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EXTENDED TO MAY 16, 2016

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection

٠г	or the	2014 calendar year, or tax year beginning ULL	I, ZUI4 and	enaing U	ON 30, 4013	
C	heck if oplicabl	C Name of organization		D Employer identifi	cation number	
	Addre chang	st. LUKE INSTITUTE FOUNDAT	TION			
	Name chang	<u> </u>			26-0	<u>581595</u>
	initial return	Number and street (or P.O. box if mail is not delivered to	o street address)	Room/suite	E Telephone numbe	
	Final return	8901 NEW HAMPSHIRE AVENUE			3014	457970
	termin ated	City or town, state or province, country, and ZIP or	foreign postal code		G Gross receipts \$	21.
	Ameno return	SILVER SPRING, PD 20303			H(a) Is this a group re	
	Application	Finame and address of principal officer KEV, Dr			for subordinates	s? Yes X No
	pendii	8901 NEW HAMPSHIRE AVENUE,	SILVER SPRII	NG, MD	H(b) Are all subordinates ii	ncluded? Yes No
			sert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)
		e: ► WWW.SLI.ORG			H(c) Group exemption	
		organization: X Corporation Trust Association	on Other	L Year	of formation: 2008 N	M State of legal domicile: MI
Pa	rt I	Summary		-		
یو		Briefly describe the organization's mission or most signific				
anc		THE SAINT LUKE INSTITUTE TO (CARRY OUT THI	E INST	<u>'ITUTE'S PRO</u>	GRAMS IN
u l	2	Check this box 🕨 📖 if the organization discontinued	d its operations or dispos	sed of more	than 25% of its net as	ssets.
ا ۾	3	Number of voting members of the governing body (Part V	/I, line 1a)		3	
න නේ	4	Number of independent voting members of the governing	body (Part VI, line 1b)		4	
<u>e</u>		Total number of individuals employed in calendar year 20	114 (Part V, line 2a)		5	(
Activities & Governance	_	Total number of volunteers (estimate if necessary)			6	
ا <u>ک</u>		Total unrelated business revenue from Part VIII, column (• •		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T,	line 34	· -	. 7b	0.
				<u> </u>	Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)			0.	0.
en		Program service revenue (Part VIII, line 2g)		_	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7	•		777,404.	21.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10		-	0.	0.
_		Total revenue - add lines 8 through 11 (must equal Part V			777,404.	21.
		Grants and similar amounts paid (Part IX, column (A), lines	•		0.	0.
		Benefits paid to or for members (Part IX, column (A), line	•		0.	0.
Ses		Salanes, other compensation, employee benefits (Part IX,			0.	0.
xpenses		Professional fundraising fees (Part IX, column (A), line 11e	e) _	<u> </u>	0.	0.
3	b	Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>		7.666
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24	• •		0.	7,666.
3	>	Total expenses. Add lines 13-17 (must equal Part IX, colu	ımn (A), line 25)	-	777,404.	7,666.
8	19	Revenue less expenses Subtract line 18 from line 12	•			-7,645.
2	~	Total access (Dad V. Iraa 16)		Ве	ginning of Current Year 7,445,020.	End of Year 6,898,478.
E I	20	Total assets (Part X, line 16)			500,000.	0,838,478.
Hund Balances	21 22	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	, n		6,945,020.	6,898,478
	rt II	Signature Block	·	<u> </u>	0,545,020.	0,000,470
_		Ities of perjury, I declare that I have examined this return, including	no accompanyino schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is
~~ ~		t, and complete. Declaration of preparer (other than officer) is ba				, monogo and bono, me
		1 (1)		non property		2/2016
Ď Ŝgr		Signature of officer			Date	7 201 0
iere		REV, DAVID SONGY, PRESIDE	NT			
	-	Type or print name and title				· · · · · · · · · · · · · · · · · · ·
		Print/Type preparer's name Prepar	rer's signature		Date Check	PTIN
aid		GREGORY B DYER, CPA		№ 2	rf self-employ	P01570948
	arer	<u> </u>	P.C.		Firm's EIN	52-1548054
	Only	Firm's address 10415 ARMORY AVENUE	• .			
-	•	KENSINGTON, MD 2089	5		Phone no. 3 0	1-654-6200
/lav	the If	RS discuss this return with the preparer shown above? (se				. X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2014) ST. LUKE	INSTITUTE FOUNDATIO	<u> 26-</u>	0581595 Page 2
Pa	rt III Statement of Program Servic			
- -	Check if Schedule O contains a resport Briefly describe the organization's mission:	ise or note to any line in this Part III	<u> </u>	
•	TO SUPPORT THE ST. LUK	E INSTITUTE		
2	Did the organization undertake any significant the prior Form 990 or 990-EZ? If "Yes," describe these new services on Sch		hich were not listed on	Yes X No
3	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedul	ake significant changes in how it cond	ducts, any program services?	Yes X No
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organizations revenue, if any, for each program service rep	accomplishments for each of its three are required to report the amount of		
4a	(Code) (Expenses \$) (Revenue \$)
				<u> </u>
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedul	e O.)		
		ding grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses	7,000		Form 990 (2014)

