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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C** Name of organization  
AUGUSTANA CARE CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1007 EAST 14TH STREET

City or town, state or country, and ZIP + 4  
MINNEAPOLIS, MN 55404

**D** Employer identification number  
41-1728753

**E** Telephone number  
(612) 238-5205

**G** Gross receipts \$ 7,453,687

**F** Name and address of Principal Officer  
TIM TUCKER  
1007 EAST 14TH STREET  
MINNEAPOLIS, MN 55404

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions )

**H(c)** Group Exemption Number ▶

**I** Tax-exempt status  501(c) ( 3 ) ▶ (insert no )  4947(a)(1) or  527

**J** Web site: ▶ WWW.AUGUSTANACARE.ORG

**K** Type of organization  Corporation  trust  association  other ▶

**L** Year of Formation 1991 **M** State of legal domicile MN

**Part I Summary**

|   |   |                          |                     |
|---|---|--------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO PROVIDE HEALTHCARE, HOUSING, AND COMMUNITY SERVICES FOR THE ELDERLY |                          |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets                   |                          |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                 | 13                  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                 | 13                  |
|   | <b>5</b> Total number of employees (Part V, line 2a)  | <b>5</b>                 | 172                 |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                 | 55                  |
|   | <b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)  | <b>7a</b>                | 749,460             |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | -77,163                  |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>        | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 278,227                  | 1,620,606           |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 4,341,551                | 5,634,841           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 41,789                   | 108,160             |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 71,321                   | 41,962              |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 4,732,888                | 7,405,569           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 156                      | 6,267               |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   |                          | 0                   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 2,548,544                | 3,814,465           |
|   | <b>b</b> (Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )   |                          |                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  |                          | 0                   |
|   | <b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))  | 2,338,707                | 2,812,722           |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           | 4,887,407   | 6,633,454                |                     |
| <b>Net Assets or Fund Balances</b>                                      |   | <b>Beginning of Year</b> | <b>End of Year</b>  |
|   | <b>20</b> Total assets (Part X, line 16)  | -154,519                 | 772,115             |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 5,374,534                | 5,593,569           |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 2,410,811                | 1,857,731           |
|   |   | 2,963,723                | 3,735,838           |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: \*\*\*\*\* Date: 2010-04-20

CRAIG KITTELSON VP - FINANCE/CFO  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Gordon J Vetsch Date: Preparer's PTIN (See Gen Inst )

Firm's name (or yours if self-employed), address, and ZIP + 4: LARSONALLEN LLP, 220 SOUTH SIXTH STREET SUITE 300, MINNEAPOLIS, MN 55402

EIN: Phone no: (612) 376-4500

May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

TO PROVIDE HEALTHCARE, HOUSING, AND COMMUNITY SERVICES FOR THE ELDERLY BY ENHANCING THE FUNDRAISING, LONG RANGE STRATEGIC PLANNING AND PROMOTION OF AUGUSTANA AFFILIATED ENTITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 4,993,541 including grants of \$ 0 ) (Revenue \$ 5,600,841 )

At Augustana Care, community is about connecting-with family, friends, spiritual centers and neighborhoods Augustana Care helps people stay connected to the things that bring meaning to their lives as they age so they can continue sharing and adding to their personal stories We strengthen those stories by offering a full spectrum of services in health care, housing and community-based support for older adults We help older adults overcome physical and other limitations so that they can live their lives as fully as possible Augustana serves more than 5,000 people each year Ever since Augustana Care was founded more than a century ago, ministry to those in need has been at the heart of our mission We believe that serving the spiritual needs of our residents is just as important as providing for their physical and social needs Augustana Care's corporate office is responsible for fundraising, long range and strategic planning and promotion of the organization's affiliated entities that provide the following key services Housing Augustana Care owns and manages a variety of senior living communities in Minneapolis and surrounding metro area locations Each of the seven campuses has comfortable living and care options for older adults Housing options include apartments for independent living, housing with services, and assisted living Last year, 1,402 older adults and others who need assistance with daily living resided in housing either owned or managed by Augustana Care in Minnesota Health Care Augustana Care's health care facilities in Minneapolis, Apple Valley, Hastings, Hopkins and Dassel provide transitional care, long-term care, dementia care, and rehabilitation serves In fiscal year 2009, more than 3,400 people received compassionate care at these facilities Community-based Programs Augustana Care offers a range of support services to enhance the quality of life for older adults who continue to live in their own homes These vital programs include the following 1 Adult day programs Augustana Care's two day centers provide comprehensive care in a thriving community of older adults, enabling them to stay in their homes longer In fiscal year 2009, 154 people attended these day centers 2 Access Solutions A service of Augustana Care, Access Solutions staff provides universal and accessible design consulting and in-home assessments for older adults and the physically challenged The assessments help people make improvements to their homes so they can stay in them longer Between October 1, 2008 and September 30, 2009, 120 clients were served 3 Meals on Wheels Last year, Augustana Care prepared and delivered 65,000 meals last year to Meals on Wheels volunteers who brought them to community residents 4 Word to the Wise Augustana Care's new educational series, A Word to the Wise, fills a gap in the community's need for wellness information The series gives participants access to physicians who have time to answer all their questions Topics discussed last year include managing arthritis, caring for bones and joints and information on Medicare In 2009, more than 200 people attended 5 Augustana Therapy Services Augustana Care provided physical, occupational and speech therapies for 222 patients through outpatient services and 2,683 in transitional care units in fiscal year 2009

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )






4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 4,993,541 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>   | Yes |    |
| <b>2</b>   | Is the organization required to complete Schedule B, Schedule of Contributors?  | Yes |    |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | No |
| <b>4</b>   | Section 501(c)(3) organizations: Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>   |     | No |
| <b>5</b>   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations: Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>   |     |    |
| <b>6</b>   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>   |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>   |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>   |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>                           | Yes |    |
| <b>10</b>  | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   | Yes |    |
| <b>11</b>  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>  | Yes |    |
| <b>12</b>  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>   |     | No |
| <b>13</b>  | Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>  |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the U.S.?  |     | No |
| <b>14b</b> | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i>  |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>   |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>   |     | No |
| <b>17</b>  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>  |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>  | Yes |    |
| <b>19</b>  | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>   |     | No |
| <b>20</b>  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>   |     | No |
| <b>21</b>  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>   |     | No |
| <b>22</b>  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>  |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>   | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i> | Yes |    |
| <b>24b</b> | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     | No |
| <b>24c</b> | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     | No |
| <b>24d</b> | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     | No |
| <b>25a</b> | Section 501(c)(3) and 501(c)(4) organizations: Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   |     | No |
| <b>25b</b> | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>  |     | No |
| <b>26</b>  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>  |     | No |

