

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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 and ending

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
ST. JOHN'S LUTHERAN MINISTRIES, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3940 RIMROCK ROAD
 City or town, state or country, and ZIP + 4
BILLINGS, MT 59102

D Employer identification number
81-0288768

E Telephone number
(406) 655-5600

G Gross receipts \$ **26,569,492.**

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 ▶ **9386**

F Name and address of principal officer: **KENT BURGESS**
SAME AS C ABOVE

I Tax-exempt status: 501(c) (**03**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **SJLM.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1960** **M State of legal domicile:** **MT**

Part I Summary

		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE LIVING OPPORTUNITIES WITHIN NURTURING ENVIRONMENTS OF HOPE, DIGNITY & LOVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	862
	6 Total number of volunteers (estimate if necessary)	6	400
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	586,710.	66,860.
	9 Program service revenue (Part VIII, line 2g)	18,445,523.	21,566,400.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	506,789.	382,932.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	686,408.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,225,430.	22,016,192.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,174,054.	13,350,880.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		20,177,309.	10,615,826.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,351,363.	23,966,706.	
19 Revenue less expenses. Subtract line 18 from line 12	-11,125,933.	-1,950,514.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 49,178,876.	End of Year 44,768,313.
	21 Total liabilities (Part X, line 26)	34,772,104.	33,411,111.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,406,772.	11,357,202.

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.

Sign Here ▶ *Greg Peterson* Signature of officer Date **11/15/09**

▶ **GREG PETERSON, CHIEF FINANCIAL OFFICER**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ **EIDE BAILLY LLP** Date
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **401N 31ST ST SUITE 1120, PO BOX 7112 BILLINGS, MT 59103-7112** Preparer's identifying number (see instructions) ▶ **EIN**
 Phone no. ▶ **406-896-2400**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
OUR MISSION IS TO PROVIDE LIVING OPPORTUNITIES WITHIN NURTURING ENVIRONMENTS OF HOPE, DIGNITY & LOVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 18,961,531. including grants of \$) (Revenue \$ 21,566,400.)
ST. JOHN'S LUTHERAN MINISTRIES, INC. (ST. JOHN'S) SERVES AS A MINISTRY OF 22 LUTHERAN (ELCA) CONGREGATIONS BASED IN SOUTH-CENTRAL MONTANA. ST. JOHN'S IS A GIFT TO THE WORLD FROM THESE LUTHERAN CONGREGATIONS COMMITTED TO CARING FOR PEOPLE ACROSS A FULL SPECTRUM OF DENOMINATIONS AND FAITHS. ST. JOHN'S IS GRATEFUL FOR ITS NOT-FOR-PROFIT STATUS. BEING TAX-EXEMPT ALLOWS ST. JOHN'S TO BETTER FULFILL OUR MISSION TO PROVIDE LIVING OPPORTUNITIES WITHIN NURTURING ENVIRONMENTS OF HOPE, DIGNITY, AND LOVE. OUR TAX-EXEMPT STATUS ALLOWS US TO RECEIVE TAX DEDUCTIBLE GIFTS AND DONATIONS THROUGH ST. JOHN'S FOUNDATION THAT FURTHER ENHANCE OUR ABILITY TO MEET OUR MISSION. INCORPORATED IN 1960, ST. JOHN'S HAS GROWN TO BECOME THE LARGEST PROVIDER OF SENIOR HOUSING AND LONG-TERM CARE SERVICES WITHIN THE STATE OF MONTANA. WHAT STARTED

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 \$ 18,961,531. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 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>	<input type="checkbox"/>	<input type="checkbox"/>
6 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25a 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	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>		X
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>		X
c	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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	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>	X	
36	Section 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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for U.S. Information Returns (1a, 1b), employee reporting (2a, 2b), unrelated business income (3a, 3b), foreign accounts (4a, 4b), prohibited tax shelter transactions (5a, 5b, 5c), solicitations (6a, 6b), deductible contributions (7a-7h), supporting organizations (8, 9a, 9b), and charitable trusts (10a, 10b, 11a, 11b, 12a, 12b).

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 2-7b 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
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
9b 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?		
10 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	X	
11 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 **NONE**
- 18** Section 6104 requires an organization to make its Forms 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARK BEADLE, CONTROLLER - 406-655-5601**
3940 RIMROCK ROAD, BILLINGS, MT 59102