Form 990 (2014) ST. LUKE INSTITUTE FOUNDATION

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)?		res	NO
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	duning the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-	-	_21
•	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ا		
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a		X
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		X
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	ļ	<u> </u>
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		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2014)

Page 4

_	1990 (2014) ST. LUKE INSTITUTE FOUNDATION 26-0581	<u> </u>	P	age ວ
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			_
_	Check if Schedule O contains a response or note to any line in this Part V			ليا
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
J	amounts due or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	,20		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	-	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	134		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of receives on hand			
C	Enter the amount of reserves on hand [13c] Did the assessment are reserved as a second and a second as a second	44-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	X

Form **990** (2014)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

ST. LUKE INSTITUTE FOUNDATION 26-0581595 Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b 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 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 X 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 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website ___ Another's website X Upon request __ Other (explain in Schedule O) 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 during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 301 445 7970

432006 11-07-14

8901

NEW HAMPSHIRE AVENUE, SILVER SPRING,

MD

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

, Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization in	orga	ınıza			nper	nsat					
(A)	(B)			(C Pos	J) Ition			(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than (Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)				ıs boti or/trus	han tee)	compensation	compensation	amount of	
	week						, 	from the	from related	other compensation	
	(list any hours for	liect				_			organizations (W-2/1099-MISC)	from the	
	related	90.0	ig St			sate		(W-2/1099-MISC)	(***2/1033***********************************	organization	
	organizations	truste	Ĭ		ee Xe	шрег		(** 27 1000 111100)		and related	
	below	dual	l sto		율	st co	₅₅			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	F E				
(1) SR. DANILE LYNCH, OSB	1.00								_	_	
CHAIRMAN		X		X	_			0.	0.	0.	
(2) REV DAVID SONGY	1.00										
PRESIDENT	1	X		X		ļ		0.	0.	0.	
(3) MOST REV. J. ARCHBISHOP DINOIA	1.00	l									
DIRECTOR	1 00	X	-	<u> </u>	_	<u> </u>		0.	0.	0.	
(4) MR. DAVID S.J. BROWN, K.M.	1.00	٠,							- 0		
DIRECTOR	1 00	X						0.	0.	0.	
(5) MR. CHRISTOPHER POCH	1.00	x			1			0.	0.	_	
DIRECTOR	1.00	^	├					0.	<u> </u>	0.	
(6) REV. JOSEPH CHALMERS, O.CARM	1.00	X		x				0.	108,916.	0.	
SECRETARY (7) NATION AND ADDITION	1.00	^	\vdash	^	<u> </u>	1		0.	100,910.		
(7) ALICE MIDDLETON	1.00	X			l			0.	0.	0.	
DIRECTOR			\vdash	<u> </u>				•	·		
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rar	VII Section A. Officers, Directors, Trus	1	ploy	<u>ees</u>			ghe	st C	ompensated Employe	es (continued)			_
	(A)	(B)			-	C)			(D)	(E)	-	(F	F)
	, Name and title	Average	(de	not c	Pos)De	Reportable	Reportable	1	Estim	nated
		hours per	box	, unle	ss pe	rson	ıs bot	n an	compensation	compensation	ı	amou	unt of
		week		ceran	id a d	irecto	or/trus	tee)	from	from related		oth	ner
		(list any	individual trustee or director						the	organizations		-	nsation
		hours for	ig ic				E E		organization	(W-2/1099-MIS	C)	from	n the
		related	stee	institutional trustee		_	Highest compensated employee		(W-2/1099-MISC)			_	zation
		organizations	altru	ag		Key employee	8 8						elated
		below line)	Mag	黄	Officer	E	pest	Ē				organiz	zations
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1b	Sub-total								0.	108,91			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.		0.