**Part IV Checklist of Required Schedules** *(Continued)*

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |     |    |
| <b>a</b>  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | No |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   |     | No |
| <b>c</b>  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   |     | No |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  |     | No |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  |     | No |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .    | Yes |    |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .    | Yes |    |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .    | Yes |    |
| <b>36</b> | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .    |     | No |
| <b>37</b> | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                    |     | No |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .   |     |    |
|            | <b>1a</b> 0  |     |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     |    |
|            | <b>1b</b> 0  |     |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   |     |    |
|            | <b>1c</b>  |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .  |     |    |
|            | <b>2a</b> 172  |     |    |
| <b>b</b>   | If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.  | Yes |    |
| <b>2b</b>  |  |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   | Yes |    |
| <b>3a</b>  |  |     |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .   | Yes |    |
| <b>3b</b>  |  |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .   |     | No |
| <b>4a</b>  |  |     |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | No |
| <b>5a</b>  |  |     |    |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |     | No |
| <b>5b</b>  |  |     |    |
| <b>c</b>   | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .  |     |    |
| <b>5c</b>  |  |     |    |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible? . . . . .   |     | No |
| <b>6a</b>  |  |     |    |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| <b>6b</b>  |  |     |    |
| <b>7</b>   | <i>Organizations that may receive deductible contributions under section 170(c).</i>   |     |    |
| <b>a</b>   | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .  | Yes |    |
| <b>7a</b>  |  |     |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | Yes |    |
| <b>7b</b>  |  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | No |
| <b>7c</b>  |  |     |    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  |     |    |
|            | <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |     | No |
| <b>7e</b>  |  |     |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | No |
| <b>7f</b>  |  |     |    |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |     |    |
| <b>7g</b>  |  |     |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .  |     |    |
| <b>7h</b>  |  |     |    |
| <b>8</b>   | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |     |    |
| <b>8</b>   |  |     |    |
| <b>9</b>   | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>   |     |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .  |     |    |
| <b>9a</b>  |  |     |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   |     |    |
| <b>9b</b>  |  |     |    |
| <b>10</b>  | <i>Section 501(c)(7) organizations.</i> Enter  |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   |     |    |
|            | <b>10a</b>   |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  |     |    |
|            | <b>10b</b>   |     |    |
| <b>11</b>  | <i>Section 501(c)(12) organizations.</i> Enter   |     |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .  |     |    |
|            | <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  |     |    |
|            | <b>11b</b>   |     |    |
| <b>12a</b> | <i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  |     |    |
| <b>12a</b> |  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  |     |    |
|            | <b>12b</b>   |     |    |

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body . . . . .  |     |    |
| <b>1b</b> | Enter the number of voting members that are independent . . . . .   |     |    |
| <b>2</b>  | 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? . . . . .   |     | No |
| <b>3</b>  | 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? . . . . . | Yes |    |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .   |     | No |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   |     | No |
| <b>6</b>  | Does the organization have members or stockholders? . . . . .   | Yes |    |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   | Yes |    |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | the governing body? . . . . .   | Yes |    |
| <b>8b</b> | each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9a</b> | Does the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| <b>9b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .  |     |    |
| <b>10</b> | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .       | Yes |    |
| <b>11</b> | Is there any officer, director or 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 . . . . .      |     | No |

**Section B. Policies**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .   | Yes |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | Yes |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | Yes |    |
| <b>13</b>  | Does the organization have a written whistleblower policy? . . . . .   | Yes |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? . . . . .  | Yes |    |
| <b>15</b>  | 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  |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official? . . . . .  |     | No |
| <b>15b</b> | Other officers or key employees of the organization? . . . . .<br>Describe the process in Schedule O   |     | No |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | No |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed   MN
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 own website     another's website     upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
 CRAIG KITTELSON - AUGUSTANA CARE SE  
 1007 EAST 14TH STREET  
 MINNEAPOLIS, MN 55404  
 (612) 238-5205





**Part VIII Statement of Revenue**

|   |   |   | (A)<br>Total Revenue                                 | (B)<br>Related or Exempt Function Revenue | (C)<br>Unrelated Business Revenue | (D)<br>Revenue Excluded from Tax under IRC 512, 513, or 514 |  |
|---|---|---|--|---|-----------------------------------|---|--|
| <b>Contributions, gifts, grants and other similar amounts</b> | <b>1a</b>   | Federated campaigns . . . . . <b>1a</b>   |  |   |                                   |   |  |
|   | <b>b</b>  | Membership dues . . . . .   |  |   |                                   |   |  |
|   |   | <b>1b</b>   |  |   |                                   |   |  |
|   | <b>c</b>  | Fundraising events . . . . . 78,075   |  |   |                                   |   |  |
|   |   | <b>1c</b>   |  |   |                                   |   |  |
|   | <b>d</b>  | Related organizations . . . . . 1,437,672   |  |   |                                   |   |  |
|   |   | <b>1d</b>   |  |   |                                   |   |  |
|   | <b>e</b>  | Government grants (contributions)   |  |   |                                   |   |  |
| <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above  |   |  |   |                                   |   |  |
|   | <b>1e</b>   |   |  |   |                                   |   |  |
| <b>g</b>  | Noncash contributions included in lines 1a-1f \$ _____  |   |  |   |                                   |   |  |
|   | <b>1f</b>   |   |  |   |                                   |   |  |
| <b>h</b>  | <b>Total (Add lines 1a-1f)</b> . . . . .  |   | 1,620,606  |   |                                   |   |  |
| <b>Program Service Revenue</b>                                | <b>2a</b>   | NURSING   | Business Code<br>623,000                             | 3,699,088                                 | 3,699,088                         |   |  |
|   | <b>b</b>  | ASSISTED LIVING   | 623,000  | 1,186,293                                 | 1,186,293                         |   |  |
|   | <b>c</b>  | PAYROLL   | 541,200  | 557,112                                   |                                   | 557,112   |  |
|   | <b>d</b>  | CONSULTING  | 541,610  | 192,348                                   |                                   | 192,348   |  |
|   | <b>e</b>  |   |  |   |                                   |   |  |
|   | <b>f</b>  | All other program service revenue   |  |   |                                   |   |  |
|   | <b>g</b>  | <b>Total. Add lines 2a-2f</b> . . . . .<br>\$ 5,634,841                           |  |   |                                   |   |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest other similar amounts) . . . . . |  | 108,160                                   |                                   | 108,160   |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . .                      |  |   |                                   |   |  |
|   | <b>5</b>  | Royalties . . . . .   |  |   |                                   |   |  |
|   | <b>6a</b>   | Gross Rents   | (i) Real   | 5,304                                     |                                   |   |  |
|   |   |   | (ii) Personal  |   |                                   |   |  |
|   |   |   | <b>b</b> Less rental expenses                        | 0   |                                   |   |  |
|   |   |   | <b>c</b> Rental income or (loss)                     | 5,304                                     |                                   |   |  |
|   | <b>d</b>  | Net rental income or (loss) . . . . .   |  | 5,304                                     |                                   | 5,304   |  |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory                            | (i) Securities                                       |   |                                   |   |  |
|   |   |   | (ii) Other   |   |                                   |   |  |
|   |   |   | <b>b</b> Less cost or other basis and sales expenses |   |                                   |   |  |
|   |   |   | <b>c</b> Gain or (loss)                              |   |                                   |   |  |
| <b>d</b>  | Net gain or (loss) . . . . .  |   |  |   |                                   |   |  |
| <b>8a</b>   | Gross income from fundraising events (not including \$ 36,351 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b> |   | 78,075   |   |                                   |   |  |
|   |   | <b>b</b> Less direct expenses . . . . . <b>b</b>                                  | 48,118   |   |                                   |   |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . .                   |  | -11,767                                   |                                   | -11,767   |  |
| <b>9a</b>   | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>   |   |  |   |                                   |   |  |
|   |   | <b>b</b> Less direct expenses . . . . . <b>b</b>                                  |  |   |                                   |   |  |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .                    |  |   |                                   |   |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>  |   |  |   |                                   |   |  |
|   |   | <b>b</b> Less cost of goods sold . . . . . <b>b</b>                               |  |   |                                   |   |  |
|   |   | <b>c</b> Net income or (loss) from sales of inventory . . . . .                   |  |   |                                   |   |  |
|   | Miscellaneous Revenue   | Business Code   |  |   |                                   |   |  |
| <b>11a</b>  | DIETARY INCOME  | 722,210   | 41,635   |   | 41,635                            |   |  |
|   |   | <b>b</b> CABLE TV INCOME  | 812,900  | 4,962                                     |                                   | 4,962   |  |
|   |   | <b>c</b> MISCELLANEOUS REVENUE  | 900,099  | 1,041                                     |                                   | 1,041   |  |
|   |   | <b>d</b> All other revenue _____  |  | 787                                       |                                   | 787   |  |
| <b>e</b>  | <b>Total. Add lines 11a-11d</b> . . . . .<br>\$ 48,425  |   |  |   |                                   |   |  |
| <b>12</b>   | <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .   |   | 7,405,569  | 4,885,381                                 | 749,460                           | 150,122   |  |