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM SCHLOTTERBACK CHAIRPERSON	4.00	X		X				0.	0.	0.
PAT BELLINGHAUSEN VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
HAROLD EVERSON SECRETARY	2.00	X		X				0.	0.	0.
STACEY WAGNER TREASURER	2.00	X		X				0.	0.	0.
KURT ALME DIRECTOR	2.00	X						0.	0.	0.
CLAUDIA BAKER DIRECTOR	2.00	X						0.	0.	0.
PAUL COX DIRECTOR	2.00	X						0.	0.	0.
KARL GUHN DIRECTOR	2.00	X						0.	0.	0.
MARCIA HURD DIRECTOR	2.00	X						0.	0.	0.
LEE JOCKERS DIRECTOR	2.00	X						0.	0.	0.
ERIC NORD DIRECTOR	2.00	X						0.	0.	0.
DALE PETERSON DIRECTOR	2.00	X						0.	0.	0.
GREG POPP DIRECTOR	2.00	X						0.	0.	0.
PETER CHRIST DIRECTOR	2.00	X						0.	0.	0.
DEBBIE HENDRICK DIRECTOR	2.00	X						0.	0.	0.
KENT BURGESS PRESIDENT/CEO	40.00			X				158,105.	0.	19,950.
GREG PETERSON CFO	40.00			X				94,154.	0.	12,401.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	62,968.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,892.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		66,860.				
	Program Service Revenue	2 a	<u>NET RESIDENT SERVICE R</u>	Business Code 623000	15709700.	15709700.		
b		<u>ANCILLARY REVENUES</u>	623000	4,151,280.	4,151,280.			
c		<u>MANAGEMENT AND CONSULT</u>	900099	532,785.	532,785.			
d		<u>LUTHERAN SOCIAL SERVIC</u>	624100	460,860.	460,860.			
e		<u>CHILD DAYCARE</u>	624410	456,089.	456,089.			
f		All other program service revenue	623000	255,686.	255,686.			
g		Total. Add lines 2a-2f		21566400.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		488,650.			488,650.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)		-105,718.		-105,718.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7c, 8c, 9c, 10c, and 11e			22016192.	21566400.	0.	382,932.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	285,969.		285,969.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,404,473.	10,186,873.	1,217,600.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,990.	74,273.	10,717.	
9 Other employee benefits	730,764.	668,077.	62,687.	
10 Payroll taxes	844,684.	738,173.	106,511.	
11 Fees for services (non-employees):				
a Management	30,491.		30,491.	
b Legal	15,813.		15,813.	
c Accounting	34,100.		34,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	397,222.	385,302.	11,920.	
12 Advertising and promotion	49,427.		49,427.	
13 Office expenses	221,840.	52,427.	169,413.	
14 Information technology	60,043.	57,041.	3,002.	
15 Royalties				
16 Occupancy	1,023,032.	911,582.	111,450.	
17 Travel	105,566.	49,674.	55,892.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,492.	14,246.	14,246.	
20 Interest	1,797,999.		1,797,999.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,319,368.	2,087,431.	231,937.	
23 Insurance	95,832.	28,393.	67,439.	
24 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.)				
a SUPPLIES - PHARMACY/DIE	3,509,826.	3,509,826.		
b STATE BED TAX	536,404.		536,404.	
c OTHER EXPENSES	277,330.	198,213.	79,117.	
d BAD DEBTS	87,726.		87,726.	
e DUES	25,315.		25,315.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	23,966,706.	18,961,531.	5,005,175.	0.
26 Joint Costs. Check here <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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,548,221.	1	
	2 Savings and temporary cash investments		2	1,773,046.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,048,102.	4	1,091,909.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	279,289.	8	314,067.
	9 Prepaid expenses and deferred charges	40,511.	9	32,583.
	10a Land, buildings, and equipment: cost basis ... 10a 48,028,954.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 15,223,923.			
		34,163,784.	10c	32,805,031.
	11 Investments - publicly traded securities	11,104,311.	11	7,631,403.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	18,000.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	994,658.	15	1,102,274.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	49,178,876.	16	44,768,313.	
Liabilities	17 Accounts payable and accrued expenses	3,920,578.	17	2,307,724.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	30,676,310.	20	30,646,396.
	21 Escrow account liability. Complete Part IV of Schedule D		21	365,981.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	25,216.	23	16,010.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	150,000.	25	75,000.
	26 Total liabilities. Add lines 17 through 25	34,772,104.	26	33,411,111.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,406,772.	27	11,357,202.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	14,406,772.	33	11,357,202.
	34 Total liabilities and net assets/fund balances	49,178,876.	34	44,768,313.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c 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?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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 stop here. 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 10% -facts-and-circumstances test - 2007. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a 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 Section 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1270816.	586,710.	66,860.	1924386.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13950801.	16062640.	17354738.	18445523.	21566400.	87380102.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	13950801.	16062640.	18625554.	19032233.	21633260.	89304488.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						89304488.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	13950801.	16062640.	18625554.	19032233.	21633260.	89304488.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	155,538.	215,169.	312,536.	506,789.	488,650.	1678682.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	155,538.	215,169.	312,536.	506,789.	488,650.	1678682.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						90983170.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.15 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.85 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.27 %

19a **33 1/3% support 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% support 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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization ST. JOHN'S LUTHERAN MINISTRIES, INC.	Employer identification number 81-0288768
---------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 62,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- 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
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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
1a Land		565,232.		565,232.
b Buildings		37,873,109.	13,588,198.	24,284,911.
c Leasehold improvements				
d Equipment		8,962,969.	1,635,725.	7,327,244.
e Other		627,644.		627,644.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				32,805,031.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,016,192.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,966,706.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,950,514.
4	Net unrealized gains (losses) on investments	4	-1,328,009.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	228,953.
9	Total adjustments (net). Add lines 4-8	9	-1,099,056.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,049,570.

