TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2009

Prepared for	Greg Peterson, CFO St. John's Lutheran Ministries, Inc. 3940 Rimrock Road Billings, MT 59102
Prepared by	EIDE BAILLY LLP 401N 31ST ST SUITE 1120, PO BOX 7112 BILLINGS, MT 59103-7112
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

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)

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ 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): 3940 RIMROCK ROAD

Room/suite:

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 $: 24,394,806.

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

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

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

J Website: ▶ WWW.SJLM.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1960

M State of legal domicile: MT

Part I Summary

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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of employees (Part V, line 2a)	917
	6	Total number of volunteers (estimate if necessary)	400
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	66,860.	217,735.
	9	Program service revenue (Part VIII, line 2g)	21,566,400.	23,487,865.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	382,932.	334,454.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,016,192.	24,040,054.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,199.
	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)	13,350,880.	14,162,990.
	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)	10,615,826.	10,326,537.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,966,706.	24,520,726.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,950,514.	-480,672.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	44,768,313.	44,691,706.
	21	Total liabilities (Part X, line 26)	33,411,111.	33,194,211.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,357,202.	11,497,495.

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

X Signature of officer — Date: X 11/9/10

GREG PETERSON, CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: EIDE BAILLY LLP, 401N 31ST ST SUITE 1120, PO BOX 7112, BILLINGS, MT 59103-7112

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

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? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 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 $ 19,724,448. including grants of $) (Revenue $ 23,487,865.)
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** ▶ $ 19,724,448.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
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? *If "Yes," complete Schedule F, Part II*	15		X
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? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	27		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	917		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	15		
b	Enter the number of voting members that are independent	1b	15		
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?	2			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?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		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	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

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.

[X] Own website [ ] Another's website [X] 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			
PAT BELLINGHAUSEN CHAIRPERSON	4.00	X		X				0.	0.	0.
HAROLD EVERSON VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
KARL GUHN 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.
PAUL COX DIRECTOR	2.00	X						0.	0.	0.
MARCIA HURD DIRECTOR	2.00	X						0.	0.	0.
JIM OCHILTREE DIRECTOR	2.00	X						0.	0.	0.
CLAIR OPSAL 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.
TOM SCHLOTTERBACK DIRECTOR	2.00	X						0.	0.	0.
KATHY SLEHOFER DIRECTOR	2.00	X						0.	0.	0.
ERIC NORD DIRECTOR	2.00	X						0.	0.	0.
JYL STORY DIRECTOR	2.00	X						0.	0.	0.
LEE JOCKERS DIRECTOR (THRU JAN 2009)	0.00	X						0.	0.	0.
KENT BURGESS PRESIDENT/CEO	35.00			X				157,398.	0.	25,173.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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			
GREG PETERSON CFO	40.00			X				95,264.	0.	14,933.
DAVID TROST VP - OUTREACH AND MANAGE	35.00					X		111,583.	0.	24,467.
1b Total ▶								364,245.	0.	64,573.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
INTERIM HEALTHCARE 3312 2ND AVENUE NORTH, BILLINGS, MT 59101	CONTRACTED MEDICAL STAFF	170,842.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	212,940.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,795.			
	g Noncash contributions included in lines 1a-1f: $ 140,000.					
	h Total. Add lines 1a-1f		217,735.			
Program Service Revenue		Business Code				
	2a NET RESIDENT SERVICE R	623000	16774649.	16774649.		
	b ANCILLARY REVENUES	623000	4,340,709.	4,340,709.		
	c INCOME FROM JOINT VENT	623000	638,215.	638,215.		
	d MANAGEMENT AND CONSULT	900099	544,073.	544,073.		
	e CHILD DAYCARE	624410	451,942.	451,942.		
	f All other program service revenue	900099	738,277.	738,277.		
	g Total. Add lines 2a-2f		23487865.			
	3 Investment income (including dividends, interest, and other similar amounts)		305,235.			305,235.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	383,971.				
	b Less: cost or other basis and sales expenses	354,752.				
	c Gain or (loss)	29,219.				
	d Net gain or (loss)		29,219.			29,219.
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions.		24040054.	23487865.	0.	334,454.