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the U S See Part IV, line 21  | 5,000                        | 5,000                                  |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the U S See Part IV, line 22  | 1,267                        | 1,267                                  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members   |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  |                              |  |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages  | 3,308,502                    | 3,080,858                              |   |                                    |
| <b>8</b>  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   | 53,320                       | 42,503                                 | 10,817  |                                    |
| <b>9</b>  | Other employee benefits . . . . .   | 250,065                      | 172,978                                | 77,087  |                                    |
| <b>10</b>   | Payroll taxes . . . . .   | 202,578                      | 174,558                                | 28,020  |                                    |
| <b>11</b>   | Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .  | 588,092                      |  | 588,092                                       |                                    |
| <b>b</b>  | Legal . . . . .   | 10,144                       |  | 10,144  |                                    |
| <b>c</b>  | Accounting . . . . .  | 60,358                       |  | 60,358  |                                    |
| <b>d</b>  | Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising See Part IV, line 17 . . . . .   |                              |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .  |                              |  |   |                                    |
| <b>g</b>  | Other . . . . .   | 496,460                      | 177,933                                | 318,527                                       |                                    |
| <b>12</b>   | Advertising and promotion . . . . .   | 45,711                       |  | 45,711  |                                    |
| <b>13</b>   | Office expenses . . . . .   | 96,828                       | 57,131                                 | 39,697  |                                    |
| <b>14</b>   | Information technology . . . . .  |                              |  |   |                                    |
| <b>15</b>   | Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .   | 248,330                      | 242,930                                | 5,400   |                                    |
| <b>17</b>   | Travel . . . . .  | 28,231                       | 8,108                                  | 20,123  |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions and meetings . . . . .   | 53,432                       |  | 53,432  |                                    |
| <b>20</b>   | Interest . . . . .  | 64,716                       | 64,716                                 |   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   | 199,407                      | 199,407                                |   |                                    |
| <b>23</b>   | Insurance . . . . .   | 34,773                       |  | 34,773  |                                    |
| <b>24</b>   | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  |                              |  |   |                                    |
| <b>a</b>  | NURSING SUPPLIES  | 415,752                      | 415,752                                |   |                                    |
| <b>b</b>  | LICENSES, PERMITS, FEES   | 173,242                      | 169,391                                | 3,851   |                                    |
| <b>c</b>  | DIETARY EXPENSES  | 160,403                      | 160,403                                |   |                                    |
| <b>d</b>  | BAD DEBT EXPENSE  | 60,965                       |  | 60,965  |                                    |
| <b>e</b>  | BOARD, VOLUN, DONORS  | 38,107                       |  | 38,107  |                                    |
| <b>f</b>  | All other expenses  | 37,771                       | 20,606                                 | 17,165  |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24f   | 6,633,454                    | 4,993,541                              | 1,639,913                                     | 0                                  |
| <b>26</b>   | <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Part X Balance Sheet**

|   |   | (A)                  |           | (B)                  |
|---|---|----------------------|-----------|----------------------|
|   |   | Beginning of year    |           | End of year          |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 41,135               | <b>1</b>  | 440,328              |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 700,827              | <b>2</b>  |                      |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 168,576              | <b>3</b>  | 141,117              |
|   | <b>4</b> Accounts receivable, net . . . . .   | 469,132              | <b>4</b>  | 579,056              |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .                            |                      | <b>5</b>  |                      |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .     |                      | <b>6</b>  |                      |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                      | <b>7</b>  |                      |
|   | <b>8</b> Inventories for sale or use . . . . .  |                      | <b>8</b>  |                      |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 51,348               | <b>9</b>  | 49,920               |
|   | <b>10a</b> Land, buildings, and equipment cost basis  |                      |           |                      |
|   |   | <b>10a</b> 3,090,794 |           |                      |
|   | <b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .  |                      |           |                      |
|   |   | <b>10b</b> 486,322   | 2,696,820 | <b>10c</b> 2,604,472 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  |                      | <b>11</b> |                      |
|   | <b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .  | 824,872              | <b>12</b> | 1,560,188            |
|   | <b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .  |                      | <b>13</b> |                      |
| <b>14</b> Intangible assets . . . . .   | 82,164  | <b>14</b>            | 77,801    |                      |
| <b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . . | 339,660   | <b>15</b>            | 140,687   |                      |
| <b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>                         | 5,374,534   | <b>16</b>            | 5,593,569 |                      |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 258,867              | <b>17</b> | 302,658              |
|   | <b>18</b> Grants payable . . . . .  |                      | <b>18</b> |                      |
|   | <b>19</b> Deferred revenue . . . . .  | 4,592                | <b>19</b> |                      |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 1,452,354            | <b>20</b> | 1,402,519            |
|   | <b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .  | 18,226               | <b>21</b> | 20,891               |
|   | <b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . . |                      | <b>22</b> |                      |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                      | <b>23</b> |                      |
|   | <b>24</b> Unsecured notes and loans payable . . . . .   |                      | <b>24</b> |                      |
|   | <b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .  | 676,772              | <b>25</b> | 131,663              |
|   | <b>26 Total liabilities. Add lines 17 through 25</b>  | 2,410,811            | <b>26</b> | 1,857,731            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                       |                      |           |                      |
|   | <b>27</b> Unrestricted net assets . . . . .   | 2,637,575            | <b>27</b> | 3,482,748            |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 251,985              | <b>28</b> | 142,259              |
|   | <b>29</b> Permanently restricted net assets . . . . .   | 74,163               | <b>29</b> | 110,831              |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>  |                      |           |                      |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                      | <b>30</b> |                      |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                      | <b>31</b> |                      |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                      | <b>32</b> |                      |
| <b>33</b> Total net assets or fund balances . . . . .                                       | 2,963,723   | <b>33</b>            | 3,735,838 |                      |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                          | 5,374,534   | <b>34</b>            | 5,593,569 |                      |