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

1	Total revenue, gains, and other support per audited financial statements	1	21,966,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	13,485.
e	Add lines 2a through 2d	2e	13,485.
3	Subtract line 2e from line 1	3	21,953,224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	62,968.
c	Add lines 4a and 4b	4c	62,968.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	22,016,192.

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

1	Total expenses and losses per audited financial statements	1	23,980,191.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	13,485.
e	Add lines 2a through 2d	2e	13,485.
3	Subtract line 2e from line 1	3	23,966,706.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	23,966,706.

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 IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART IV, LINE 2B: ST. JOHN'S LUTHERAN MINISTRIES, INC. ACTS AS CUSTODIAN OF SOME RESIDENTS FOR THEIR FUNDS.

ST. JOHN'S LUTHERAN MINISTRIES, INC. ALSO HOLDS SECURITY DEPOSITS FOR ASSISTED LIVING APARTMENTS WHICH ARE REFUNDED WHEN THE UNIT IS VACATED LESS ANY AMOUNTS FOR NECESSARY CLEANING AND DAMAGE. INDEPENDENT LIVING RESIDENTS ALSO PAY AN ENTRANCE FEE THAT MAY BE FULLY OR PARTIALLY REFUNDED DEPENDING ON THE RESIDENT AGREEMENT.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER OF EQUITY FROM LUTHERAN SOCIAL SERVICES OF MONTANA: 228953.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MEDICAID ADJUSTMENT RECORDED IN EXPENSE FOR FINANCIAL STATEMENT: 7268.

CHARITY CARE ADJUSTMENT RECORDED IN EXPENSE FOR FINANCIAL STATEMENTS: 6217.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS RECORDED IN FUND BALANCE FOR FINANCIAL STATEMENTS: 62968.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

MEDICAID ADJUSTMENT RECORDED IN EXPENSE FOR FINANCIAL STATEMENT: 7268.

CHARITY CARE ADJUSTMENT RECORDED IN EXPENSE FOR FINANCIAL STATEMENTS: 6217.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: DEFERRED COMP PLAN IN EFFECT FOR KENT BURGESS (\$7822 - 2008 CONTRIBUTION) AND DAVID TROST (\$5684 - 2008 CONTRIBUTION)

Multiple horizontal lines for supplemental information.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number
81-0288768

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
MONTANA FACILITY FINANCE A AUTHORITY	36-461515561204KEB3	08/17/06	2741000	SENIOR LIVING REVENUE BONDS		X			X
MONTANA FACILITY FINANCE B AUTHORITY	36-461515561204KED9	08/17/06	3,000,000	SENIOR LIVING REVENUE BONDS		X			X
C									
D									
E									

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?										

832121
12-19-08 LHA

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

Schedule K (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AS OF JANUARY 1, 2008 LUTHERAN SOCIAL SERVICES OF MONTANA (LSS) MERGED INTO ST. JOHN'S LUTHERAN MINISTRIES, INC. LSS OF MONTANA PROVIDES SUPPORT TO FAMILIES AND CHILDREN INCLUDING ADOPTION/HOME STUDIES, CHILD PLACEMENT, PREGNANCY COUNSELING FOR BIRTHPARENTS, HOUSING FOR REFUGESS AND INDIVIDUAL AND FAMILY COUNSELING. ST. JOHN'S LUTHERAN MINISTRIES, INC. ALSO OPENED AN INDEPENDENT LIVING/RETIREMENT HOME AND AN ASSISTED LIVING/RETIREMENT HOME CALLED THE CROSSINGS IN 2008.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

AS A 115 UNIT HUD SPONSORED RETIREMENT FACILITY HAS NOW BECOME A CONTINUUM OF CARE PROVIDING LOW INCOME HOUSING, ASSISTED LIVING, SKILLED NURSING, INDEPENDENT LIVING, AND ADULT DAYCARE SERVICES, AS WELL AS CHILDCARE, REHABILITATION AND HOME HEALTH, CHILD ADOPTION SERVICES AND NUMEROUS ACTIVITIES TO ENHANCE THE LIVES OF THOSE WE SERVE.

THE RETIREMENT FACILITY WAS OPENED IN 1963 WITH A LOW-INTEREST, 3.38%, 50-YEAR LOAN FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD). THE RETIREMENT DIVISION REQUIRES HUD APPROVAL OF AN ANNUAL OPERATING BUDGET AND SETTING OF RENTAL RATES. RETIREMENT RESIDENTS RECEIVE THREE MEALS PLUS SNACKS DAILY, HOUSEKEEPING, AND WEEKLY LINEN SERVICE. IN 2002 THE RETIREMENT FACILITY WAS ALSO LICENSED TO PROVIDE LOW-INCOME ASSISTED LIVING SERVICES, NOW MAKING 24-HOUR NURSING SERVICES AVAILABLE TO THE RESIDENTS. ST. JOHN'S SERVED 144 PEOPLE IN ITS RETIREMENT FACILITY IN 2008 PROVIDING 37,859 DAYS OF HOUSING AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

