# EXTENDED TO MAY 15, 2019

Form **990** 

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	e 2017 calendar year, or tax year beginning JUL 1, 2017 and endir	ng J	<b>UN</b> 30	<u>, 2018</u>					
В	Check if	C Name of organization		D Emple	oyer identific	ation number				
а	pplicabl	θ								
Г	Addre chang	ST. LUKE INSTITUTE FOUNDATION								
一	Name chang			26-0581595						
F	Initial return		n/suite	F Teleph	none number					
Η	Final	9901 NEW HAMDSHIDE AVENUE				457970				
	ieturn/ termin			G Gross re		92.				
	ated Ameno	ded CILIED CDDING ND 20002			ns a group re					
-	return ∏Applic									
<u> </u>	⊥ltión pendir	F Name and address of principal officer. TARYN MILLAR	M		subordinates					
			527			•				
		te: > WWW.SLI.ORG			up exemption					
			L Year o	of formation	<u>: ∠∪∪8  M</u>	State of legal domicile: MD				
P	art I	Summary								
ě	1	Briefly describe the organization's mission or most significant activities: TO PROV								
Governance		THE SAINT LUKE INSTITUTE TO CARRY OUT THE I	<u>NST</u>	ITUTE	'S PROC	GRAMS IN				
Ĕ	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed o	f more	than 25%	of its net as	sets				
8	3	Number of voting members of the governing body (Part VI, line 1a)			3	<u> </u>				
ص ح	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	6				
Se	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	0				
Activities	6	Total number of volunteers (estimate if necessary)			6	0				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.				
•	ь	Net unrelated business taxable income from Form 990-T, line 34			7b	0.				
55				Prior '	Year	Current Year				
Revenue 2019	8	Contributions and grants (Part VIII, Imp 1h) RECEIVED			0.	0.				
בר <sub>כ</sub>	1	Program service revenue (Part VIII line 2d)			0.	0.				
Š	10	Investment income (Part VIII, column (A) ines MAY and 1d2019			60.	92.				
, æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.				
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, colimn (A), line 12)			60.	92.				
					0.	0.				
ł		Grants and similar amounts paid (Part IX, column (A), lines 4-3)			0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.				
ë		Professional fundraising fees (Part IX, column (A), line 11e)			- 0.	<u> </u>				
꿃		Total fundraising expenses (Part IX, column (D), line 25)			_	1 4				
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	14.				
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			0.	14.				
	19	Revenue less expenses Subtract line 18 from line 12			60.	78.				
Net Assets or Fund Balances			Beg		Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		7,74	4,227.	8,330,505.				
ŽĘ.	21	Total liabilities (Part X, line 26)			0.	0.				
		Net assets or fund balances Subtract line 21 from line 20		7,74	4,227.	<u>8,330,505.</u>				
Pa	art II	Signature Block								
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to	the best of my	knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any kno	owledge.					
	_	Yang Miller			05/13/2	2019				
Sign	n	Signature of officer			)ate					
Her		■ TARYN MILLAR, VICE PRESIDENT / SECRETARY	<u>.</u>							
	_	Type or print name and title								
		Print/Type preparer's name Preparer's signature		ate	Check	PTIN				
Paid	ı	GREGORY B DYER, CPA	. :	5-7-19	ıf self-employed	P01570948				
	arer	Firm's name DYER & ASSOCIATES, P.C.			irm's EIN	52-1548054				
	Only	Firm's address 10415 ARMORY AVENUE		<del>-   '</del>	and city	<u> </u>				
J05	July	KENSINGTON, MD 20895			hone no 3 Ma	1-654-6200				
	the I	RENSTINGTON, FID 20093  RS discuss this return with the preparer shown above? (see instructions)			none no. J U	X Yes No				
						Form <b>990</b> (2017)				
7320	01 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.				101111 000 (2017)				