**Part XI Financial Statements and Reporting**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .   |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .  |     | No |
| <b>2c</b> | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | No |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? . . . . .  |     |    |

**SCHEDULE A**  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization  
AUGUSTANA CARE CORPORATION

Employer identification number

41-1728753

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

h Provide the following information about the organizations the organization supports

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support? |
|------------------------------------|----------|--|--|----|---|----|--|----|--------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                          |
|                                    |          |  |  |    |   |    |  |    |                          |
|                                    |          |  |  |    |   |    |  |    |                          |
|                                    |          |  |  |    |   |    |  |    |                          |
|                                    |          |  |  |    |   |    |  |    |                          |
| <b>Total</b>                       |          |  |  |    |   |    |  |    |                          |

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006  | (d) 2007 | (e) 2008  | (f) Total |
|--|----------|----------|-----------|----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 30,065   | 28,572   | 2,995,912 | 278,227  | 1,620,606 | 4,953,382 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |           |          |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |           |          |           |           |
| <b>4 Total.</b> Add line 1-3   | 30,065   | 28,572   | 2,995,912 | 278,227  | 1,620,606 | 4,953,382 |
| <b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) |          |          |           |          |           |           |
| <b>6 Public Support</b> subtract line 5 from line 4  |          |          |           |          |           | 4,953,382 |

**Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006  | (d) 2007 | (e) 2008  | (f) Total                |
|--|----------|----------|-----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4   | 30,065   | 23       | 2,995,912 | 278,227  | 1,620,606 | 4,953,382                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 23       | 23       | 8,212     | 41,789   | 113,464   | 163,511                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |           |          |           |                          |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |          |          | 41,433    | 95,175   | 56,425    | 193,033                  |
| <b>11 Total Support</b> (Add lines 7 through 10)   |          |          |           |          |           | 5,309,926                |
| <b>12</b> Gross receipts from related activities, etc (See instructions )  |          |          |           |          | <b>12</b> | 10,501,621               |
| <b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> |          |          |           |          |           | <input type="checkbox"/> |

**Computation of Public Support Percentage**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))   | <b>14</b> | <b>93.290 %</b>                     |
| <b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f   | <b>15</b> | <b>93.440 %</b>                     |
| <b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  |           | <input type="checkbox"/>            |
| <b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    |           | <input type="checkbox"/>            |
| <b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization |           | <input type="checkbox"/>            |
| <b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions  |           | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total</b> Add lines 1-5  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |          |          |          |          |          |           |
| <b>c</b> Total of lines 7a and 7b   |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| <b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)  |          |          |          |          |          |           |
| <b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> |  |
| <b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g                   | <b>16</b> |  |

**Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> |  |
| <b>18</b> Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h                    | <b>18</b> |  |

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

|                                     |
|-------------------------------------|
| <b>Facts and Circumstances Test</b> |
|                                     |

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 41-1728753  
**Name:** AUGUSTANA CARE CORPORATION

## Form 990, Part VII - Section Aaa

| (A)<br>Name and Title                    | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|---|---|---|
|  |                               | Individual Trustee or Director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |   |   |
| PR GARY WILKERSON , CHAIR                | 2 00                          | X                                      |                       | X       |              |                              |        | 0   | 0   | 0   |
| BILL SOULES , VICE CHAIR                 | 2 00                          | X                                      |                       | X       |              |                              |        | 0   | 0   | 0   |
| ROGER TADSEN , SECRETARY/TREASURER       | 2 00                          | X                                      |                       | X       |              |                              |        | 0   | 0   | 0   |
| PR ELIZABETH BEISSEL , DIRECTOR          | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| BERNIE CABLE-PROKOP , DIRECTOR           | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| BRUCE CRAWFORD , DIRECTOR                | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| LILLIAN HIPP , DIRECTOR                  | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| DAVID JOHNSON , DIRECTOR                 | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| VERNA LUTES , DIRECTOR                   | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 4,012   | 0   |
| ALLEN OLSON , DIRECTOR                   | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| NIC PUZAK , DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| DEAN SCHUMANN , DIRECTOR                 | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| STEVE SJOBLAD , DIRECTOR                 | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| BOB SPINNER , DIRECTOR                   | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| DIANE TRACY , DIRECTOR                   | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| TOM TURNER , DIRECTOR                    | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| PR MICHELENE VERLAUTZ , DIRECTOR         | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| ED VICTORSEN , DIRECTOR                  | 2 00                          | X                                      |                       |         |              |                              |        | 0   | 0   | 0   |
| TIM TUCKER , PRESIDENT/CEO               | 4 50                          |  |                       | X       |              |                              |        | 0   | 292,798   | 74,192  |
| CRAIG KITTELSON , VP - FINANCE/CFO       | 4 50                          |  |                       | X       |              |                              |        | 0   | 236,580   | 56,292  |
| TIM MIDDENDORF , VP - OPERATIONS/COO     | 4 50                          |  |                       | X       |              |                              |        | 0   | 181,400   | 45,332  |
| KATHERINE KOPP , VP - SENIOR DEVELOPMENT | 4 50                          |  |                       |         | X            |                              |        | 0   | 195,905   | 32,929  |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization AUGUSTANA CARE CORPORATION

Employer identification number 41-1728753

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 74,163           |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  | 36,668           |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  | 3,933            |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 3,933            |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 110,831          |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment  100.000 %
- c** Term endowment

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|  | Yes           | No  |
|--|---------------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No  |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No  |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | Yes |