ASSISTANCE. WHILE THE LOW INTEREST LOAN, COMBINED WITH HUD OVERSIGHT OF OUR RENTAL RATES, ENABLES US TO PROVIDE LOW INCOME RESIDENTS WITH A WARM AND SECURE LIVING ENVIRONMENT, HUD DOES NOT ALLOW ST. JOHN'S TO CHARGE FOR CERTAIN KEY PROGRAMMING ELEMENTS WHICH WE BELIEVE ARE CRITICAL TO OUR MISSION AND THE CARE OF OUR RESIDENTS. SPECIFICALLY OUR ACTIVITIES PROGRAM, DESIGNED TO KEEP OUR RESIDENTS ACTIVE, HEALTHY AND ENGAGED, AND OUR PASTORAL PROGRAM, DESIGNED TO SERVE THE WHOLE PERSON, ARE NOT ALLOWABLE EXPENSES THAT CAN BE INCLUDED IN OUR RESIDENT RENTS. CONSEQUENTLY, FUNDING FOR THE PASTORAL AND ACTIVITIES PROGRAMS IS PROVIDED FROM THE ST. JOHN'S FOUNDATION ANNUAL FUND DONATIONS. THE SUBSIDY REQUIRED TO SUPPORT THESE PROGRAMS IN 2008 WAS \$62,968 WHICH WAS ENTIRELY FUNDED BY THESE DONATIONS. IN ADDITION, OUR ACTUAL RENTS FROM RETIREMENT RESIDENTS FELL \$140,417 SHORT OF BREAKING EVEN WITH THE COST OF PROVIDING ROOM AND BOARD. OVERALL, \$203,384 OF DIRECT AND INDIRECT FINANCIAL SUPPORT WAS PROVIDED TO OUR LOW-INCOME RETIREMENT RESIDENTS.

ADJOINING THE RETIREMENT HOME IS A 90 BED SKILLED NURSING FACILITY AND 32 BED SECURE DEMENTIA CARE UNIT, AS WELL AS AN ADDITIONAL 48 SKILLED NURSING BEDS LOCATED IN FOUR INDIVIDUAL COTTAGES AND 16 SKILLED NURSING BEDS LOCATED IN THE TRANSITIONAL CARE COTTAGE, ALL OPENED IN 2007. DURING CALENDAR YEAR 2008, ST. JOHN'S NURSING DIVISION CARED FOR 469 RESIDENTS PROVIDING 64,625 PATIENT DAYS OF CARE. ST. JOHN'S HAS PROVEN TO BE AN INNOVATIVE LEADER IN NURSING HOME CARE THROUGH THE IMPLEMENTATION OF PROGRAMS SUCH AS THE EDEN ALTERNATIVE, THE ELDER CHABAR PROGRAM WHICH EMPLOYS HIGH SCHOOL STUDENTS, THE VOLUNTEER-DRIVEN

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

TWICE-FED PROGRAM, THE COMFORT CARE VIGIL MINISTRY (WHICH IS COMMITTED TO THE GOAL THAT NO ONE SHOULD DIE ALONE), AND THE IMPLEMENTATION AND EXPANSION OF THE COTTAGE MODEL (GREEN HOUSE PROJECT).

DURING 2007, ALL SEMI-PRIVATE ROOMS IN THE TRADITIONAL FACILITY WERE CONVERTED TO PRIVATE ROOMS REGARDLESS OF THE RESIDENT'S SOURCE OF PAYMENT OR ABILITY TO PAY FOR A PRIVATE ROOM. RECOGNIZING ITS MINISTRY AND MISSION TO THE COMMUNITY, ST. JOHN'S PROVIDES SERVICES TO BOTH MEDICARE AND MEDICAID PATIENTS. THE COST OF SUCH CARE IS GREATER THAN THE RELATED GOVERNMENTAL REIMBURSEMENT. IN 2008 ST. JOHN'S CONTINUED TO BE THE LARGEST PROVIDER OF MEDICAID LONG-TERM CARE SERVICES IN YELLOWSTONE COUNTY, MONTANA PROVIDING 31,967 DAYS OF RESIDENT CARE THE GAP BETWEEN OUR COST TO PROVIDE CARE TO MEDICAID RECIPIENTS AND THE REIMBURSEMENT WE RECEIVED IN THE NURSING FACILITY DURING 2008 IS ESTIMATED AT \$325,000. AN ADDITIONAL HELP FUND HAS BEEN ESTABLISHED TO ENABLE ST. JOHN'S SOCIAL WORKERS TO PROVIDE CLOTHING, EYEGLASSES, AND OTHER PERSONAL CARE ITEMS THAT ARE BEYOND THE ABILITY OF THE LIMITED RESOURCES OF SOME OF OUR PATIENTS. ST. JOHN'S PROVIDED \$1,617 OF THIS ASSISTANCE IN 2008.

