

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending DEC 31, 2019

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: AUGUSTANA CARE. D Employer identification number: 41-1728753. E Telephone number: 952-855-5000. G Gross receipts \$: 15,736,485. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: [X] 501(c)(3). J Website: WWW.CASSIALIFE.ORG. K Form of organization: [X] Corporation. L Year of formation: 1991. M State of legal domicile: MN.

(Part II) Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows 1-22 detailing mission, revenue, expenses, and assets.

(Part III) 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.

Sign Here: Signature of officer: KATHY YOUNGQUIST, CFO. Date: 10/30/20.

Paid Preparer Use Only: Print/Type preparer's name: MATT WOCKEN. Preparer's signature: [Signature]. Date: 10-30-20. PTIN: P01598291. Firm's name: CLIFTONLARSONALLEN LLP. Firm's EIN: 41-0746749. Firm's address: 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402. Phone no. 612-376-4500.

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED DEC 09 2021

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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission
TO SERVE GOD BY FOSTERING FULLNESS OF LIFE FOR OLDER ADULTS AND OTHER PEOPLE IN NEED THROUGH THE PROVISION OF HEALTH CARE, HOUSING AND OTHER SERVICES IN A CHRISTIAN TRADITION.

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 X

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 X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,341,412. including grants of \$ 2,000.) (Revenue \$ 7,205,530.)

THE EXPENSES LISTED ABOVE ARE RELATED TO DIRECT COSTS ASSOCIATED WITH THE PROVISION OF ASSISTED LIVING SERVICES AT AUGUSTANA ELK RUN ASSISTED LIVING IN EVERGREEN, CO, AUGUSTANA REGENT IN BURNSVILLE, MN, AUGUSTANA OAKVIEW CARE IN MOOSE LAKE, MN, CASTLE PEAK SENIOR LIVING OF EAGLE, CO, AND THROUGH AUGUSTANA RESIDENTIAL CARE. EXPENSES FOR EMERALD CREST ASSISTED LIVING AND MEMORY CARE, A SPECIALIZED PROGRAM FOR ADULTS WITH MEMORY LOSS AT FOUR SITES IN THE SUBURBAN MINNEAPOLIS AREA ARE ALSO INCLUDED. EMERALD CREST EMPLOYS A MODEL OF STRENGTH-BASED CARE FOR INDIVIDUALS WITH MEMORY LOSS IN SMALLER, HOME-LIKE RESIDENCES WHERE ONE'S DIGNITY, PRIVACY, SAFETY AND QUALITY OF LIFE ARE PRIORITIZED. IN TOTAL, THESE ASSISTED LIVING COMMUNITIES SERVED MORE THAN 277 PEOPLE DURING THE PERIOD ENDING DECEMBER 31, 2019.

4b (Code) (Expenses \$ 3,708,780. including grants of \$ 4,751.) (Revenue \$ 4,305,345.)

THE ABOVE TOTAL INCLUDES OPERATING EXPENSES FOR AUGUSTANA MERCY HEALTH CARE CENTER OF MOOSE LAKE, MN, AUGUSTANA LAKESIDE HEALTH CARE CENTER OF DASSEL, MN, AND CASTLE PEAK SENIOR CARE IN EAGLE, CO. DURING THE PERIOD ENDING DECEMBER 31, 2019, THESE THREE RURAL SKILLED NURSING COMMUNITIES PROVIDED REHABILITATION, SKILLED NURSING AND MEMORY CARE TO 99 PEOPLE.

4c (Code) (Expenses \$ 2,421,382. including grants of \$ 296,331.) (Revenue \$ 2,337,152.)