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	31,199.	31,199.		
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	287,821.		287,821.	
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	11,886,239.	10,818,642.	1,067,597.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	81,600.	72,538.	9,062.	
9 Other employee benefits	1,030,930.	916,443.	114,487.	
10 Payroll taxes	876,400.	779,074.	97,326.	
11 Fees for services (non-employees):				
a Management	19,668.		19,668.	
b Legal	2,758.		2,758.	
c Accounting	38,300.		38,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,261.	16,853.	2,408.	
g Other	348,200.	333,855.	14,345.	
12 Advertising and promotion	59,103.		59,103.	
13 Office expenses	156,441.	72,258.	84,183.	
14 Information technology	53,339.	50,672.	2,667.	
15 Royalties				
16 Occupancy	913,360.	807,831.	105,529.	
17 Travel	89,141.	40,896.	48,245.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,250.	18,125.	18,125.	
20 Interest	1,781,651.		1,781,651.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,337,419.	2,103,677.	233,742.	
23 Insurance	87,719.	30,571.	57,148.	
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	3,590,419.	3,500,659.	89,760.	
b STATE BED TAX	535,425.		535,425.	
c OTHER EXPENSES	176,604.	131,155.	45,449.	
d BAD DEBTS	81,479.		81,479.	
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	24,520,726.	19,724,448.	4,796,278.	0.
26 **Joint costs.** Check here ▶ ☐ 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	
	2	Savings and temporary cash investments		1,773,046.	2	1,653,762.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,091,909.	4	1,062,686.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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		314,067.	8	352,196.
	9	Prepaid expenses and deferred charges		32,583.	9	36,938.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 48,996,171.			
	b	Less: accumulated depreciation	10b 17,521,767.	32,805,031.	10c	31,474,404.
	11	Investments - publicly traded securities		7,631,403.	11	8,649,544.
	12	Investments - other securities. See Part IV, line 11			12	638,215.
	13	Investments - program-related. See Part IV, line 11		18,000.	13	15,000.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,102,274.	15	808,961.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		44,768,313.	16	44,691,706.
Liabilities	17	Accounts payable and accrued expenses		2,307,724.	17	2,027,341.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		30,646,396.	20	30,211,482.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		365,981.	21	340,070.
	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		16,010.	23	5,471.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		75,000.	25	609,847.
	26	**Total liabilities.** Add lines 17 through 25		33,411,111.	26	33,194,211.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,357,202.	27	11,497,495.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		11,357,202.	33	11,497,495.
	34	Total liabilities and net assets/fund balances		44,768,313.	34	44,691,706.

Form **990** (2009)

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2009.** 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 ..... ▶ ☐

b **33 1/3% support test - 2008.** 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 ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** 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 ..... ▶ ☐

b **10% -facts-and-circumstances test - 2008.** 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 ..... ▶ ☐

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 ..... ▶ ☐

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1270816.	586,710.	66,860.	77,735.	2002121.
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	16062640.	17354738.	18445523.	21566400.	23487865.	96917166.
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 through 5	16062640.	18625554.	19032233.	21633260.	23565600.	98919287.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6.)						98919287.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	16062640.	18625554.	19032233.	21633260.	23565600.	98919287.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	215,169.	312,536.	506,789.	488,650.	305,235.	1828379.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	215,169.	312,536.	506,789.	488,650.	305,235.	1828379.
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.)	16277809.	18938090.	19539022.	22121910.	23870835.	100747666

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 2009 (line 8, column (f) divided by line 13, column (f))	15	98.19 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.15 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	1.81 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	1.85 %

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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, or 990-PF.

OMB No. 1545-0047

2009

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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		$ 72,940.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 140,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number: 81-0288768

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	LAND	$ 140,000.	12/31/09
		$	
		$	
		$	
		$	
		$	

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, 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 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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) Accumulated depreciation	(d) Book value
1a Land		1,736,374.		1,736,374.
b Buildings		37,425,948.	16,541,162.	20,884,786.
c Leasehold improvements				
d Equipment		9,089,550.	980,605.	8,108,945.
e Other		744,299.		744,299.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				31,474,404.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ESTIMATED LIABILITY TO INSURANCE TRUST	75,000.
PAYABLE TO AFFILIATE	534,847.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	609,847.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,040,054.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,520,726.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-480,672.
4	Net unrealized gains (losses) on investments	4	760,965.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-140,000.
9	Total adjustments (net). Add lines 4 through 8	9	620,965.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	140,293.