ST. JOHN'S OPENED THREE ASSISTED LIVING DEMENTIA CARE COTTAGES (TWELVE UNITS EACH) DURING 2005 - 2007. THESE COTTAGES AS WELL AS THE FIVE SKILLED NURSING COTTAGES OPENED IN 2007 ARE MODELED ON THE CONCEPTS OF THE GREEN HOUSE PROJECT WHICH PROVIDES A UNIQUE ENVIRONMENT FOR INDIVIDUALS WITH INTERMEDIATE DEMENTIA OR THOSE IN NEED OF SKILLED NURSING SERVICES. EACH COTTAGE IS HOME TO TWELVE ELDERS WHO HAVE THEIR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

OWN PRIVATE BEDROOM WITH PRIVATE BATH, WHILE SHARING COMMON AREAS INCLUDING THE KITCHEN, LIVING ROOM, DINING ROOM AND PATIO. WITHIN EACH COTTAGE, DECISIONS REGARDING AN ELDER'S CARE ARE MADE COLLECTIVELY AMONGST THE ELDER AND THEIR PERSONAL CARE-GIVERS. THE FAMILY OR GROUP OF ELDERS WORK WITHIN THE COTTAGE TO PLAN MEALS, SCHEDULES, ACTIVITIES, AND CARE NEEDS WITH THE GUIDANCE OF HEALTH CARE WORKERS CALLED ELDER SHARATHS (HEBREW FOR MINISTER OR SERVANT). THE ELDER IS FREE FROM THE LIMITATIONS OF AN INSTITUTIONAL SCHEDULE AND LIVES A COMFORTABLE DAILY LIFE & SLEEPING, EATING, AND ENGAGING IN ACTIVITIES HE OR SHE CHOOSES. MEALS ARE PREPARED FRESH IN THE KITCHEN AND SERVED AT A LARGE, SINGLE DINING ROOM TABLE WHERE STAFF, ELDERS AND VISITORS ENJOY A PLEASANT AND PERSONALIZED DINING EXPERIENCE. IN ADDITION TO THE ELDER SHARATHS, THE SKILLED NURSING COTTAGES ARE STAFFED BY PROFESSIONAL NURSES. ST. JOHN'S HAS BEEN SELECTED BY NCB CAPITAL IMPACT TO BE ONE OF THREE U.S. TRAINING CENTERS FOR THE GREEN HOUSE PROJECT. DURING 2008 WE HOSTED THREE TRAINING WORKSHOPS IN WHICH PEOPLE FROM LONG-TERM CARE FACILITIES ALL OVER THE U.S. CAME TO ST. JOHN'S TO LEARN ABOUT THE PROJECT AND TO DEVELOP PLANS ON HOW THEY MIGHT BRING THIS NEW CONCEPT TO THEIR OWN FACILITIES.

THE SUCCESS OF THIS NEW MODEL OF CARE IS BASED ON TWO PRINCIPLES, THE FIRST BEING THE CREATION OF A HOME ENVIRONMENT (THE COTTAGE) SERVING A SMALL GROUP OF ELDERS AND THE SECOND IS THE EXTENSIVE TRAINING AND EDUCATION NEEDED TO PREPARE STAFF FOR THE TRANSITION TO THEIR NEW ROLE AS AN ELDER SHARATH. THE ORGANIZATIONAL OPERATIONS AND DELIVERY OF CARE WITHIN THIS NEW PARADIGM ARE RADICALLY DIFFERENT FROM THOSE OF THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

TRADITIONAL NURSING HOME SYSTEM. OVER 100 ELDER SHARATHS HAVE BEEN TRAINED SINCE 2007, EACH RECEIVING 128 - 250 HOURS OF TRAINING DEPENDING ON THE SHARATH'S PRIOR EXPERIENCE AND TRAINING. IN 2008 THE THREE DEMENTIA CARE COTTAGES PROVIDED 12,532 DAYS OF CARE TO 54 INDIVIDUALS. THE FIVE SKILLED NURSING COTTAGES PROVIDED 21,267 DAYS OF CARE TO 281 INDIVIDUALS.

THE CROSSINGS, A ST. JOHN'S FACILITY LOCATED IN LAUREL, MONTANA, COMPLETED ITS OPENING IN EARLY 2008. THE CROSSINGS CAMPUS INCLUDES A 12 UNIT ASSISTED LIVING DEMENTIA CARE COTTAGE, 13 ASSISTED LIVING APARTMENTS AND 24 INDEPENDENT LIVING APARTMENTS. THE CROSSINGS SERVED 44 INDIVIDUALS WITH 7,303 DAYS OF CARE PROVIDED IN 2008.

ST. JOHN'S PROVIDES A LICENSED SENIOR DAY SERVICES PROGRAM WHICH SERVED 15 DIFFERENT INDIVIDUALS WITH 1,775 DAYS OF CARE PROVIDED DURING 2008. THIS PROGRAM PROVIDES RESPITE FOR SPOUSES AND FAMILIES FROM THE RESPONSIBILITIES OF IN-HOME CARE GIVING. THE PROGRAM ALSO ASSISTS THE ELDERLY AND THEIR LOVED ONES IN ADJUSTING FROM A HOME ENVIRONMENT TO RESIDENT CARE WITH ONE OF THE SENIOR DAYCARE PARTICIPANTS TRANSITIONING TO THE NURSING FACILITY DURING 2008. THE EMPLOYEES OF ST. JOHN'S UNDERSTAND THAT PEOPLE NEVER OUTGROW THEIR NEED FOR COMPANIONSHIP AND INTERESTING THINGS TO DO; THEREFORE, THERE IS A CONSTANT VARIETY OF ENJOYABLE AND THERAPEUTIC GROUP ACTIVITIES, CLASSES, PROGRAMS, AND SPECIAL EVENTS.