AS A LONG-TIME PROVIDER OF HEALTH CARE, HOUSING, AND COMMUNITY-BASED SERVICES, AUGUSTANA CARE APPLIES ITS EXPERIENCE AND IN-DEPTH KNOWLEDGE OF THE HEALTH CARE FIELD TO PROVIDE MANAGEMENT SERVICES FOR OTHER ORGANIZATIONS. AUGUSTANA CASH MANAGEMENT COMPANY, LLC, MANAGES THE CASH INFLOWS AND OUTFLOWS FOR THE AUGUSTANA CARE SUBSIDIARIES. THE EXPENSES LISTED ABOVE ARE FOR AUGUSTANA SENIOR DEVELOPMENT II, LLC, A BUSINESS UNIT OF AUGUSTANA CARE THROUGH WHICH MANAGEMENT SERVICES ARE PROVIDED TO UNRELATED NOT-FOR-PROFIT AND FOR-PROFIT COMMUNITIES IN MINNESOTA AND IOWA. THE NOT-FOR-PROFIT COMMUNITIES INCLUDE AUGUSTANA APARTMENTS AND CARDINAL HOMES IN FERGUS FALLS, AND ST. PAUL'S HOME APARTMENTS, SIGNE BURCKHARDT MANOR, THOMAS FEENEY MANOR, AND HERITAGE PARK ALL LOCATED IN MINNEAPOLIS. THE MINNESOTA FOR-PROFIT ASSISTED LIVING COMMUNITIES

4d Other program services (Describe on Schedule O)
(Expenses \$ 95,985. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 12,567,559.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 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*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?
If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
 - c 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*
 - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*
- 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*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9	X	
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f	X	
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		
21	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Note: All Form 990 filers are required to complete Schedule O

Part IV Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O See instructions

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) TIMOTHY TUCKER FORMER PRES./CEO (THRU JUNE 2019)	0.00 0.00						X	0.	830,604.	44,995.
(2) CRAIG KITTELSON FORMER VP/CFO (THRU JUNE 2018)	0.00 0.00						X	0.	377,389.	12,894.
(3) KATHY KOPP CHIEF STRATEGY OFFICER	24.00 16.00			X				0.	256,124.	66,758.
(4) MATTHEW KERN COO	6.34 18.66			X				0.	274,578.	32,626.
(5) SHARON WILSON CHIEF CLINICAL & COMPLIANCE OFFICER	5.07 14.93			X				0.	185,924.	13,917.
(6) ROBERT DAHL PRESIDENT/CEO	5.07 14.93			X				0.	0.	0.
(7) KATHY YOUNGQUIST CFO	5.07 14.93			X				0.	0.	0.
(8) ANGELA BROWN CHRO	5.07 14.93			X				0.	0.	0.
(9) REV. DR. GARY WILKERSON CHAIR	1.00 7.00	X		X				0.	0.	0.
(10) MARSHALL MACKAY VICE CHAIR	1.00 8.00	X		X				0.	0.	0.
(11) ERIK (RICK) ELLINGSON TREASURER	1.00 9.00	X		X				0.	0.	0.
(12) CHIP PARKS SECRETARY	1.00 8.00	X		X				0.	0.	0.
(13) BRUCE CRAWFORD DIRECTOR	1.00 7.00	X						0.	0.	0.
(14) DUANE HETLAND DIRECTOR	1.00 8.00	X						0.	0.	0.
(15) TIMOTHY KUCK DIRECTOR	1.00 9.00	X						0.	0.	0.
(16) LARRY KULA DIRECTOR	1.00 7.00	X						0.	0.	0.
(17) JERRY NYE DIRECTOR	1.00 8.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) SCOTT RAMSDALE DIRECTOR	1.00 8.00	X						0.	0.	0.
(19) MICHELENE VERLAUTZ DIRECTOR	1.00 7.00	X						0.	0.	0.
1b Subtotal								0.	1,924,619.	171,190.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,924,619.	171,190.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NETWORK THERAPY SERVICES, 8120 PENN AVE S, SUITE 227, BLOOMINGTON, MN 55431	THERAPY SERVICES (PT, OT, ST)	1,788,264.
A&E CARE SERVICES 7171 OHMS LANE, EDINA, MN 55439	MANAGEMENT SERVICES	623,623.
BWE CONSTRUCTION COMPANY 476 HAWTHORN RD, LINO LAKES, MN 55014	CONSTRUCTION	248,453.
RELIAS LEARNING LLC PO BOX 74008620, CHICAGO, IL 60674	ONLINE EDUCATION COURSES	199,239.
MERWIN LONG TERM CARE, 1811 OLD HWY 8 NW, SUITE C, NEW BRIGHTON, MN 55112	STAFFING SERVICES	142,576.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
		b	Membership dues				
		c	Fundraising events	6,359.			
		d	Related organizations	1,500,000.			
		e	Government grants (contributions)				
		f	All other contributions, gifts, grants, and similar amounts not included above	13,554.			
		g	Noncash contributions included in lines 1a-1f				
		h	Total. Add lines 1a-1f	1,519,913.			
Program Service Revenue			Business Code				
	2 a	ASSISTED LIVING	623000	7,205,530.	7,205,530.		
		b	NURSING	623000	4,305,345.	4,305,345.	
		c	PAYROLL	541200	1,978,240.	1,978,240.	
		d	CONSULTING	541610	358,912.	358,912.	
		e					
		f	All other program service revenue				
	g	Total. Add lines 2a-2f		13,848,027.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		53,123.		53,123.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	76,377.			
			(ii) Personal				
	6 b	Less rental expenses		101,325.			
	6 c	Rental income or (loss)		-24,948.			
		d	Net rental income or (loss)		-24,948.	-8,601.	-16,347.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less cost or other basis and sales expenses					
	7 c	Gain or (loss)					
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 6,359. of contributions reported on line 1c) See Part IV, line 18						
		8 a	9,375.				
		8 b	5,055.				
	c	Net income or (loss) from fundraising events		4,320.		4,320.	
9 a	Gross income from gaming activities See Part IV, line 19						
		9 a					
		9 b					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances						
		10 a	217.				
		10 b	0.				
	c	Net income or (loss) from sales of inventory		217.		217.	
Miscellaneous Revenue			Business Code				
	11 a	GAIN ON INVESTMENT IN BUSINESS VE	900003	129,384.		129,384.	
		b	DIETARY INCOME	722210	25,727.		25,727.
		c	CABLE TV INCOME	515100	19,504.		19,504.
		d	All other revenue	811000	54,838.		54,838.
	e	Total. Add lines 11a-11d		229,453.			
12	Total revenue. See instructions			15,630,105.	11,510,875.	2,328,551.	270,766.