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment   | (a) Cost or other basis (Investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 275,366                         |                  | 275,366        |
| <b>b</b> Buildings . . . . .  |                                      | 2,298,867                       | 282,265          | 2,016,602      |
| <b>c</b> Leasehold improvements . . . . .   |                                      |                                 |                  |                |
| <b>d</b> Equipment . . . . .  |                                      | 516,561                         | 204,057          | 312,504        |
| <b>e</b> Other . . . . .  |                                      |                                 |                  |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                  | 2,604,472      |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  |  |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  |  |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  |  |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  |  |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |  |
| <b>6</b>  | Investment expenses   | <b>6</b>  |  |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |  |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  |  |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  |  |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> |  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                             |           |  |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |  |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIV)   | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                     |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIV)   | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> |  |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12) | <b>5</b>  |  |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |  |
|----------|---|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                |           |  |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |  |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |  |
| <b>c</b> | Losses reported on Form 990, Part IX, line 25   | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIV)  | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                      |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIV)  | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> |  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18) | <b>5</b>  |  |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier       | Return Reference                               | Explanation  |
|------------------|--|--|
| Part IV, Line 2b |  | THE ORGANIZATION HOLDS, IN TRUST, FUNDS ADVANCED BY RESIDENTS TO BE USED AT EACH RESIDENT'S DISCRETION THE FUNDS ARE MAINTAINED IN A SEPARATE INTEREST-BEARING SAVINGS ACCOUNT AND THE ORGANIZATION HAS A FIDUCIARY RESPONSIBILITY FOR THE ADMINISTRATION OF THESE FUNDS SECURITY DEPOSITS ARE REQUIRED FOR THE ORGANIZATION'S TENANTS AND INCLUDE RESERVED APARTMENTS IF AMOUNTS ARE PAID BEFORE THE TENANT ACTUALLY MOVES IN |
| Part V, Line 4   | Description of Intended Use of Endowment Funds | THE PRINCIPAL WILL BE INVESTED AND KEPT INTACT FOR PERPETUITY TO PROVIDE AN ADDITIONAL SOURCE OF INCOME THE INCOME GENERATED WILL BE USED TO SUPPORT THE FUND DESIGNATED PROGRAM THE ORGANIZATION'S ENDOWMENT IS HELD AND ADMINISTERED BY AUGUSTANA CARE FOUNDATION SEE SCHEDULE R FOR ADDITIONAL DETAILS  |
|                  |  |  |
|                  |  |  |
|                  |  |  |

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization  
AUGUSTANA CARE CORPORATION

**Employer identification number**  
41-1728753

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
|   |               | Yes  | No |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
| <b>Total</b>                                  |               |  |    |                                   |  |   |

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                        |   | (a) Event #1                           | (b) Event #2                            | (c) Other Events           | (d) Total Events              |
|------------------------|---|--|---|----------------------------|-------------------------------|
|                        |   | <u>GOLF TOURNAMENT</u><br>(event type) | <u>WILD GAME DINNER</u><br>(event type) | <u>3</u><br>(total number) | (Add col (a) through col (c)) |
| <b>Revenue</b>         | <b>1</b> Gross receipts . . . . .   | 68,862                                 | 24,448                                  | 21,116                     | 114,426                       |
|                        | <b>2</b> Less Charitable contributions . . . . .                                | 47,236                                 | 16,168                                  | 14,671                     | 78,075                        |
|                        | <b>3</b> Gross revenue (line 1 minus line 2) . . . . .                          | 21,626                                 | 8,280                                   | 6,445                      | 36,351                        |
| <b>Direct Expenses</b> | <b>4</b> Cash Prizes . . . . .  |  |   |                            |                               |
|                        | <b>5</b> Non-cash Prizes . . . . .  |  |   |                            |                               |
|                        | <b>6</b> Rent/Facility costs . . . . .  | 23,329                                 | 10,202                                  |                            | 33,531                        |
|                        | <b>7</b> Other direct expenses . . . . .  | 4,147                                  | 2,155                                   | 8,285                      | 14,587                        |
|                        | <b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶ |  |   |                            | 48,118                        |
|                        | <b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶     |  |   |                            | -11,767                       |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (Add col (a) through col (c)) |
|--|--|---|---|---|--|
|  |  | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| <b>Direct Expenses</b>   | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|  | <b>3</b> Non-cash prizes . . . . .       |   |   |   |  |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |   |   |   |  |
| <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |  |   |   |   |  |

|            |   | Yes        | No |
|------------|---|------------|----|
| <b>9</b>   | Enter the state(s) in which the organization operates gaming activities _____   |            |    |
| <b>a</b>   | Is the organization licensed to operate gaming activities in each of these states? . . . . .  | <b>9a</b>  |    |
| <b>b</b>   | If "No," Explain<br>_____<br>_____  |            |    |
| <b>10a</b> | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  | <b>10a</b> |    |
| <b>b</b>   | If "Yes," Explain<br>_____<br>_____   |            |    |
| <b>11</b>  | Does the organization operate gaming activities with nonmembers? . . . . .  | <b>11</b>  |    |
| <b>12</b>  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <b>12</b>  |    |

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility . . . . . **13a**
- b** An outside facility . . . . . **13b**

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

|            | Yes | No |
|------------|-----|----|
| <b>13a</b> |     |    |
| <b>13b</b> |     |    |
| <b>14</b>  |     |    |
| <b>15a</b> |     |    |
| <b>16</b>  |     |    |
| <b>17a</b> |     |    |



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name        |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------|------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
|                 |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |  |
| TIM TUCKER      | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) | 254,727  | 29,042                              | 9,029                    | 36,807                    | 37,385                  | 366,990                         |  |
| CRAIG KITTELSON | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) | 196,090  | 23,292                              | 17,198                   | 28,529                    | 27,763                  | 292,872                         |  |
| TIM MIDDENDORF  | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) | 162,620  | 14,400                              | 4,380                    | 21,021                    | 24,311                  | 226,732                         |  |
| KATHERINE KOPP  | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) | 171,274  | 17,430                              | 7,201                    | 19,720                    | 13,209                  | 228,834                         |  |
|                 | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) |  |                                     |                          |                           |                         |                                 |  |
|                 | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) |  |                                     |                          |                           |                         |                                 |  |
|                 | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) |  |                                     |                          |                           |                         |                                 |  |
|                 | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) |  |                                     |                          |                           |                         |                                 |  |
|                 | (i)  |  |                                     |                          |                           |                         |                                 |  |
|                 | (ii) |  |                                     |                          |                           |                         |                                 |  |



**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

**2008**

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AUGUSTANA CARE CORPORATION

Employer identification number  
41-1728753

**Part I Bond Issues (Required for 2008)**

| (a) Issuer Name     | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    |
|---------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
|                     |                |             |                 |                 |                            | Yes          | No | Yes                     | No |
| A CITY OF DASSEL MN | 41-0851701     |             | 08-21-2007      | 1,500,000       | FACILITY DEVELOPMENT       |              | X  |                         | X  |