<u>d</u>	Total (add lines 1b and 1c)								0.	108,91			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed al	bov	e) wł	o r	eceived more than \$100	,000 of reportable	,		
	compensation from the organization												0
											_	Y	es No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	у ег	mplo	oyee	or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for											3	Х
4	For any individual listed on line 1a, is the s			amo	ensa	atior	n and	dot	her compensation from	the organization			
-	and related organizations greater than \$15	•		-					•	3		4	x
5	Did any person listed on line 1a receive or									dual for services	1		
3	rendered to the organization? If "Yes," con							Ciu	iod organization or many	000010000		5	x
Sec	tion B. Independent Contractors	inpiete concadi			<u> </u>	port	3011						,
	Complete this table for your five highest co	ompensated in	den	end.	ant o	`Ont	ract	re f	that received more than	\$100 000 of com	nener	ation from	
1	the organization. Report compensation for										JU1130	2	•••
		are caleridar y	cal	OHU	ng v	*******	JI W	<u>, 51 till</u>	(B)	, vai.		(C)	
	(A) Name and business	s address	B.T.	ON	-				Description of s	ervices	C	ompens:	ation
	Trains and Business		TA	OM	<u>.</u>								
								\dashv					
								\dashv					
	-												
2	Total number of independent contractors	·	not I	ımıte	d to		_	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organ	nization 🕨					<u>0</u>						
												Form 99	90 (2014)

Check if Schedule Contants a response or note to any line in this Part VIII Check if Schedule Contants a response or note to any line in this Part VIII Total favorous Painted or comment grant Contributions It is It				2014) ST. I	UKE INST	ITUTE FO	UNDATION		26-0581	1595 Page 9
Total Add lines 2 and 1 a Foderated campaigns 1a 1 a 1				Statement of Rever	nue					
Section Sect	_		•	Check if Schedule O cont	ains a response	or note to any lin	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
Business Code 2 a	Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	tions) 1e ats, and ve 1f					
Total, Add lines 11a-11d Total, Add lines 11a-11d Total and differs line in the state of the s			<u></u>	Total, Add miles Ta 11		Business Code				
3 Investment income (including dividends, interest, and other smilar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalities 6 a Gross rents 6 Less: rental expenses c Rental income or (loss) d Not rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events (not including \$	Program Service Revenue		b c d		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events (not including \$			g				•			
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions.		4		other similar amounts) Income from investment of ta	x-exempt bond p	proceeds	21.			21.
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) sa 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 9 a Gross income from gaming activities. See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities 10 a 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 11 a b C C D C C C C C C C C C C C C C C C C			b	Less: rental expenses	(i) Heal	(ii) Personal				
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$						1				
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a:11d Total revenue See instructions.	her Revenue	8	а	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of e 1c). See a					
9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue See instructions.	ਰ	l		•	• •	-				
c Net income or (loss) from gaming activities 10 a 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 11 a b c c d All other revenue e Total. Add lines 11a-11d		9	а	Gross income from gaming at Part IV, line 19	ctivities. See a					
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue See instructions.					_					
Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions. Business Code 2			a b	Gross sales of inventory, less and allowances Less cost of goods sold	returns a					
11 a		_	С			Rusiness Code		 		
c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions.		11	а			Pusifiess Code				
e Total. Add lines 11a-11d 12 Total revenue See instructions. Description: 21. 0. 21.			b							
e Total. Add lines 11a-11d 12 Total revenue See instructions. Description: 21. 0. 21.			C	All other revenue						
12 Total revenue See instructions. 21. 0. 0. 21			u e		• •	_			··· · · · · · · · · · · · · · · · · ·	
	4000						21.	0.	0	21.