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)

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

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 domestic organizations and domestic governments. See Part IV, line 21	296,331.	296,331.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,751.	6,751.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,373,278.	7,444,530.	838,701.	90,047.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,153.	39,313.	5,840.	
9 Other employee benefits	668,083.	555,091.	112,992.	
10 Payroll taxes	438,820.	399,162.	39,658.	
11 Fees for services (nonemployees)				
a Management	619,945.	36,446.	583,499.	
b Legal	4,786.		4,786.	
c Accounting	11,954.		11,954.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	597,830.	471,991.	128,331.	-2,492.
12 Advertising and promotion	55,481.		55,323.	158.
13 Office expenses	249,096.	144,529.	100,688.	3,879.
14 Information technology	634.		634.	
15 Royalties				
16 Occupancy	486,723.	486,723.		
17 Travel	167,879.	137,122.	28,993.	1,764.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,533.	36,060.	32,917.	556.
20 Interest	667,365.	645,105.	22,260.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	831,722.	831,722.		
23 Insurance	41,575.	3,963.	37,612.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NURSING SUPPLIES	481,879.	481,879.		
b DIETARY EXPENSES	409,331.	409,331.		
c LICENSES, PERMITS, FEES	111,081.	91,670.	19,238.	173.
d BAD DEBT EXPENSE	64,860.		64,353.	507.
e All other expenses _____	91,500.	49,840.	39,660.	2,000.
25 Total functional expenses. Add lines 1 through 24e	14,791,590.	12,567,559.	2,127,439.	96,592.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	10,434,009.	1	9,381,170.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	144,083.	3	102,605.
	4	Accounts receivable, net	4,150,035.	4	3,977,495.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	786,250.	7	786,250.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	319,877.	9	475,786.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 102,996,965.		
	b	Less accumulated depreciation	10b 29,524,777.	73,949,624.	10c 73,472,188.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,603,116.	12	2,403,266.
	13	Investments - program-related See Part IV, line 11	842,323.	13	971,707.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	7,529,832.	15	7,145,651.
16	Total assets. Add lines 1 through 15 (must equal line 33)	99,759,149.	16	98,716,118.	
Liabilities	17	Accounts payable and accrued expenses	7,402,956.	17	6,943,618.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	30,519,657.	20	30,250,078.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	371,864.	21	378,399.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	39,551,424.	23	39,150,669.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	10,178,973.	25	8,573,102.
	26	Total liabilities. Add lines 17 through 25	88,024,874.	26	85,295,866.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	11,236,929.	27	13,210,830.
	28	Net assets with donor restrictions	497,346.	28	209,422.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	11,734,275.	32	13,420,252.
	33	Total liabilities and net assets/fund balances	99,759,149.	33	98,716,118.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,630,105.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,791,590.
3	Revenue less expenses Subtract line 2 from line 1	3	838,515.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,734,275.
5	Net unrealized gains (losses) on investments	5	12,093.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	778,096.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	57,273.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,420,252.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization: AUGUSTANA CARE
Employer identification number: 41-1728753