2008 MARKED ST. JOHN'S ELEVENTH YEAR OF PROVIDING CHILD AND INFANT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

DAYCARE (CENTER FOR GENERATIONS) TO THE COMMUNITY AND TO OUR STAFF MEMBERS, MANY OF WHOM CANNOT AFFORD, NOR HAVE ACCESS TO SAFE, QUALITY CHILD CARE. ST. JOHN'S CENTER FOR GENERATIONS IS ACCREDITED BY THE NATIONAL ASSOCIATION FOR EDUCATION OF YOUNG CHILDREN ASSURING HIGH QUALITY EARLY CHILDHOOD DEVELOPMENTAL PROGRAMS FOR THE YOUNGSTERS WE SERVE. IN 2008 THE CENTER FOR GENERATIONS WAS IN OPERATION 258 DAYS SERVING A TOTAL OF 91 CHILDREN AND THEIR FAMILIES FROM THE COMMUNITY, AND 81 EMPLOYEE CHILDREN. THE PROGRAM HELPS CREATE A NURTURING ENVIRONMENT THROUGH INTERGENERATIONAL ACTIVITIES FOR OUR SENIORS AS WELL.

(CONTINUED FURTHER ON SCHEDULE O)

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ONE CLASS OF MEMBERS, AND A MEMBER IS AN INCORPORATED LUTHERAN CHURCH BODY ORGANIZED AND EXISTEING UNDER THE LAWS OF MONTANA.

FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS ARE NOMINATED BY THE NOMINATING COMMITTEE (MADE UP OF OWNERSHIP CONGREGATION DELEGATES/BOARD MEMBERS) AND VOTED ON BY OWNERSHIP CONGREGATION DELEGATES AT ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 WILL BE PRESENTED TO FINANCE COMMITTEE WHO WILL CARRY A RECOMMENDATION TO THE FULL BOARD FOR APPROVAL.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH POLICY IS MONITORED BY OVERALL AWARENESS OF DIRECTORS' INTERESTS. THE BOARD OF DIRECTORS IS COVERED UNDER THIS POLICY AND DETERMINATIONS OF CONFLICTS OF INTEREST ARE ALSO MADE AT THE BOARD LEVEL. ALL CONFLICTS ARE REVIEWED BY THE BOARD AND VOTING RESTRICTIONS ARE IMPOSED ON DIRECTORS WHO HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: BOARD OF DIRECTORS SETS CEO'S SALARY ANNUALLY BY VOTE. CEO AND VP-HR SET EXEMPT COMPENSATION ANNUALLY. CEO, VP-HR AND SELECT DEPARTMENT MANAGERS ADJUST HOURLY WAGE RANGES ANNUALLY. BOARD APPROVES EXEMPT COMPENSATION AND HOURLY WAGE RANGES ANNUALLY AS PART OF BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART VII, SECTION A
SERVICE OF BOARD MEMBER TO RELATED ORGANIZATION
TOM SCHLOTTERBACK, CHAIRPERSON OF THE BOARD OF DIRECTORS FOR ST. JOHN'S LUTHERAN MINISTRIES, INC., ALSO SERVES AS A MEMBER OF THE BOARD OF DIRECTORS AT ST. JOHN'S FOUNDATION, A RELATED ORGANIZATION. HE DEVOTES 2 HOURS PER WEEK TO THE RELATED ORGANIZATION TO FULFILL HIS DUTIES AS A BOARD MEMBER.

FORM 990, PART III, LINE 4A

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

CONTINUATION OF STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE SHARING OF A CHILD'S SMILE, LAUGHTER, HUGS, AND LISTENING TO A CHILD OR HOLDING A FRAIL HAND IS MAKING LIFE MORE INTERESTING AND FULFILLING FOR ALL OUR RESIDENTS, WHETHER PART OF EITHER OUR RETIREMENT OR SKILLED NURSING COMMUNITY. IN 2008 ST. JOHN'S SUBSIDIZED \$59,331 OF THE DIRECT COST TO OPERATE THE CENTER FOR GENERATIONS.

ST. JOHN'S HAS ALSO PARTNERED WITH FANNIE MAE TO HELP PROVIDE HOUSING TO LOW-INCOME STAFF MEMBERS THROUGH OUR "EMPLOYEE ASSISTANCE HOUSING BENEFIT" PROGRAM. THIS PROGRAM PROVIDES COUNSELING ON HOME OWNERSHIP AND A FEDERALLY GUARANTEED LOW INTEREST LOAN IF THE EMPLOYER PROVIDES A FORGIVABLE \$3,000 DOWN PAYMENT. IN 2008 ST. JOHN'S PROVIDED \$6,000 TO HELP TWO STAFF MEMBERS PURCHASE THEIR FIRST HOME.

ST. JOHN'S FOUNDATION PROVIDES COLLEGE SCHOLARSHIP ASSISTANCE TO MANY OF THE ST. JOHN'S LUTHERAN MINISTRIES STAFF WISHING TO PURSUE THEIR EDUCATION. THROUGH THE ELDER CHABAR, CAREER LADDER, AND DIRECT SCHOLARSHIP PROGRAMS, COLLEGE SCHOLARSHIPS OF \$7,847 WERE PROVIDED IN 2008.