**Part II Proceeds (Optional for 2008)**

|   | A   |    | B   |    | C   |    | D   |    | E   |    |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Total Proceeds of Issue   |     |    |     |    |     |    |     |    |     |    |
| 2 Gross Proceeds in Reserve Funds   |     |    |     |    |     |    |     |    |     |    |
| 3 Proceeds in Refunding or Defeasance Escrows   |     |    |     |    |     |    |     |    |     |    |
| 4 Other Unspent Proceeds  |     |    |     |    |     |    |     |    |     |    |
| 5 Issuance Costs from Proceeds  |     |    |     |    |     |    |     |    |     |    |
| 6 Working Capital Expenditures from Proceeds  |     |    |     |    |     |    |     |    |     |    |
| 7 Capital Expenditures from Proceeds  |     |    |     |    |     |    |     |    |     |    |
| 8 Year of Substantial Completion  |     |    |     |    |     |    |     |    |     |    |
| 9 Were the bonds issued as part of a current refunding issue?   |     |    |     |    |     |    |     |    |     |    |
| 10 Were the bonds issued as part of an advance refunding issue?   |     |    |     |    |     |    |     |    |     |    |
| 11 Has the final allocation of proceeds been made?  |     |    |     |    |     |    |     |    |     |    |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? |     |    |     |    |     |    |     |    |     |    |

**Part III Private Business Use (Optional for 2008)**

|  | A   |    | B   |    | C   |    | D   |    | E   |    |
|--|-----|----|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     |    |     |    |     |    |     |    |     |    |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use?           |     |    |     |    |     |    |     |    |     |    |

**Part III Private Business Use** (Continued)

|   | A   |    | B   |    | C   |    | D   |    | E   |    |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?   |     |    |     |    |     |    |     |    |     |    |
| <b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?   |     |    |     |    |     |    |     |    |     |    |
| <b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?  |     |    |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government  |     |    |     |    |     |    |     |    |     |    |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government |     |    |     |    |     |    |     |    |     |    |
| <b>6</b> Total of lines 4 and 5   |     |    |     |    |     |    |     |    |     |    |
| <b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  |     |    |     |    |     |    |     |    |     |    |

**Part IV Arbitrage** (Optional for 2008)

|   | A   |    | B   |    | C   |    | D   |    | E   |    |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has a Form 8038-T been filed with respect to the bond issue?   |     |    |     |    |     |    |     |    |     |    |
| <b>2</b> Is the bond issue a variable rate issue?   |     |    |     |    |     |    |     |    |     |    |
| <b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? |     |    |     |    |     |    |     |    |     |    |
| <b>b</b> Name of provider   |     |    |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge  |     |    |     |    |     |    |     |    |     |    |
| <b>4a</b> Were gross proceeds invested in a GIC?  |     |    |     |    |     |    |     |    |     |    |
| <b>b</b> Name of provider   |     |    |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC  |     |    |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                |     |    |     |    |     |    |     |    |     |    |
| <b>5</b> Were any gross proceeds invested beyond an available temporary period?   |     |    |     |    |     |    |     |    |     |    |
| <b>6</b> Did the bond issue qualify for an exception to rebate?   |     |    |     |    |     |    |     |    |     |    |

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

**Name of the organization**  
AUGUSTANA CARE CORPORATION

**Employer identification number**

41-1728753

| Identifier                           | Return Reference | Explanation  |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 1 |                  | THE ORGANIZATION'S EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE ORGANIZATION THE BOARD CHAIR, VICE CHAIR, SECRETARY, AND TREASURER DURING INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO EXERCISE ALL OF THE AUTHORITY AND POWERS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE ORGANIZATION, SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS |

| Identifier                           | Return Reference | Explanation  |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 3 |                  | AUGUSTANA CARE SERVICES PROVIDES MANAGEMENT SERVICES FOR AUGUSTANA CARE CORPORATION AND ITS RELATED ORGANIZATIONS AUGUSTANA CARE SERVICES PROVIDES FINANCIAL ACCOUNTING, OPERATIONAL OVERSIGHT, HUMAN RESOURCES, INFORMATION TECHNOLOGY, CLINICAL NURSING CONSULTATION, CORPORATE COMPLIANCE, COORDINATED ADVERTISING AND MARKETING, STAFFING FOR FUND DEVELOPMENT, AND NEW BUSINESS DEVELOPMENT |

| Identifier                           | Return Reference | Explanation   |
|--------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 6 |                  | THE ORGANIZATION'S MEMBERSHIP CONSISTS OF LUTHERAN CONGREGATIONS INCLUDING CONGREGATIONS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA, AND OTHER CONGREGATIONS UPON MAJORITY VOTE OF THE ORGANIZATION'S BOARD OF DIRECTORS AND ELECTION TO BECOME MEMBERS OF THE ORGANIZATION AT ALL TIMES THE MAJORITY OF CONGREGATIONS HOLDING MEMBERSHIP SHALL BE LUTHERAN EACH MEMBER CONGREGATION DESIGNATES FIVE DELEGATES, NOT MORE THAN ONE OF WHOM MAY BE A PASTOR, TO REPRESENT SUCH CONGREGATION AT MEETINGS OF THE DELEGATES OF THE ORGANIZATION |

| Identifier                            | Return Reference | Explanation  |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 7a |                  | THE ORGANIZATION'S BOARD OF DIRECTORS ARE APPOINTED AND ELECTED BY THE DELEGATES OF MEMBER CONGREGATIONS AT THE ANNUAL MEETING |

| Identifier                            | Return Reference | Explanation   |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7b |                  | AMENDMENTS TO THE ORGANIZATION'S GOVERNING DOCUMENTS MUST BE APPROVED BY A MAJORITY VOTE FROM THE DELEGATES OF THE MEMBER CONGREGATIONS ANY AMENDMENT WHICH RELATES TO THE REQUIREMENTS FOR AFFILIATION WITH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA WILL BE SUBMITTED TO THE DIVISION FOR SOCIAL MINISTRY ORGANIZATIONS OF THE EVANGELICAL LUTHERAN CHURCH OF IN AMERICA FOR REVIEW PRIOR TO ACTION BY THE BOARD OF DIRECTORS |

| Identifier                            | Return Reference | Explanation   |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 10 |                  | THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED IN DETAIL BY THE ORGANIZATION'S VP - FINANCE/CFO THE FORM 990 WAS THEN PRESENTED TO THE FULL BOARD BY THE VP - FINANCE/CFO PRIOR TO BEING FILED WITH THE IRS |

| Identifier                             | Return Reference | Explanation   |
|--|------------------|---|
| Form 990, Part VI, Section B, line 12c |                  | THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND EMPLOYEES ALL COVERED INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT ALL COVERED INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE APPROPRIATE LEVEL OF MANAGEMENT OR TO THE BOARD OF DIRECTORS AS OUTLINED IN THE POLICY, BASED ON THE INDIVIDUAL'S POSITION WITHIN THE ORGANIZATION CONFLICTS ARE DETERMINED AT THE APPROPRIATE LEVEL OF MANAGEMENT OR BY THE BOARD OF DIRECTORS INDIVIDUALS WITH ACTUAL OR POTENTIAL CONFLICTS WILL ABSTAIN FROM DISCUSSING OR VOTING ON ANY MATTERS RELATING TO THE CONFLICT ALL PROCEEDINGS RELATING TO ACTUAL OR POTENTIAL CONFLICTS WILL BE NOTED IN THE MEETING MINUTES |