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 12, 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).
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).
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).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] 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...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] 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...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e [] Check this box if the organization received a written determination from the IRS...
f Enter the number of supported organizations

Handwritten initials or signature.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5486509.	2207536.	5981364.	2071138.	1519913.	17266460.
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	5486509.	2207536.	5981364.	2071138.	1519913.	17266460.
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						17266460.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	5486509.	2207536.	5981364.	2071138.	1519913.	17266460.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	385,033.	400,118.	470,588.	301,507.	114,313.	1671559.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		8,593.				8,593.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	421,051.	429,828.	432,275.	962,866.	239,045.	2485065.
11 Total support. Add lines 7 through 10						21431677.
12 Gross receipts from related activities, etc. (see instructions)					12 170,504,300.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	80.57 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	78.78 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7.			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS INCOME**

2015 AMOUNT: \$ 14,957.

2016 AMOUNT: \$ 43,497.

2017 AMOUNT: \$ 40,449.

2018 AMOUNT: \$ 11,384.

2019 AMOUNT: \$ 4,033.

DIETARY INCOME

2015 AMOUNT: \$ 118,919.

2016 AMOUNT: \$ 117,866.

2017 AMOUNT: \$ 112,423.

2018 AMOUNT: \$ 112,323.

2019 AMOUNT: \$ 25,727.

HOUSEKEEPING INCOME

2015 AMOUNT: \$ 67,209.

2016 AMOUNT: \$ 44,817.

2017 AMOUNT: \$ 55,152.

2018 AMOUNT: \$ 58,663.

2019 AMOUNT: \$ 12,152.

VENDING INCOME

2015 AMOUNT: \$ 896.

2016 AMOUNT: \$ 708.

2017 AMOUNT: \$ 637.

2018 AMOUNT: \$ 489.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

2019 AMOUNT: \$ 106.

CABLE TV INCOME

2015 AMOUNT: \$ 48,559.

2016 AMOUNT: \$ 55,919.

2017 AMOUNT: \$ 65,188.

2018 AMOUNT: \$ 76,195.

2019 AMOUNT: \$ 19,504.

EMERGENCY PULL CORD INCOME

2015 AMOUNT: \$ 39,612.

2016 AMOUNT: \$ 39,612.

2017 AMOUNT: \$ 39,612.

2018 AMOUNT: \$ 40,503.

2019 AMOUNT: \$ 10,200.

MAINTENANCE INCOME

2015 AMOUNT: \$ 30,368.

2016 AMOUNT: \$ 38,494.

2017 AMOUNT: \$ 61,474.

2018 AMOUNT: \$ 58,876.

2019 AMOUNT: \$ 13,865.

PENDANT ALARM INCOME

2015 AMOUNT: \$ 2,396.

2016 AMOUNT: \$ 4,481.

2017 AMOUNT: \$ 5,196.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

2018 AMOUNT: \$ 7,018.

2019 AMOUNT: \$ 1,881.

TELEPHONE INCOME

2015 AMOUNT: \$ 28,192.

2016 AMOUNT: \$ 25,840.

2017 AMOUNT: \$ 22,895.

2018 AMOUNT: \$ 22,817.

2019 AMOUNT: \$ 11,104.

ANNUITY CONVERSION INCOME

2015 AMOUNT: \$ 1,575.

2016 AMOUNT: \$ 1,548.

2017 AMOUNT: \$ 1,524.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 1,497.

FUNDRAISING EVENT INCOME

2015 AMOUNT: \$ 63,339.

2016 AMOUNT: \$ 51,857.

2017 AMOUNT: \$ 24,710.

2018 AMOUNT: \$ 25,873.

2019 AMOUNT: \$ 9,375.

GIFT SHOP INCOME

2015 AMOUNT: \$ 5,029.

2016 AMOUNT: \$ 5,189.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

2017 AMOUNT: \$ 3,015.

2018 AMOUNT: \$ 1,796.

2019 AMOUNT: \$ 217.

GAIN ON INVESTMENT IN BUSINESS VENTURES

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 546,929.