ST. JOHN'S PARTNERED WITH THREE CONGREGATIONS IN BILLINGS TO PROVIDE A WEEK OF VACATION BIBLE SCHOOL ON ITS CAMPUS FOR 156 CHILDREN, INCLUDING CHILDREN OF ST. JOHN'S STAFF, CENTER FOR GENERATIONS CHILDREN, AND CHILDREN FROM THE COMMUNITY. THIS IS THE ELEVENTH CONSECUTIVE YEAR THAT ST. JOHN'S HAS HOSTED AND COORDINATED THIS EVENT. OTHER BENEFITS TO THE COMMUNITY INCLUDE FREE PROGRAMS, STAFF ASSISTANCE TO OTHER 501(C)3

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

ORGANIZATIONS DURING THE EMPLOYEE'S WORK HOURS, OFFERING FREE MEETING SPACE TO VARIOUS ORGANIZATIONS WITHIN THE COMMUNITY (ALZHEIMER'S SUPPORT GROUP, KEENAGERS, KING OF GLORY LUTHERAN CHURCH, HOLY CROSS EPISCOPAL CHURCH AND THE BILLINGS CLERGY ASSOCIATION). COMMUNITY EDUCATION OFFERED FREE OF CHARGE IN 2008 INCLUDED HEALTH FAIRS, SEMINARS ON AGING ISSUES, AND A YEARLY NEWSLETTER INFORMING RESIDENTS, FAMILY MEMBERS, AND STAFF OF NEW INNOVATIONS IN CARING FOR THE FRAIL ELDERLY. ST. JOHN'S PASTORAL CARE STAFF SUPPLIED PULPIT SERVICES TO AREA CONGREGATIONS DURING 2008.

OUR PASTORAL CARE STAFF ALSO ADMINISTERS AN EMPLOYEE HELP FUND PROVIDING CASH TO EMPLOYEES FOR EMERGENCY NEEDS, SUCH AS PAYMENT OF RENT AND UTILITIES, CLOTHING, FOOD, VEHICLE REPAIRS, AND MEDICAL CARE FOR THE EMPLOYEE, SPOUSE OR CHILDREN. THE COST OF THIS PROGRAM IN 2008 WAS \$9,239.

IN PARTNERSHIP WITH ST. VINCENT HEALTHCARE, ST. JOHN'S DEVELOPED AND NOW MANAGES MISSION RIDGE, 122 INDEPENDENT LIVING APARTMENTS, AND THE VISTA, 59 ASSISTED LIVING APARTMENTS. MISSION RIDGE REPRESENTS MONTANA'S FIRST AND ONLY FULL CONTINUING CARE RETIREMENT COMMUNITY PROVIDING PRIORITY ACCESS TO ALL LEVELS OF THE LONG-TERM CARE CONTINUUM, COMBINED WITH CASE MANAGEMENT AND A LONG-TERM CARE BENEFIT DESIGNED TO HELP SENIORS MAINTAIN FINANCIAL SECURITY.

THE ST. JOHN'S 2008 SUMMER CONCERT SERIES HOSTED 6 FREE COMMUNITY CONCERTS WITH ALMOST 10,000 PEOPLE IN ATTENDANCE. WE SERVED 4,713

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

MEALS TO OUR RESIDENTS, FAMILIES, NEIGHBORS AND COMMUNITY FRIENDS!

THESE COMMUNITY CONCERTS PROVIDE IMPORTANT COMMUNITY SOCIALIZATION FOR OUR RESIDENTS.

ST. JOHN'S LUTHERAN MINISTRIES, INC. SUPPORTS AND ENCOURAGES HEALTH CARE SERVICES BY PROVIDING FINANCIAL AND MANAGERIAL CONSULTING ASSISTANCE TO AFFILIATED NOT-FOR-PROFIT ORGANIZATIONS. BY PROVIDING SUCH ASSISTANCE, ST. JOHN'S, IS CARRYING OUT AN INTEGRAL PART OF THE EXEMPT PURPOSE OF THESE AFFILIATED ORGANIZATIONS.

ST. JOHN'S PROVIDES MANAGEMENT SERVICES TO SAPPHIRE LUTHERAN HOMES LOCATED IN HAMILTON, MONTANA. SAPPHIRE PROVIDES INDEPENDENT LIVING FOR SENIORS WITHIN 124 APARTMENTS. SUPPORTIVE SERVICES INCLUDING 3 MEALS DAILY, HOUSEKEEPING, AND TRANSPORTATION ASSISTANCE. IN 2006 ASSISTED LIVING SERVICES WERE ADDED DUE TO THE INCREASED FRAILTY OF THE RESIDENTS. THE SAPPHIRE EXECUTIVE DIRECTOR IS AN EMPLOYEE OF ST. JOHN'S.