| Identifier                            | Return Reference | Explanation  |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section B, line 15 |                  | THE COMPENSATION OF THE PRESIDENT/CEO AND ALL OTHER SENIOR STAFF IS ESTABLISHED BY THE AUGUSTANA CARE SERVICES BOARD OF DIRECTORS BASED ON APPROPRIATE COMPARABILITY DATA PROVIDED BY A PROFESSIONAL COMPENSATION CONSULTANT FOR ALL OFFICERS AND KEY EMPLOYEES, THE PROCESS LAST INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2009 |

| Identifier                            | Return Reference | Explanation  |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 19 |                  | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

| Identifier                   | Return Reference             | Explanation   |
|------------------------------|------------------------------|---|
| Schedule A, Part II, Line 10 | Explanation for Other Income | MISCELLANEOUS INCOME FROM TENANTS DIETARY INCOME FROM TENANTS HOUSEKEEPING INCOME FROM TENANTS VENDING INCOME FROM TENANTS LAUNDRY INCOME FROM TENANTS CABLE TV INCOME FROM TENANTS |

| Identifier  | Return Reference             | Explanation  |
|---|------------------------------|--|
| FORM 990, PART IV, LINE 12 AND FORM 990, PART XI, LINE 2B | AUDITED FINANCIAL STATEMENTS | IN ACCORDANCE WITH THE IRS INSTRUCTIONS, AUGUSTANA CARE CORPORATION IS PROVIDING A "NO" RESPONSE TO FORM 990, PART IV, LINE 12 AND TO FORM 990, PART XI, LINE 2B BECAUSE THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS AUGUSTANA CARE CORPORATION DID PREPARE FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2009, IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND THOSE FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM ON A CONSOLIDATED BASIS |

| Identifier                  | Return Reference             | Explanation   |
|-----------------------------|------------------------------|---|
| FORM 990, PART VII, LINE 1A | EXPLANATION FOR HOURS WORKED | TIM TUCKER, CRAIG KITTELSON, TIM MIDDENDORF AND KATHERINE KOPP EACH SERVE AUGUSTANA CARE CORPORATION AND ITS RELATED ORGANIZATIONS EACH INDIVIDUAL SPENDS APPROXIMATELY 4 5 HOURS PER WEEK WORKING FOR EACH OF THE RELATED ORGANIZATIONS, FOR A TOTAL OF 45 HOURS PER WEEK PASTOR ELIZABETH BEISSEL IS A BOARD MEMBER OF AUGUSTANA CARE CORPORATION SHE IS ALSO A BOARD MEMBER OF THREE RELATED ORGANIZATIONS AUGUSTANA CHAPEL VIEW HOMES, OPEN CIRCLE ADULT DAY CENTER, AND AUGUSTANA CARE SERVICES SHE SERVES EACH ORGANIZATION FOR APPROXIMATELY 2 HOURS PER WEEK, FOR A TOTAL OF 8 HOURS PER WEEK BERNIE CABLE-PROKOP IS A BOARD MEMBER OF AUGUSTANA CARE CORPORATION HE IS ALSO A BOARD MEMBER OF A RELATED ORGANIZATION AUGUSTANA COMMUNITY PARTNERS HE SERVES EACH ORGANIZATION FOR APPROXIMATELY 2 HOURS PER WEEK, FOR A TOTAL OF 4 HOURS PER WEEK DAVID JOHNSON IS A BOARD MEMBER OF AUGUSTANA CARE CORPORATION HE IS ALSO A BOARD MEMBER OF A RELATED ORGANIZATION AUGUSTANA CARE FOUNDATION HE SERVES EACH ORGANIZATION FOR APPROXIMATELY 2 HOURS PER WEEK, FOR A TOTAL OF 4 HOURS PER WEEK VERNA LUTES AND ED VICTORSEN ARE BOARD MEMBERS OF AUGUSTANA CARE CORPORATION THEY ARE ALSO BOARD MEMBERS OF THREE RELATED ORGANIZATIONS AUGUSTANA CHAPEL VIEW HOMES, OPEN CIRCLE ADULT DAY CENTER, AND AUGUSTANA COMMUNITY PARTNERS BOTH INDIVIDUALS SERVE EACH ORGANIZATION FOR APPROXIMATELY 2 HOURS PER WEEK, FOR A TOTAL OF 8 HOURS PER WEEK DEAN SCHUMANN IS A BOARD MEMBER OF AUGUSTANA CARE CORPORATION HE IS ALSO A BOARD MEMBER OF A RELATED ORGANIZATION AUGUSTANA CARE SERVICES HE SERVES EACH ORGANIZATION FOR APPROXIMATELY 2 HOURS PER WEEK, FOR A TOTAL OF 4 HOURS PER WEEK PASTOR MICHELENE VERLAUTZ IS A BOARD MEMBER OF AUGUSTANA CARE CORPORATION SHE IS ALSO A BOARD MEMBER OF TWO RELATED ORGANIZATIONS AUGUSTANA CHAPEL VIEW HOMES AND OPEN CIRCLE ADULT DAY CENTER SHE SERVES EACH ORGANIZATION FOR APPROXIMATELY 2 HOURS PER WEEK, FOR A TOTAL OF 6 HOURS PER WEEK PASTOR GARY WILKERSON IS A BOARD MEMBER OF AUGUSTANA CARE CORPORATION HE IS ALSO A BOARD MEMBER OF FOUR RELATED ORGANIZATIONS AUGUSTANA CARE SERVICES, AUGUSTANA HEALTH CARE CENTER OF APPLE VALLEY, APPLE VALLEY VILLA APARTMENTS, AND AUGUSTANA REGENT AT BURNSVILLE HE SERVES EACH ORGANIZATION FOR APPROXIMATELY 2 HOURS PER WEEK, FOR A TOTAL OF 10 HOURS PER WEEK |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
AUGUSTANA CARE CORPORATION

**Employer identification number**

41-1728753

**Part I Identification of Disregarded Entities**

| <b>(A)</b><br>Name, address, and EIN of disregarded entity  | <b>(B)</b><br>Primary activity   | <b>(C)</b><br>Legal domicile (state or foreign country) | <b>(D)</b><br>Total income | <b>(E)</b><br>End-of-year assets | <b>(F)</b><br>Direct controlling entity |
|---|----------------------------------|---|----------------------------|----------------------------------|---|
| REPLACEMENT RESERVES LLC<br>1007 east 14th street<br>minneapolis, MN 55404<br>75-2990222                  | HOME HEALTH SERVICES             | MN  | 0                          | 0                                | N/A                                     |
| AUGUSTANA DASSEL LAKESIDE COMMUNITY HOME LLC<br>439 WILLIAM AVENUE EAST<br>DASSEL, MN 55325<br>20-8916091 | NURSING/ASSISTED LIVING FACILITY | MN  | 4,395,055                  | 5,157,221                        | N/A                                     |
| AUGUSTANA SENIOR DEVELOPMENT II LLC<br>1007 east 14th street<br>Minneapolis, MN 55404<br>26-4136110       | CONSULTING                       | MN  | 749,460                    | 10,983                           | N/A                                     |
|   |                                  |   |                            |                                  |   |
|   |                                  |   |                            |                                  |   |
|   |                                  |   |                            |                                  |   |