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	-			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				· · · · - · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				<u>.</u> .
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
ę	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21	Payments to affiliates				
22 ~~	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а		7,666.	7,666.		, <u> </u>
b		,,000	,,,,,,,,,		
c			•		
d		- ·			·
	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	7,666.	7,666.	0.	0.
26	Joint costs. Complete this line only if the organization		.,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,383.	1_	21,406.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	47,917.	3	29,250.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation . 10b		10c	
	11	Investments - publicly traded securities	7,386,720.	11	6,847,822.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,445,020.	16	6,898,478.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	-	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es S	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
Liabilities		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	500,000.	25	0.
	26	Total liabilities. Add lines 17 through 25	500,000.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and			
Šės		complete lines 27 through 29, and lines 33 and 34.	F		
auc	27	Unrestricted net assets	5,517,261.	27	6,869,228.
Bal	28	Temporarily restricted net assets	1,427,759.	28	29,250.
힏	29	Permanently restricted net assets		29	
ł		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.		İ	
set	30	Capital stock or trust principal, or current funds		30	
Ą	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	6 045 000	32	6 000 470
_	33	Total net assets or fund balances	6,945,020.	33	6,898,478.
	34	Total liabilities and net assets/fund balances	7,445,020.	34	<u>6,898,478.</u>

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

432012

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization **Employer identification number** LUKE INSTITUTE FOUNDATION 26-0581595 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 X 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) ST. LUKE INSTITUTE 52-1082730 X 0

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Support Schedule for Organizations Described in Sections 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions			-			
J	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)				-	 	
	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>		<u> </u>	
		(=) 2010	/b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(6) 2012	(a) 2013	(e) 2014	(I) IOIai
_	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 carned on			· · · · · -	-	 	
10	Other income. Do not include gain					ļ	
	or loss from the sale of capital]	
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10			l		 	
	Gross receipts from related activities,	•	•	· ·		12	
13	First five years. If the Form 990 is for		s first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
مو	organization, check this box and storetion C. Computation of Publication		rcentage				
	Public support percentage for 2014 (I			notume (fl)		14	%
	,, ,		-	Column (1))		15	<u>/</u> %
	Public support percentage from 2013 33 1/3% support test - 2014. If the control o			in line 13 and line	14 is 33 1/3% or i		
102	stop here. The organization qualifies				14 13 55 17570 01	more, check this be	» and
	33 1/3% support test - 2013. If the c		_		1 line 15 ie 33 1/39	% or more check th	nis hox
D					3 III 10 13 13 33 17 07	o or more, eneck a	▶ □
47-	and stop here. The organization qual 10% -facts-and-circumstances tes				a 13 162 or 16h	and line 1/1 is 1/04	or more
17 a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					ar villow ule olgal	▶
		•	•		•	17a and line 15 in	10% or
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the "facts-and-circ						·
40	Private foundation. If the organization						
18	Private foundation. If the organization	п ою посспеска	DOX OH IITHE 13, 16	a, 100, 1/a, 01 1/		edule A (Form 990	
					3011	~~~~ (1 W III 33C	<u>LE</u> , <u>EU IT</u>

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 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
and 6 and another trade light of trades of the complete Port III	