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Schedule O contains a response or note to any line in this Part III	L
Bnefly describe the organization's mission: TO SUPPORT THE ST. LUKE INSTITUTE	
Did the organization undertake any significant program services during the year which were not listed on the	
pnor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X
 _Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
revenue, if any, for each program service reported.  (Code ) (Expenses \$ 14 • including grants of \$) (Revenue)	0
SUPPORT OF ST. LUKE INSTITUTE	8.5
(Code) (Expenses \$ including grants of \$) (Revenue	e \$
(Code) (Expenses \$	e\$
	1.
Other and the Control of Control	
Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$	1)
(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶14 .	· · · · · · · · · · · · · · · · · · ·

Form 990 (2017) , ST. LUKE INSTITUTE FOUNDATION

Part IV | Checklist of Required Schedules

			<u>res</u>	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	-v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during 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			
Ŭ	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			
•	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,			
	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			
	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			
	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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			,
	as applicable.	_		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		х
_	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		- 23
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	1 <u>1e</u>		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		<u> </u>
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		Λ_
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		ĺ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	1710		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		_X_
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		<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	990	<u>X</u>

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		<b>.</b> ,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b>.</b>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		X	
05-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	'2EL		
26		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		-22
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
	Note: All Form 556 mers die required to complete denedule o			(2017)

Par	Check if Schedule O contains a response or note to any line in this Part V			
	Chock ii Control of Control of the C		V	
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	Yes	No
	· · · · · · · · · · · · · · · · · · ·	Ö		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۱		
·	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	"		
		ol		
ь	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
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
<b>6</b> a	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ŀ
	were not tax deductible?	6b	igwdown	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		<b> </b>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	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
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoning organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		.	ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders  11a	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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	-		İ
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
	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	13a		
	Note. See the instructions for additional information the organization must report on Schedule O  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 reserves on hand	†	. ]	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \uparrow$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990 (	(2017)

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ST. LUKE INSTITUTE FOUNDATION 26-0581595 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 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 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a 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) 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 X 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 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X 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? X a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

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مې	ction	C	Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

8 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

Tor public inspection indicate now you made these available offects all that apply

Own website Another's website X Upon request Other (explain in Schedule O)

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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exempt status with respect to such arrangements?

<u>MD 20903</u>

SPRING

# 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.

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MR. CHARLES T. LINDSAY, JR. CHAIRMAN	1.00	X		х				0.	0.	0.
(2) REV DAVID SONGY PRESIDENT	1.00	X		х				0.	0.	0.
(3) MOST REV. ARCHIBISHOP DINOIA DIRECTOR	1.00	X						0.	0.	0.
(4) MS. ALICE MIDDLETON VICE-CHAIR TREASURER	1.00	X		х				0.	0.	0.
(5) MR. DENNIS MEYER, KM DIRECTOR	1.00	x						0.	0.	0.
(6) MR. TERRY O'DONNELL, KM DIRECTOR	1.00	x						0.	0.	0.
(7) TARYN MILLAR VICE PRESIDENT / SECRETARY	40.00	x		x				0.	0.	0.
						_				
,										
I I										
		_								
: :										
1										- 000 (55.15)

Form 990 (2017)

[1,0	T:VII   Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any	(do box offi	not c	Position check more than one ess person is both an ind a director/trustee)			one h an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MIS		frorg and	om the anizati d relate	e ion ed
			<u>.</u>											
_	<u>-</u>	_										-		•
										-		-		
											_			,
	<u> </u>													
		_												
			_	-										
	Sub-Assal								0.		0.			0.
С	Sub-total  Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100		0.			0.
	compensation from the organization								<del> </del>				Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ıste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on	Ī	3		X
4	For any individual listed on line 1a, is the si	um of reportab							· · · · · · · · · · · · · · · · · · ·	the organization				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services	ļ	4		<u>X</u>
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e <i>J f</i>	or si	uch	pers	son_					5		X
1	Complete this table for your five highest co the organization. Report compensation for										ensa	ation f	rom	
	(A) Name and business			ONE					(B) Description of s		С	(C ompe		n
			TAC	JIVI	<u> </u>				1					
									4			_		
											_			
						-	-	_						
	Total number of independent contractors ( \$100,000 of compensation from the organi		ot III	mite	a to		se lis O	stec	i above) who received m	nore than				
									ı			Form 9	9 <b>90</b> (2	2017)