AFTER PROVIDING MANAGEMENT SERVICES TO LUTHERAN SOCIAL SERVICES OF MONTANA (LSS) SINCE 2001, LSS WAS MERGED INTO ST. JOHN'S EFFECTIVE JANUARY 1, 2008. WITH OFFICES IN BILLINGS, BOZEMAN, GREAT FALLS, KALISPELL AND MISSOULA, MONTANA LSS HAS BEEN SERVING PEOPLE IN NEED FOR OVER 50 YEARS ON BEHALF OF LUTHERANS IN MONTANA AND NORTHERN WYOMING. THE WORK OF LSS IS SUMMARIZED IN ITS MOTTO, "JOINING HEARTS IN HOPE". IN 2008 LSS WAS INVOLVED IN BRINGING HOPE TO THE LIVES OF OVER 200 FAMILIES. LSS ASSISTED 95 BIRTH-PARENTS AND 250 RELATED FAMILY MEMBERS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

AND HAD A ROLE IN THE PLACEMENT OF 23 CHILDREN IN FOREVER HOMES. A SPECIAL COUNSELING SUPPORT PHONE SERVICE CONTINUES TO RECEIVE FAVORABLE COMMENTS FROM PASTORS AND ASSOCIATES IN THE MINISTRY IT SERVES. IN PARTNERSHIP WITH ST. VINCENT HEALTHCARE, LSS OFFERS A STATEWIDE NETWORK OF MENTAL HEALTH PROFESSIONALS FOR REFERRAL. DURING LATE 2008, LSS, IN PARTNERSHIP WITH THE STATE OF MONTANA AND LSA & COLORADO, ENTERED THE MINISTRY OF REFUGEE RESETTLEMENT. HOUSING, EMPLOYMENT, EDUCATION AND HEALTHCARE WAS FOUND FOR 4 REFUGEE FAMILIES THAT HAD BEEN DISPLACED BY WAR. IN BECOMING PART OF ST. JOHN'S, LSS HAS STRENGTHENED ITS MINISTRY OF "JOINING HEARTS IN HOPE".

OPERATION OF ST. JOHN'S LUTHERAN MINISTRIES, INC. CONTRIBUTES TO THE ORGANIZATION'S EXEMPT PURPOSE SINCE IT IS OPERATED IN A MANNER DESIGNED TO SATISFY THE PRIMARY NEEDS OF AGED, HANDICAPPED, AND DISADVANTAGED PERSONS, PROVIDING HOUSING, HEALTH CARE, AND FINANCIAL SECURITY. THE NEED FOR HOUSING IS SATISFIED AS THE HOME PROVIDES RESIDENTIAL FACILITIES THAT ARE SPECIFICALLY DESIGNED TO MEET THE SPECIAL NEEDS OF THE ELDERLY. THE NEED FOR HEALTH CARE IS SATISFIED AS ST. JOHN'S PROVIDES LONG TERM HEALTH CARE, REHABILITATION, AND SENIOR DAY SERVICES IN AN ENVIRONMENT DESIGNED TO MAINTAIN THE PHYSICAL, EMOTIONAL, AND SPIRITUAL WELL BEING OF THE RESIDENTS. THE NEED FOR FINANCIAL SECURITY IS MET AS ST. JOHN'S (1) MAINTAINS IN THE RESIDENCE, ANY PERSON WHO BECOMES UNABLE TO PAY THEIR REGULAR CHARGES AND (2) PROVIDES ITS SERVICES AT THE LOWEST POSSIBLE COST TO REMAIN A VIABLE PROVIDER OF SERVICES TO THE ELDERLY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

WHILE NOT AN ALL INCLUSIVE DOLLAR AMOUNT OF ALL THE COMMUNITY BENEFITS PROVIDED AND WITHOUT AN ATTEMPT TO MEASURE THE HIGH QUALITY OF SERVICES PROVIDED, OVER \$612,000 OF DIRECT COMMUNITY BENEFIT, AS DETAILED IN THIS REPORT, WAS PROVIDED BY ST. JOHN'S TO THE COMMUNITY WE ARE PRIVILEGED TO SERVE.

SCHEDULE K, PART I, LINE (A), COLUMN C

ADDITIONAL CUSIP INFORMATION

SENIOR LIVING REVENUE BONDS, SERIES 2006A

ADDITIONAL CUSIP #

61204KDS7

61204KDT5

61204KDU2

61204KDV0

61204KDW8

61204KDX6

61204KDY4

61204KDZ1

61204KEA5

61204KEB3

61204KEC1

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) ST. JOHN'S FOUNDATION	C	62,968.
(2)		
(3)		
(4)		
(5)		
(6)		

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

ST. JOHN'S LUTHERAN MINISTRIES, INC. FORM 990 PAGE 10 Identifying number **81-0288768**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,319,368.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2008 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ST. JOHN'S LUTHERAN MINISTRIES, INC.	Employer identification number 81-0288768
	Number, street, and room or suite no. If a P.O. box, see instructions. 3940 RIMROCK ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BILLINGS, MT 59102	

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of _____
Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2009.

5 For calendar year 2008, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature John Hancock Title CPA Date 8-17-09

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization ST. JOHNS LUTHERAN MINISTRIES, INC.	Employer identification number 81-0288768
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3940 RIMROCK ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BILLINGS, MT 59102	

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ _____

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2008 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.