Se	ction A. Public Support	iow, piease con	<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,				_		
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						1
	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				1		
_	Amounts included on lines 1, 2, and						****
, ,	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	-		· ·			•
	ction B. Total Support		•			•	
	endar year (or fiscal year beginning in)	(a) 2010	- (b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	127 =		(9, == :=	(-)		
_	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income	·		_			
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	's first, second the	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
•	check this box and stop here	ano organization	. oot, 0000112, t	a, rouran, or marr		00 ((0)(0) 0.94	 ▶□
Se	ction C. Computation of Publi	c Support Po	ercentage	•			
	Public support percentage for 2014 (li			column (f))		15	%
	Public support percentage from 2013			.,,	•	16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	013 Schedule A	, Part III, line 17			18	%
	a 33 1/3% support tests - 2014. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						▶□
	b 33 1/3% support tests - 2013. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						. ▶□

432023 09-17-14

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	L
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
_	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		Х
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
J	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	1	ŀ
_	Did the organization support any foreign supported organization that does not have an IRS determination			\vdash
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			i
				į
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
.	purposes Put the experience and expect title, or remove any supported expenience during the tay year? If "Yes "			
эa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		-	1
•	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			x
	was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	1
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c	_	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			į
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			J.,
	Part VI.	6	-	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	_		.
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<u>9a</u>	-	X
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	۱		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	X
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit] _		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	1		
	organizations)? If "Yes," answer (b) below.	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the amerization had excess husiness holdings)	106	i	1

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Schedule A (Form 990 or 990-EZ) 2014

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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

floor Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

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Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Par	τV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	on D	Current Year			
1	Amou	. <u></u>			
2	Amou				
	organ	nizations, in excess of income from activity			
3	Admi	nistrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amou	unts paid to acquire exempt-use assets			
5	Quali	fied set-aside amounts (prior IRS approval required)			
6	Othe	r distributions (describe in Part VI) See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Dıstri				
	(prov	de details in Part VI) See instructions.			
9	Distri	butable amount for 2014 from Section C, line 6			
10	Line_8	3 amount divided by Line 9 amount			
			(i)	(ii)	(iii)
C4:		Pictuit value Allocations (one instructions)	Excess Distributions	Underdistributions	Distributable
Secu	on E	- Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Dıstn	butable amount for 2014 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2014			
	(reas	onable cause required-see instructions)		<u>-</u>	
3	Exce	ss distributions carryover, if any, to 2014			
а					
b			·		
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
g	Apple	ed to underdistributions of prior years		-	
h	Appli	ed to 2014 distributable amount			
i_	Carry	over from 2009 not applied (see instructions)			
i_	Rema	ainder. Subtract lines 3g, 3h, and 3i from 3f.		-	
4	Dıstn	butions for 2014 from Section D,			
	line 7	:			
a	Applı	ed to underdistributions of prior years			_
<u>b</u>	Appli	ed to 2014 distributable amount			
c	Rema	ainder. Subtract lines 4a and 4b from 4			
5	Rema	aining underdistributions for years prior to 2014, if			
	any :	Subtract lines 3g and 4a from line 2 (ff amount			
	great	er than zero, see instructions)			
6	Rema	aining underdistributions for 2014 Subtract lines 3h			
	and 4	1b from line 1 (if amount greater than zero, see			
		uctions).			
7	Exce	ss distributions carryover to 2015. Add lines 3j			
	and 4				
8	Brea	kdown of line 7:			
<u>a</u>					
<u> </u>					
c					
<u>d</u>	Exce	ss from 2013			
e	Exce	ss from 2014	<u> </u>	<u> </u>	L

Schedule A (Form 990 or 990-EZ) 2014

V/I	Form 990 or 990-E2	2) 2014 ST.	TOVE	TNOITIOI	E FOUNDA	TTON	26-0581595 Pa
rt VI	Supplemental	Information.	Provide th	ne explanations r	equired by Part	II, line 10, Part II, lir	ne 17a or 17b; and Part III, line 12
	Also complete this	part for any add	itional info	rmation (See ins	tructions).		
•	•						
		<u></u>					
		_					<u> </u>
							
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		<u>.</u>					
							
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	-		-			-	
-							
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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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization ST. LUKE INSTITUTE FOUNDATION	Employer identification number 26-0581595
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
PROMOTING THE HEALTH AND WELL-BEING OF RELIGIOUS WOMEN AN	D MEN, CLERGY,
AND OTHERS INVOLVED IN CHURCH MINISTRY.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE 990 WAS REVIEWED BY THE BOARD	
FORM 990, PART VI, SECTION B, LINE 12:	
THE BOARD MONITORS POTENTIAL CONFLICTS AS THEY ARISE	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
<u> </u>	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2014

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OMB No 1545-0047

LUKE INSTITUTE FOUNDATION

▶ Attach to Form 990.