Га	I VI	Check if Schedule O conf		or note to any lir	ne in this Part VIII			
		Check is scriedule o com	tains a response	TO Hote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats nts	1 a	Federated campaigns	1a					
ir og ar	ь	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	U	: Fundraising events	10					
ar j	d	Related organizations	1d					
ii.	е	Government grants (contribut	tions) 1e					
P.S.	f	All other contributions, gifts, gran	its, and					
캶		similar amounts not included abo						
50	g	Noncash contributions included in lines	s 1a-1f \$					
a Co	_	Total. Add lines 1a-1f						
			<del></del>	Business Code				
ė	2 a	ı						
Š	b	<del></del>						
Program Service Revenue	c							
E S	d							
Pag	e							
Pr	_	All other program service reve	enue					
		Total. Add lines 2a-2f	ao	<b></b>		, 5-		· .
	3	Investment income (including	dıvıdends, inter	<u> </u>				
	_	other similar amounts)	,	<b>•</b>	92.			92.
	4	Income from investment of ta	proceeds -	2=0			7_0	
	5	Royalties	, , , , , , , , , , , , , , , , , , , ,					
	•		(i) Real	(ii) Personal				
	6 2	Gross rents	17:1001	i (ii) i crossince				
		Less rental expenses				,		
		: Rental income or (loss)						
		Net rental income or (loss)			~ » - <del>*</del>			
		Gross amount from sales of	(ı) Securities	(ii) Öther				
	, ,	assets other than inventory	1) occurries	(ii) Other				
	h	Less: cost or other basis		<del></del>				
	•	and sales expenses		j				
	c	Gain or (loss)		<del> </del>		· .		
		Net gain or (loss)	L	<u> </u>				
		Gross income from fundraisin	a events (not					
ž	0 4	including \$	•					
Other Revenue		contributions reported on line						!
ř		Part IV, line 18	а					
Ē	b	Less: direct expenses	b					!
ŏ		Net income or (loss) from fund	_	<b></b>				******
		Gross income from gaming ac						
	-	Part IV, line 19	а					
	b	Less direct expenses	- b					
		Net income or (loss) from gam		<b>•</b>				
		Gross sales of inventory, less						
		and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale		<b>•</b>				
Ì		Miscellaneous Revenu		Business Code				
}	11 a							
	b							
	c							
	_	All other revenue						
	_	Total. Add lines 11a-11d		<b>•</b>				
j		Total revenue See instructions			92.	0.	0.	92.

Sect	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	(A)	this Part IX  (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		<u> </u>		
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				
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				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			<u></u>	
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.	14.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			<del></del> -	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 0.)				
а					
b					
С					
đ					
е	All other expenses				-
25	Total functional expenses Add lines 1 through 24e	14.	14.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
_	Check here If following SOP 98-2 (ASC 958-720)	:			

Form **990** (2017)

orm	990 (2017) . ST. LUKE INSTITUTE FOUNDATION	26-05	81595	Pag	<sub>je</sub> 12
	rt XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>92.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>14.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>78.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,74		
5	Net unrealized gains (losses) on investments	5	586	<u>5,2</u>	<u>00.</u>
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,330	0,5	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	-	ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O			]
2a	and the second s		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			1
	separate basis, consolidated basis, or both			•	İ
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S			-	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			

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

732012 11-28-17

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

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. Part I The organization is not a private foundation because it is. (For lines 1 through 12, 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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. X Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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) (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions)) ST. LUKE INSTITUTE |52-1082730 10 0. X

Total

O

0.