2019 AMOUNT: \$ 129,384.

FORM 990, SCHEDULE A, COLUMN E

COLUMN E, 2019, IS FOR A SHORT PERIOD THAT BEGAN ON OCTOBER 1, 2019 AND ENDED ON DECEMBER 31, 2019.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

AUGUSTANA CARE

Employer identification number

41-1728753

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... (Yes/No), 6 Did the organization inform all grantees...

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2019

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	148,750.	148,750.	148,450.	148,250.	148,150.
b Contributions			300.	200.	100.
c Net investment earnings, gains, and losses	150.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	148,900.	148,750.	148,750.	148,450.	148,250.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%

- 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 | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,788,763.		12,788,763.
b Buildings		80,849,468.	22,908,580.	57,940,888.
c Leasehold improvements				
d Equipment		9,176,410.	6,616,197.	2,560,213.
e Other		182,324.		182,324.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 73,472,188.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,952,440.
(2) RESIDENT TRUST FUNDS	127,898.
(3) FUNDS HELD IN ESCROW	418,930.
(4) BOND FUNDS	4,335,836.
(5) TENANT SECURITY DEPOSITS	310,547.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 7,145,651.	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	5,095,861.
(3) ASSET RETIREMENT OBLIGATION	55,880.
(4) NOTES PAYABLE TO AFFILIATES	2,526,764.
(5) DEFERRED COMPENSATION LIABILITY	894,597.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 8,573,102.	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1
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 XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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 XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART IV, LINE 2B:

THE ORGANIZATION HOLDS, IN TRUST, FUNDS ADVANCED BY RESIDENTS TO BE USED AT EACH RESIDENT'S DISCRETION. THE FUNDS ARE MAINTAINED IN A SEPARATE INTEREST-BEARING SAVINGS ACCOUNT AND THE ORGANIZATION HAS A FIDUCIARY RESPONSIBILITY FOR THE ADMINISTRATION OF THESE FUNDS.

SECURITY DEPOSITS ARE REQUIRED FOR THE ORGANIZATION'S TENANTS AND INCLUDE RESERVED APARTMENTS IF AMOUNTS ARE PAID BEFORE THE TENANT ACTUALLY MOVES IN.

PART V, LINE 4:

THE PRINCIPAL WILL BE INVESTED AND KEPT INTACT FOR PERPETUITY TO PROVIDE

Part XIII Supplemental Information *(continued)*

AN ADDITIONAL SOURCE OF INCOME. THE INCOME GENERATED WILL BE USED TO SUPPORT THE FUND DESIGNATED PROGRAM.

THE ORGANIZATION'S ENDOWMENT IS HELD AND ADMINISTERED BY AUGUSTANA CARE FOUNDATION. SEE SCHEDULE R FOR ADDITIONAL DETAILS.

PART X, LINE 2:

AUGUSTANA CARE AND ITS AFFILIATES HAVE BEEN GRANTED EXEMPT STATUS RELATIVE TO FEDERAL AND MINNESOTA CORPORATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE CODES. THESE 501(C)(3) ORGANIZATIONS HAVE BEEN CLASSIFIED AS ENTITIES THAT ARE NOT PRIVATE FOUNDATIONS UNDER SECTION 509(A).

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES IN EVALUATING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE STANDARD PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED.

AUGUSTANA CARE AND ITS AFFILIATES' INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE ORGANIZATION REPORTS ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES AND FILES ALL PROPER RETURNS RELATED TO THESE ACTIVITIES.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

AUGUSTANA CARE

Employer identification number

41-1728753

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HOLIDAY TREE FESTIVAL (event type)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	15,734.		15,734.
	2	Less Contributions	6,359.		6,359.
	3	Gross income (line 1 minus line 2)	9,375.		9,375.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	4,805.		4,805.
	8	Entertainment			
	9	Other direct expenses	250.		250.
	10	Direct expense summary Add lines 4 through 9 in column (d)			5,055.
11	Net income summary Subtract line 10 from line 3, column (d)			4,320.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

