areas, the Foundation allocates resources to strengthen the nonprofit and philanthropic sectors. These investments address the broad capacity building needs of Cuyahoga County's nonprofit sector and improve the impact and effectiveness of philanthropy. Applicable organizations must serve the nonprofit or philanthropic sectors in general. Capacity building grants for individual organizations must be submitted through the Healthy People, Strong Communities or Resilient Families program area.

The Foundation encourages applicant to request a Get Acquainted meeting with staff prior to the submission of an application. Get Acquainted meetings often help an organization determine which of its funding priorities/proposed projects is the strongest match with the Foundation's mission. Organizations may submit only one proposal per grant cycle, so while this step is not required, it may be helpful in the application process.

The proposal is submitted though the foundation's online application system according to the detailed instructions listed in the Apply section of the Foundation's website (at www.saintlukesfoundation.org). As a function of the partnership between the Foundation and the applicant organization, Foundation staff members are available to offer support and guidance through the application process.

Funding recommendations are made by the respective Program Strategy Committees and grant decisions are made by the entire Foundation Board of Trustees.

Staff Discretionary Grants: Foundation staff has the authority to make grant awards of up to \$20,000 for smaller, time-sensitive projects that meet the application guidelines as well as advance one of the three program strategy portfolios. An online discretionary grant application must be completed. Discretionary grant applications are accepted and approved on a rolling basis.

Notification

Board-approved grant applicants will be notified of the status of their request within four weeks of their approval. Discretionary grant applicants will be notified of the status of their request within two to three weeks of their submission.

Who Can Apply?

Applicants must be either an organization designated as a public charity under Section 501(c)(3) of the Internal Revenue Code with a non-private foundation status with the IRS, or a governmental unit or agency.

The Foundation provides grants to organizations supporting Cuyahoga County's underserved communities.

| | 68 (Rev. 1-2014) | | | | | | Page 2 |
|-----------------------------|---|-------------|--|------------|------------|--------------|---------------|
| If you a | are filing for an Additional (Not Automatic) 3-Month Ex | tension, c | complete only Part II and check this | box | | > | \mathbf{X} |
| | ly complete Part II if you have already been granted an a | | | led Form | 3868. | | |
| | are filing for an Automatic 3-Month Extension, complete | | | -1 / | | \ | |
| Part II | Additional (Not Automatic) 3-Month E | xtensioi | <u> </u> | | • | | |
| | | | Enter filer's | | | | |
| Type or | Name of exempt organization or other filer, see instru- | ctions. | | Employer | identifica | ation numb | er (EIN) or |
| print | CATAME LINES OF COMPANY OF COMPANY | ~ | | | 24 (| 771451 | 2 |
| File by the due date for | SAINT LUKE'S FOUNDATION OF C | | | 0 | | 71451 | |
| iling your | Number, street, and footh of suite no if a P.O. box, s | | tions. | Social se | curity nui | nber (SSN |) |
| return See instructions | 11327 SHAKER BOULEVARD, NO. | | - Land and instrument | | | | |
| | City, town or post office, state, and ZIP code. For a for CLEVELAND, OH 44104 | reign add | ress, see instructions. | | | | |
| | CDEVEDAND, OR 44104 | | | • | | | |
| Enter the | Return code for the return that this application is for (file | a conara | te application for each return) | | | | 0 4 |
| _inci uic | Thetain code for the retain that this application is for the | a separa | te application for each return) | | | | 0 1 2 |
| Applicat | ion | Return | Application | | | | Return |
| ls For | | Code | Is For | | | | Code |
| | O or Form 990-EZ | 01 | | | | | |
| Form 990 |)-BL | 02 | Form 1041-A | | | | 08 |
| Form 472 | 20 (individual) | 03 | Form 4720 (other than individual) | | | | 09 |
| Form 990 |)-PF | 04 | Form 5227 | | | | 10 |
| Form 990 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 990 | D-T (trust other than above) | 06 | Form 8870 | | | | 12 |
| STOP! D | o not complete Part II if you were not already granted | | <u>natic 3-month extension on a prev</u> | ously file | d Form | 3868. | |
| | ROBERT S. MONIT | | | | | | |
| | ooks are in the care of \triangleright 11327 SHAKER BO | DULEV | ······································ | CLEVE | LAND | , OH 4 | 4104 |
| | hone No ► (216)431-8010 | | Fax No. ► | | | - | <u>_</u> |
| | organization does not have an office or place of business | | | | | | |
| _ | is for a Group Return, enter the organization's four digit | 1 | · · · · · · · · · · · · · · · · · · · | | | | |
| box 🕨 | If it is for part of the group, check this box | | | all memb | ers tne e | xtension is | tor |
| | equest an additional 3-month extension of time until $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$ | NOVEM. | | a | | | |
| | he tax year entered in line 5 is for less than 12 months, or | heck reas | , and endin on. Initial return | Final r | eturn | | |
| \ \[\] | Change in accounting period | ileek leas | on minaretam | | Clairi | | |
| 7 Sta | ate in detail why you need the extension | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | ENSUR | E ALL QUESTIONS ON | THE | FORM | 990 A | ARE |
| | OMPLETE AND ACCURATE AND ALL | | | | | | |
| | | | | | | | |
| 8a If t | his application is for Forms 990-BL, 990-PF, 990-T, 4720 | , or 6069, | enter the tentative tax, less any | | | | |
| noi | nrefundable credits See instructions | | | 8a | \$ | 43 | 3,028. |
| b If t | his application is for Forms 990-PF, 990-T, 4720, or 6069 | enter an | y refundable credits and estimated | | | | |
| tax | payments made Include any prior year overpayment all | lowed as a | a credit and any amount paid | | | | |
| pr | eviously with Form 8868. | | | 8b | \$ | 132 | <u>2,140.</u> |
| | lance due. Subtract line 8b from line 8a. Include your pa | - | th this form, if required, by using | | | | _ |
| EF | TPS (Electronic Federal Tax Payment System). See instri | | | 8c | \$ | | 0. |
| | _ | | st be completed for Part II o | - | | | |
| Under pen | natties of perjury, I declare that I have examined this form, includ | ling accomp | panying schedules and statements, and to | the best o | | | |
| Under pen | nalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this formal triple in the complete in the correct in the | orm. | panying schedules and statements, and to | | | rledge and b | |

Form **8868** (Rev. 1-2014)