## Part II 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						1
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4)	(-) · ·	10, ==	(,	_,	
•	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				/	4	
	The portion of total contributions			-			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					-	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		!	<i>.</i>			
	column (f)		]				
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	<u> </u>				•	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		/				
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the				]		
	business is regularly carried on						
10	Other income. Do not include gain					-	
	or loss from the sale of capital		1				
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see/instructi	ions)			12	
	First five years. If the Form 990 is for t			rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					▶□
Sec	tion C. Computation of Public	Support Pe	rcentage				
14	Public support percentage for 2017 (lif	ne 6, column (f) d	livided by line 11,	column (f))		14	<u>%</u>
15	Public support percentage from 2016 S	Schedule A, Part	II, line 14			15	<u>%</u>
	33 1/3% support test - 2017. If the or				14 is 33 1/3% or r	more, check this b	ox and
	stop here. The organization qualifies a	s a publicly supp	oorted organizatio	n			▶□
b	<b>33 1/3% support test - 2016.</b> If the or	ganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qualif	ies as a publicly	supported organiz	zation			▶□
	10% -facts-and-circumstances test						
	and if the organization meets the "fact:					rt VI how the orga	nization
	meets the "facts-and-circumstances" t	-	•				▶□
	10% -facts-and-circumstances test						
	more, and if the organization meets the						e
	organization meets the "facts-and-circu	•					
18_	Private foundation. If the organization	did not check a	box on line 13, 16	6a, 16b, 17a, or 17l			
					Sch	edule A (Form 990	or 990-EZ) 2017

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and					·	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	1					
	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	<u>-</u>	-				
	are not an unrelated trade or bus-	ļ	,				
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						ļ
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			/	<i>f</i>		
78	Amounts included on lines 1, 2, and		i				
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)	r		Y			<u> </u>
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014/	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6					<u> </u>	
10	g Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income		//	1			
	(less section 511 taxes) from businesses	J					
	acquired after June 30, 1975				<u> </u>		
(	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain	<i>j</i>					
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support (Add lines 9, 10c, 11, and 12)	Ï					
	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organi	zation.
• •	check this box and stop here	/···	,	,,	<b>,</b>	(-)(-)	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 20/17 (I			column (fl)	•	15	%
	Public support percentage from 2016		<del>-</del>	· · · · · · · · · · · · · · · · · ·	1	16	%
	ction D. Computation of Inves			<b>)</b>	·	,,	
	Investment income percentage for 20	·			•	17	%
	Investment income percentage from 2			(,,,		18	%
	33 1/3% support tests - 2017. If the			on line 14, and lin	e 15 is more than :		
130	more than 33 1/3%, check this box a				·		▶□
	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization						
	23 10-06-17	i did not check a	55X 011 IIII 6 14, 18	Ja, Or 13D, CHECK I			0 or 990-EZ) 2017

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	All	Supporting	Org	ganizations
------------	-----	------------	-----	-------------

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a 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 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 was accomplished (such as by amendment to the organizing document)
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

г		Yes	No
-	1	X	
Γ			
-			]
_}	2		X
	3a		X
		:	
-		—	
	3c		
-	4a		
F	TCI		
_			
-	4b		
٠.		~	
-	4c		
-			لـــا
-	5a		<u> </u>
-	5b		
	5c		
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-	6	-	X
	7		X
-	8		X
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-	9a_		X
-	9b		
t	· 		-1
	9c		<u>X</u>
-	10a		X
-			
	10b		

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

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	<u> </u>	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<u> </u>	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of secunties	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		n
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	janization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI) See instructions			
_9_	Distributable amount for 2017 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2017			
a	1			
b	From 2013			
c	From 2014			
<u>d</u>	From 2015			
е	From 2016			
f_	Total of lines 3a through e			
_ 9_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
	Breakdown of line 7			
	Excess from 2013	i		
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016	,		I

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

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### SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Inspection **Employer identification number** 