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	23,828,922.
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	23,773.		
e	Add lines **2a** through **2d**			2e	23,773.
3	Subtract line **2e** from line **1**			3	23,805,149.
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	234,905.		
c	Add lines **4a** and **4b**			4c	234,905.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	24,040,054.

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

1	Total expenses and losses per audited financial statements			1	24,544,499.
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	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	23,773.		
e	Add lines **2a** through **2d**			2e	23,773.
3	Subtract line **2e** from line **1**			3	24,520,726.
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 must equal Form 990, Part I, line 18.)*			5	24,520,726.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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 X: ST. JOHN'S ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION TOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, (ASC 740-10), ON JANUARY 1, 2009. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS. AS OF BOTH THE DATE OF ADOPTION, AND AS OF DECEMBER 31, 2009, THE ACCRUAL FOR ANY UNRECOGNIZED TAX LIABILITY WAS ZERO.

PART XI, LINE 8 - OTHER ADJUSTMENTS:
LAND DONATION FROM ST. JOHN'S FOUNDATION NETTED IN CONS. FINANCIAL STATEMENT: -140000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
CHARITY CARE ADJUSTMENT RECORDED IN EXPENSE FOR FINANCIAL STATEMENTS
MEDICAID ADJUSTMENT RECORDED IN EXPENSES FOR FINANCIAL STATEMENTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:
CONTRIBUTIONS RECORDED IN FUND BALANCE FOR FINANCIAL STATEMENTS
LAND DONATION FROM ST. JOHN'S FOUNDATION NETTED IN CONS. FIN. STATEMENT

PART XIII, LINE 2D - OTHER ADJUSTMENTS:
CHARITY CARE ADJUSTMENT RECORDED IN EXPENSE FOR FINANCIAL STATEMENTS
MEDICAID ADJUSTMENT RECORDED IN EXPENSES FOR FINANCIAL STATEMENTS

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number
81-0288768

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ..... ▶

3 Enter total number of other organizations ..... ▶

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

Schedule I (Form 990) 2009

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	20	24,762.	0.		
EMERGENCY FUND TO HELP COMMUNITY MEMBERS	50	6,437.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: DISBURSEMENT OF GRANT FUNDS ARE MADE DIRECTLY TO THE INSTITUTE OF HIGHER EDUCATION FOR THE BENEFIT OF THE PARTICULAR GRANTEE. GRANTEES ARE REQUIRED TO SUPPLY A TRANSCRIPT EACH SEMESTER OR QUARTER TO THE ST. JOHN'S MINISTRIES TO PROVE THE GRANTEE HAS COMPLETED THE TERM THE GRANT APPLIED TO.

DISBURSEMENTS FROM THE EMERGENCY FUND ACCOUNT ARE MADE BY THE DISCRETION OF PASTORAL CARE STAFF. THE PASTORAL STAFF IS RESPONSIBLE FOR AND MONITORS THE EMERGENCY FUND ACCOUNT.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number

81-0288768

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are 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	1b		
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?	2		
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.			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KENT BURGESS	(i)	155,938.	0.	1,460.	15,571.	10,523.	183,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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 COMPENSATION PLAN IN EFFECT AND 2009 CONTRIBUTIONS MADE FOR KENT BURGESS ($13,651), DAVID TROST ($10,019) AND GREG PETERSON ($8,348)

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization
ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number
81-0288768

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	MONTANA FACILITY FINANCE AUTHORITY	36-4615155	61204KEB3	08/17/06	27410000.	SENIOR LIVING REVENUE BONDS		X		X
B	MONTANA FACILITY FINANCE AUTHORITY	36-4615155	61204KED9	08/17/06	3,000,000.	SENIOR LIVING REVENUE BONDS		X		X
C										
D										
E										

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	27,768,079.	3,029,341.			
2	Gross proceeds in reserve funds	3,279,499.	358,938.			
3	Proceeds in refunding or defeasance escrows	4,592,182.	502,610.			
4	Other unspent proceeds					
5	Issuance costs from proceeds	924,982.	101,238.			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	18,881,417.	2,066,554.			
8	Year of substantial completion	2007	2007			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		.00 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		.00 %		%		%		%	
6 Total of lines 4 and 5	.00 %		.00 %		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2 Is the bond issue a variable rate issue?	X		X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?	X		X							
b Name of provider	ZIEGLER CAPITAL MARKETS GROUP		ZIEGLER CAPITAL MARKETS GROUP							
c Term of GIC	1.2000000		1.2000000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5 Were any gross proceeds invested beyond an available temporary period?		X		X						
6 Did the bond issue qualify for an exception to rebate?		X		X						

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number: 81-0288768

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	140,000.	BOOK VALUE OF LAND
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
b	If "Yes," describe in Part II.		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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. WE HAVE ALSO BEEN CALLED UPON TO MANAGE ANOTHER NOT-FOR-PROFIT ENTITY, SAPPHIRE LUTHERAN HOMES, BASED IN HAMILTON, MONTANA.