Open to Public Inspection

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 26-0581595

Direct controlling entity

				5
	(e) End-of-year assets			t had one or more
	(d) Total income			A IV lips 24 book VI +
Form 990, Part IV, line 33.	(c) Legal domicile (state or foreign country)			"You "You" on Form 000 Day
ıf the organization answered "Yes" on	(b) Primary activity	-		as Organizations Complete if the exercitation answered "Voc" or form 000 Bort IV line 34 because it had one or more relat
Part I Identification of Disregarded Entities Complete it the organization answered "Yes" on Form 990, Part IV, line 33.	(a) Name, address, and EIN (if applicable) of disregarded entity			formations of Balata Tay Dames American
Part				

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. Part II

(a)	(q)	(2)	(Q)	(e)	9	(6)	1
Name, address, and EIN	Pnmary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	Section 512(b)(13) controlled	13)
of related organization		foreign country)	section	status (II section 501(c)(3))	entity	} -	1
				((0)(0) 100		Yes	ا،
ST, LUKE INSTITUTE - 52-1082730							
8901 NEW HAMPSHIRE AVENUE				_		_	
SILVER SPRING, MD 20903	EXTENDED CARE FACILITY	MARYLAND	501 (C) (3)			×	
ST. LOUIS CONSULTATION CENTER - 80-0916655							
1750 S BRENTWOOD BOULEVARD						-	
ST, LOUIS, MO 63144	CARE FOR CLERGY	MISSOURI	501 (C) (3)			X	
				-		-	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

26-0581595 Page 2

Schedule R (Form 990) 2014 ST. LUKE INSTITUTE FOUNDATION

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.

(i) (k) General or Percentage managing ownership partner?				re related	(i) Section 512(b)(13) controlled entity?				Schedule R (Form 990) 2014
General or managing partner?				e or mo	(h) Percentage ownership		-	_	R (Form
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				because it had on	(g) Share of Percend-of-year own	 			Schedule
(h) Ossproportionate allocations?				art IV, line 34	(f) Share of total Income				
(g) Share of end-of-year assets				ı Form 990, P					
(f) Share of total Income				nswered "Yes" or	(C corp., S corp., or trust)				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				ite if the organization ai	(c) (state or foreign country)			-	23
(d) Direct controlling Prently (controlling excl	·	-		ration or Trust Comple ear	(b) (c) Primary activity Legal cylindrian (c) primary activity (c) primary activity (c)				
Legal domicile (state or foreign				as a Corpo	Prima				
(b) Pnmary activity				ganizations Taxable a	Z c				
(a) Name, address, and EIN of related organization				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				432162 08-14-14

Page 3

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Yes

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

Schedule R (Form 990) 2014 æ ဍ ₽ 큠 ᄐ ŧ 9 유 19 (d)
Method of determining amount involved ₽ <u>e</u> 두 ¥ 5 = ÷ = ÷ 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 0.NOT DETERMINED 0.NOT DETERMINED 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? (c) Amount involved (b)
Transaction type (a-s) 24 Z 0 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) i Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (2) ST. LUKE INSTITUTE LUKE INSTITUTE (1) ST. <u>α</u> 8 **0 3** ত্র 回

432163 08-14-14

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Page 4

Schedule R (Form 990) 2014 ST. LUKE INSTITUTE FOUNDATION

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

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

end-of-year Share of assets **6** Share of total income Predominant income parties sec (related, unrelated, 501(c)) ections 512-514) state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2014

432165 08-14-14

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