ST. LUKE INSTITUTE FOUNDATION   26-0581595
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING THE HEALTH AND WELL-BEING OF RELIGIOUS WOMEN AND MEN, CLERGY,
AND OTHERS INVOLVED IN CHURCH MINISTRY.
<u> </u>
FORM 990, PART VI, SECTION B, LINE 11B:
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
· · · · · · · · · · · · · · · · · · ·

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 890, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

LUKE INSTITUTE FOUNDATION

2017 Open to Public Inspection

OMB No 1545-0047

Employer identification number 26-0581595

Part 1 to Identification of Disregarded Entities. Complete if the organizat	e if the organization answered "Yes"	ion answered "Yes" on Form 990, Part IV, line 33		,			,
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) ne End-of-year assets		(f) Direct controlling entity	
				-			
Partii   Identification of Related Tax-Exempt Organizations. Complete	itions. Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
				501(c)(3))		Yes	2
ST, LUKE INSTITUTE - 52-1082730 8901 NEW HAMPSHIRE AVENUE SILVER SPRING MD 20903	EXTENDED CARE BACTITUM	Marviann	501 (0) (3)	_			<b>×</b>
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Schedule R (Form 990) 2017

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

26-0581595

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Schedule R (Form 990) 2017 ST. LUKE INSTITUTE FOUNDATION

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

(a)	(q)	(0)	(D)		(e)	3	(6)	3	_	()	3	(K)
Name, address, and EIN of related organization	Pnmary activity	Legal domicile (state or foreign	Direct controlling entity		Predomir ant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo		amount in box 20 of Schedule		General or Percentage managing ownership partner?
		conuch						9	<u> </u>		See No	r
	,											
Dart 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	anizations Taxable a	is a Corpo	ration or Trust. C	omplete if to	e organization a	nswered "Yes'	on Form 990	), Part IV, III	ne 34, beca	ause it had	one or m	ore related
	N	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp., S corp.)	`	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership	Section 512(b)(13) controlled entity?

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tion 2(13)	ıty.	å					_					
Section 512(b)(13)	ent	Yes							_	_	_	
(h) Percentage	di le le le le le le le le le le le le le											
(g) Share of	assets											
(f) Share of total	D	,			•							
(e) Type of entity	or frust)											
(d) (e)  Direct controlling Type of entity Section 2 control	Quinty Quinty										•	
(c) Legal domicile	foreign	country)	 									
(b) Primary activity			 									
(a) Name, address, and EIN of related organization											7	

Schedule R (Form 990) 2017

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

Schedule R (Form 990) 2017 Yes 9 19 Ē 두 9 유 ā <del></del> ₽ ŧ 4 2 (d)
Method of determining amount involved ¥ Ŧ = ÷ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 0.NOT DETERMINED 0.NOT DETERMINED 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b)
Transaction type (a-s) 24 Z 0 Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing 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 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) 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) Shanng 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) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) ST. LUKE INSTITUTE (2) ST. -- LUKE-INSTITUTE 732183 09-11-17 1 Ε **c** 0 혤 ପ୍ର € ଉ

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[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

triat was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclusion	Sion for certain inv	estment partnersnips	-						
(a) Name, address, and EIN of entity	(b) Pnmary activity	(c) Legal domicile (state or foreign	(d) Predominant income pa	(e) Are all partners sec 501(c)(3)	(f) Share of total	(g) Share of end-of-year	(h) Dispropor tionate allocations?	(h) (j) (k)  Disproper Code V-UBI General or Percentage Bunder In Dox 20 managing ownership	(j) General o managing	(k) Percentage ownership
		country)	sections 512-514)	Yes No	_		Yes No	Form 1065)	Yes No	-
									-	
						_	-			
							_			
								Schedule	R (Forı	Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	ST. LUKE	INSTITUTE	FOUNDATION		<u> 6-0581595  Page 5</u>
Part VII	(Form 990) 2017  Supplemental Info	rmation.				
	Provide additional inform	mation for responses	to questions on Sc	hedule R See instructions.		
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