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 137 PEOPLE IN ITS RETIREMENT FACILITY IN 2009 PROVIDING 37,465 DAYS OF HOUSING AND 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 2009 WAS $72,940 WHICH WAS ENTIRELY FUNDED BY THESE DONATIONS. IN ADDITION, OUR ACTUAL RENTS FROM RETIREMENT RESIDENTS FELL $32,202 SHORT OF BREAKING EVEN WITH THE COST OF PROVIDING ROOM AND BOARD. OVERALL, $105,142 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 2009, ST. JOHN'S NURSING DIVISION CARED FOR 468 RESIDENTS PROVIDING 64,480 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 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 2009 ST. JOHN'S CONTINUED TO BE THE LARGEST PROVIDER OF MEDICAID LONG-TERM CARE SERVICES IN YELLOWSTONE COUNTY, MONTANA PROVIDING 30,953 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 2009 IS ESTIMATED AT $400,000. 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 APPROXIMATELY $2,000 OF THIS ASSISTANCE IN 2009.

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 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 2009 WE HOSTED TWO 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 TRADITIONAL NURSING HOME SYSTEM. OVER 125 ELDER SHARATHS HAVE BEEN TRAINED SINCE 2007, EACH RECEIVING 128 - 250 HOURS OF TRAINING DEPENDING ON THE SHARATH'S PRIOR EXPERIENCE AND TRAINING. IN 2009 THE THREE DEMENTIA CARE COTTAGES PROVIDED 11,591 DAYS OF CARE TO 58 INDIVIDUALS. THE FIVE SKILLED NURSING COTTAGES (INCLUDING TCC) PROVIDED 21,774 DAYS OF CARE TO 269 INDIVIDUALS.

THE CROSSINGS, A ST. JOHN'S FACILITY LOCATED IN LAUREL, MONTANA,

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ST. JOHN'S LUTHERAN MINISTRIES, INC.	81-0288768

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 59 INDIVIDUALS WITH 13,290 DAYS OF CARE PROVIDED IN 2009.

ST. JOHN'S PROVIDES A LICENSED SENIOR DAY SERVICES PROGRAM WHICH SERVED 22 DIFFERENT INDIVIDUALS WITH 1,759 DAYS OF CARE PROVIDED DURING 2009. 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 2009. 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.

2009 WAS THE 12TH YEAR ST. JOHN'S HAS PROVIDED CHILD AND INFANT 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. JOHNS 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 2009 THE CENTER FOR GENERATIONS WAS IN OPERATION 256 DAYS SERVING A TOTAL OF 79 CHILDREN AND THEIR FAMILIES FROM THE COMMUNITY, AND 82 EMPLOYEE CHILDREN.

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(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 EXISTING 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 B, LINE 11: FORM 990 WILL BE PRESENTED TO FINANCE COMMITTEE WHO WILL CARRY A RECOMMENDATION TO THE FULL BOARD FOR APPROVAL.

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

FORM 990, PART VI, SECTION B, LINE 15A: 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

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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.

SCHEDULE K, PART II, LINE 5, COLUMN A &B

THE 2006 MONTANA FACILITY FINANCE AUTHORITY BOND ISSUANCE COSTS WERE $1,026,220.

SCHEDULE R, PART V, LINE 2

DESCRIPTION OF TRANSFERS

THE ORGANIZATION IDENTIFIED ACTUAL COST ALLOCATIONS TO THE FOUNDATION FOR DETERMINING TRANSFER AMOUNTS.

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

THE PROGRAM HELPS CREATE A NURTURING ENVIRONMENT THROUGH INTERGENERATIONAL ACTIVITIES FOR OUR SENIORS AS WELL. 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 2009 ST. JOHN'S SUBSIDIZED $88,167 OF DIRECT COSTS TO OPERATE THE CENTER FOR GENERATIONS.