**Part II Identification of Related Tax-Exempt Organizations**

| <b>(A)</b><br>Name, address, and EIN of related organization | <b>(B)</b><br>Primary activity | <b>(C)</b><br>Legal domicile (state or foreign country) | <b>(D)</b><br>Exempt Code section | <b>(E)</b><br>Public charity status (if section 501(c)(3)) | <b>(F)</b><br>Direct controlling entity |
|--|--------------------------------|---|-----------------------------------|--|---|
| See Additional Data Table                                    |                                |   |                                   |  |   |
|  |                                |   |                                   |  |   |
|  |                                |   |                                   |  |   |
|  |                                |   |                                   |  |   |
|  |                                |   |                                   |  |   |
|  |                                |   |                                   |  |   |
|  |                                |   |                                   |  |   |

**Part III Identification of Related Organizations Taxable as a Partnership**

| (A)<br>Name, address, and EIN of<br>related organization | (B)<br>Primary activity | (C)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (D)<br>Direct controlling<br>entity | (E)<br>Predominant<br>income(related,<br>investment,<br>unrelated) | (F)<br>Share of total income | (G)<br>Share of end-of-<br>year assets | (H)<br>Disproportionate<br>allocations? |    | (I)<br>Code V—UBI amount<br>on<br>Box 20 of K-1 | (J)<br>General or<br>managing<br>partner? |    |
|--|-------------------------|--|-------------------------------------|--|------------------------------|--|---|----|---|---|----|
|  |                         |  |                                     |  |                              |  | Yes                                     | No |   | Yes                                       | No |
|  |                         |  |                                     |  |                              |  |   |    |   |   |    |
|  |                         |  |                                     |  |                              |  |   |    |   |   |    |
|  |                         |  |                                     |  |                              |  |   |    |   |   |    |
|  |                         |  |                                     |  |                              |  |   |    |   |   |    |
|  |                         |  |                                     |  |                              |  |   |    |   |   |    |
|  |                         |  |                                     |  |                              |  |   |    |   |   |    |
|  |                         |  |                                     |  |                              |  |   |    |   |   |    |
|  |                         |  |                                     |  |                              |  |   |    |   |   |    |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

| (A)<br>Name, address, and EIN of related organization   | (B)<br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign<br>country) | (D)<br>Direct controlling<br>entity | (E)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (F)<br>Share of total income | (G)<br>Share of<br>end-of-year<br>assets | (H)<br>Percentage<br>ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| AUGUSTANA SENIOR DEVELOPMENT INC<br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>48-1293891 | CONSULTING              | MN  | N/A                                 | C  |                              |  | 100 000 %                      |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |

**Part V Transactions with Related Organizations**

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> | Yes |    |
| <b>1d</b> | Yes |    |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> | Yes |    |
| <b>1k</b> | Yes |    |
| <b>1l</b> | Yes |    |
| <b>1m</b> | Yes |    |
| <b>1n</b> | Yes |    |
| <b>1o</b> | Yes |    |
| <b>1p</b> |     | No |
| <b>1q</b> |     | No |
| <b>1r</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (A)<br>Name of other organization(s)       | (B)<br>Transaction type(a-r) | (C)<br>Amount Involved |
|--|------------------------------|------------------------|
| <b>(1)</b> AUGUSTANA CARE SERVICES         | C                            | 1,224,956              |
| <b>(2)</b> AUGUSTANA CARE SERVICES         | D                            | 1,000,000              |
| <b>(3)</b> AUGUSTANA CARE SERVICES         | L                            | 295,595                |
| <b>(4)</b> AUGUSTANA CHAPEL VIEW HOMES INC | D                            | 459,345                |
| <b>(5)</b>                                 |                              |                        |
| <b>(6)</b>                                 |                              |                        |



**Software ID:**  
**Software Version:**  
**EIN:** 41-1728753  
**Name:** AUGUSTANA CARE CORPORATION

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

| <b>(A)</b><br>Name, address, and EIN of related organization  | <b>(B)</b><br>Primary Activity  | <b>(C)</b><br>Legal Domicile<br>(State or Foreign Country) | <b>(D)</b><br>Exempt Code section | <b>(E)</b><br>Public charity status<br>(if 501(c)(3)) | <b>(F)</b><br>Direct Controlling Entity |
|---|---------------------------------|--|-----------------------------------|---|---|
| APPLE VALLEY VILLA APARTMENTS<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>31-1608691                | HEALTH CARE FACILITIES/SERVICES | MN   | 501(C)(3)                         | 9   | N/A                                     |
| AUGUSTANA APARTMENTS OF HASTINGS<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>31-1608701             | HEALTH CARE FACILITIES/SERVICES | MN   | 501(C)(3)                         | 9   | N/A                                     |
| AUGUSTANA CARE FOUNDATION<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>41-1360678                    | CHARITABLE FOUNDATION           | MN   | 501(C)(3)                         | 11 - TYPE I   | N/A                                     |
| AUGUSTANA CARE SERVICES<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>41-1806946                      | MANAGEMENT SERVICES             | MN   | 501(C)(3)                         | 11 - TYPE I   | N/A                                     |
| AUGUSTANA CHAPEL VIEW HOMES INC<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>41-0693953              | HEALTH CARE FACILITIES/SERVICES | MN   | 501(C)(3)                         | 9   | N/A                                     |
| AUGUSTANA COMMUNITY PARTNERS<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>41-1783680                 | HOME HEALTH CARE SERVICES       | MN   | 501(C)(3)                         | 9   | N/A                                     |
| AUGUSTANA HEALTH CARE CENTER OF APPLE VALLEY<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>31-1608696 | HEALTH CARE FACILITIES/SERVICES | MN   | 501(C)(3)                         | 9   | N/A                                     |
| AUGUSTANA HOME OF HASTINGS<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>31-1572624                   | HEALTH CARE FACILITIES/SERVICES | MN   | 501(C)(3)                         | 9   | N/A                                     |
| OPEN CIRCLE ADULT DAY CENTER<br><br>1007 EAST 14TH STREET<br>MINNEAPOLIS, MN55404<br>41-1424801                 | HEALTH CARE FACILITIES/SERVICES | MN   | 501(C)(3)                         | 9   | AUGUSTANA CHAPEL VIEW HOMES INC         |