ST. JOHN'S HAS ALSO PARTNERED WITH FANNIE MAE TO HELP PROVIDE HOUSING

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Employer identification number: 81-0288768

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. DUE TO A SLOW LOCAL HOUSING MARKET THIS PROGRAM WAS NOT UTILIZED IN 2009.

ST. JOHN'S ALSO PROVIDES COLLEGE SCHOLARSHIP ASSISTANCE TO MANY OF OUR STAFF WISHING TO PURSUE THEIR EDUCATION. THROUGH THE ELDER CHABAR PROGRAM, AS WELL AS CAREER LADDER AND DIRECT SCHOLARSHIP PROGRAMS, COLLEGE SCHOLARSHIPS OF $24,762 WERE PROVIDED IN 2009.

ST. JOHN'S PARTNERED WITH THREE CONGREGATIONS IN BILLINGS TO PROVIDE A WEEK OF VACATION BIBLE SCHOOL ON ITS CAMPUS FOR 201 CHILDREN, INCLUDING CHILDREN OF ST. JOHN'S STAFF, CENTER FOR GENERATIONS CHILDREN, AND CHILDREN FROM THE COMMUNITY. THIS IS THE 12TH 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) 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 2009 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 2009.

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ST. JOHN'S LUTHERAN MINISTRIES, INC.

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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 2009 WAS $6,437.

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 2009 SUMMER CONCERT SERIES HOSTED 6 FREE COMMUNITY CONCERTS WITH NEARLY 10,000 PEOPLE IN ATTENDANCE. WE SERVED 5,002 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.

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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 2009 LSS WAS INVOLVED IN BRINGING HOPE TO THE LIVES OF OVER 200 FAMILIES. LSS ASSISTED 97 BIRTH-PARENTS AND 225 RELATED FAMILY MEMBERS AND HAD A ROLE IN THE PLACEMENT OF 16 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 WERE FOUND FOR 12 REFUGEES THAT HAD BEEN DISPLACED BY WAR. SINCE BECOMING PART OF ST. JOHN'S, LSS HAS

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Name of the organization: ST. JOHN'S LUTHERAN MINISTRIES, INC.

Employer identification number: 81-0288768

LUTHERAN MINISTRIES, INC., ALSO SERVES AS A MEMBER OF THE BOARD OF DIRECTORS AT ST. JOHN'S FOUNDATION, A RELATED ORGANIZATION. SHE DEVOTES 2 HOURS PER WEEK TO THE RELATED ORGANIZATION TO FULFILL HER DUTIES AS A BOARD MEMBER.

FORM 990, PART VII, SECTION A

VOLUNTEER HOURS RELATED ORGANIZATION

THE FOLLOWING INDIVIDUALS EACH VOLUNTEERED AN ADDITIONAL AVERAGE OF 5 HOURS PER WEEK AT THE ST. JOHN'S FOUNDATION INC. (RELATED TAX EXEMPT ORGANIZATION): KENT BURGESS, PRESIDENT/CEO; AND DAVID TROST, VP-OUTREACH & MANAGEMENT. GREG PETERSON/CFO VOLUNTEERED AT THE ST. JOHN'S FOUNDATION INC.

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

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61204KDZ1

61204KEA5

61204KEB3

61204KEC1

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. JOHN'S FOUNDATION - 81-0459472 3940 RIMROCK ROAD BILLINGS, MT 59102	FOUNDATION	MONTANA	501(C)(3)	11A	N/A

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

Schedule R (Form 990) 2009

932161
02-04-10

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		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	72,940.
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ..... ▶ [X]
- 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	Employer identification number
File by the due date for filing your return. See instructions.	ST. JOHN'S LUTHERAN MINISTRIES, INC.	81-0288768
	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):

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

- The books are in the care of ▶ MARK BEADLE, CONTROLLER
  3940 RIMROCK ROAD - BILLINGS, MT 59102
  Telephone No. ▶ 406-655-5601 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 AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

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	$ N/A

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.

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- 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	Employer identification number
ST. JOHN'S LUTHERAN MINISTRIES, INC.	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):

[X] 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 ▶ MARK BEADLE, CONTROLLER 3940 RIMROCK ROAD - BILLINGS, MT 59102
  Telephone No. ▶ 406-655-5601 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, 2010.

5 For calendar year 2009, 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 C. Hauck Title ▶ CPA Date ▶ 8-13-10

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