AUGUSTANA CARE

Employer identification number
41-1728753

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? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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
AUGUSTANA CHAPEL VIEW HOMES 7171 OHMS LANE EDINA, MN 55439	41-0693953	501(C)(3)	200,000.	0.	N/A	N/A	GENERAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated 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 noncash assistance
SCHOLARSHIPS	4	6,751.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:
 AUGUSTANA CARE MAKES INTERCOMPANY TRANSFERS TO RELATED ORGANIZATIONS.
 AUGUSTANA CARE AND THE RELATED ORGANIZATIONS ARE UNDER COMMON MANAGEMENT
 WHO REGULARLY MONITOR THE USE OF THE FUNDS.
 RECIPIENTS OF SCHOLARSHIPS FROM THE ORGANIZATION AGREE TO THE FOLLOWING
 TERMS UPON ACCEPTANCE: (1) THE ORGANIZATION WILL DETERMINE THE AMOUNT OF
 THE SCHOLARSHIP; (2) TUITION AND ASSOCIATED COSTS WILL BE PAID UP TO A
 STATED AMOUNT UPON PRESENTATION BY THE RECIPIENT OF A BILLING STATEMENT AND

Part IV Supplemental Information

A DETAILED VERIFICATION OF THE COST OF BOOKS; (3) THE RECIPIENT WILL COMPLETE THE TRAINING FOR WHICH A SCHOLARSHIP PAYMENT WAS GRANTED WITH PROOF OF A FINAL GRADE OF C OR BETTER, OR RECIPIENT WILL REIMBURSE THE ORGANIZATION FOR THE COST OF THE COURSE; (4) THE RECIPIENT WILL CONTINUE EMPLOYMENT WITH THE ORGANIZATION WHILE COMPLETING COURSEWORK, WITH BOTH PARTIES MAKING EVERY EFFORT TO ACCOMODATE ANY NECESSARY CHANGES IN WORK HOURS; AND (5) UPON COMPLETION TRAINING FOR WHICH SCHOLARSHIP WAS GRANTED, THE RECIPIENT WILL WORK FOR THE ORGANIZATION AT LEAST TWO YEARS AND A MINIMUM OF 2,000 HOURS OR WILL REIMBURSE THE ORGANIZATION A PRORATED AMOUNT OF EACH SCHOLARSHIP PAYMENT RECEIVED DURING THE PREVIOUS ONE YEAR PERIOD, WHICH WILL BE DEDUCTED FOR THEIR LAST PAYCHECK.

Lined area for supplemental information.

**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" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

AUGUSTANA CARE

Employer identification number

41-1728753

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
1b 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		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?	X	
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
4c Participate in, or receive payment from, an equity-based compensation arrangement?		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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a The organization?		X
5b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a The organization?		X
6b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY TUCKER	0.	0.	0.	0.	0.	0.	0.
FORMER PRES./CEO (THRU JUNE 2019)	330,861.	0.	499,743.	18,621.	26,374.	875,599.	0.
(2) CRAIG KITTELSON	0.	0.	0.	0.	0.	0.	0.
FORMER VP/CFO (THRU JUNE 2018)	0.	0.	377,389.	0.	12,894.	390,283.	0.
(3) KATHY KOPP	0.	0.	0.	0.	0.	0.	0.
CHIEF STRATEGY OFFICER	233,022.	23,102.	0.	31,598.	35,160.	322,882.	0.
(4) MATTHEW KERN	0.	0.	0.	0.	0.	0.	0.
COO	274,528.	50.	0.	9,800.	22,826.	307,204.	0.
(5) SHARON WILSON	0.	0.	0.	0.	0.	0.	0.
CHIEF CLINICAL & COMPLIANCE OFFICER	183,224.	2,700.	0.	6,491.	7,426.	199,841.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINES 4A-B:

TIM TUCKER RECEIVED SEVERANCE PAYMENTS IN INSTALLMENTS AFTER HIS RETIREMENT

IN JUNE 2019.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) SUPPLEMENTAL

NON-QUALIFIED RETIREMENT PLAN PROVIDED BY AUGUSTANA CARE AND PAID BY A&E

CARE SERVICES:

TIM TUCKER, FORMER PRESIDENT AND CEO - \$478,687

KATHERINE KOPP, CHIEF STRATEGY OFFICER - \$2,000

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **AUGUSTANA CARE** Employer identification number: **41-1728753**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF DASSEL, MN	41-0851701	NONE	09/15/10	1,400,000.	FACILITY DEVELOPMENT					X	X
DAKOTA COUNTY COMMUNITY DEVELOPMENT AGENCY	41-1253302	23409VDV9	03/25/15	5,060,000.	REFINANCE SERIES 2007 BOND					X	X
C CITY OF DASSEL, MN	41-0851701	NONE	08/21/07	1,500,000.	ACQUIRE FACILITY TO REFINANCE					X	X
D FACILITIES AUTHORITY	84-0732932	NONE	03/31/11	875,000.	SERIES 2011 BONDS					X	X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			467,251.		945,000.		1,141,595.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue			1,400,000.		5,060,000.		1,500,000.	875,000.
4 Gross proceeds in reserve funds					325,000.			
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			28,000.		101,200.		30,000.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			1,372,000.				1,470,000.	875,000.
11 Other spent proceeds					4,958,800.			
12 Other unspent proceeds								
13 Year of substantial completion	2011		2015		2007		2011	

	2011		2015		2007		2011	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X		X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2019

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

ENTITY 2

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

AUGUSTANA CARE

Employer identification number
41-1728753

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF VICTORIA, MN	41-0997257	92627TAT3	07/31/14	22110000.	TO REFINANCE SERIES 2009 BONDS		X		X		X
B CARLTON COUNTY, MN	41-6005767	142887BB3	03/02/15	5,805,000.	FACILITY DEVELOPMENT		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
	2014	2017	2014	2017	2014	2017	2014	2017
1 Amount of bonds retired			2,780,000.	690,000.				
2 Amount of bonds legally defeased								
3 Total proceeds of issue			22,110,000.	5,805,000.				
4 Gross proceeds in reserve funds			1,075,979.	191,680.				
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			442,200.	116,100.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds			21,667,800.	5,497,263.				
12 Other unspent proceeds								
13 Year of substantial completion								

	2014		2017		Yes	No	Yes	No
	Yes	No	Yes	No				
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X				

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

Schedule K (Form 990) 2019

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?	X			X	X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a. Rebate not due yet?		X		X				
b. Exception to rebate?		X		X				
c. No rebate due?	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CITY OF VICTORIA, MN

DATE THE REBATE COMPUTATION WAS PERFORMED: 08/20/2018

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CITY OF VICTORIA, MN

DATE THE REBATE COMPUTATION WAS PERFORMED: 08/20/2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

AUGUSTANA CARE

Employer identification number
41-1728753

OVERALL MISSION FOR AUGUSTANA ENTITIES

AUGUSTANA CARE AND ITS SUBSIDIARIES' MISSION IS TO FOSTER FULLNESS OF LIFE FOR OLDER ADULTS AND OTHERS IN NEED THROUGH THE PROVISION OF HEALTHCARE, HOUSING AND OTHER SERVICES IN A CHRISTIAN TRADITION. OUR GOAL IS TO HELP RESIDENTS LIVE THE LIVES THAT MOST INSPIRE THEM. THE PRINCIPLES THAT GUIDE OUR WORK INCLUDE VALUING OLDER GENERATIONS' TALENTS AND EXPERIENCE; WORKING TO PROVIDE THE CARE RESIDENTS NEED, WHEN AND WHERE THEY NEED IT; WORKING TO CONNECT RESIDENTS TO THE PEOPLE AND THINGS THAT MEAN THE MOST TO THEM; AND SUPPORTING RESIDENTS AND FAMILIES WITH SPIRITUAL CARE THAT SPEAKS TO WHO THEY ARE. WE OFFER A BROAD RANGE OF SERVICES TO ANTICIPATE AND ADDRESS THE NEEDS OF OLDER ADULTS. IN THE PERIOD ENDED DECEMBER 31, 2019, MORE THAN 2,100 PEOPLE WERE SERVED IN MINNESOTA AND COLORADO. OUR SEVEN HEALTH CARE CENTERS PROVIDED TRANSITIONAL CARE, LONG-TERM AND MEMORY CARE, AND REHABILITATION SERVICES TO MORE THAN 560 PEOPLE. AUGUSTANA CARE ALSO PROVIDES VARIOUS HOUSING COMMUNITIES TO SERVE OLDER ADULTS WITH COMFORTABLE LIVING AND CARE OPTIONS, INCLUDING INDEPENDENT LIVING, HOUSING WITH SERVICES, ASSISTED LIVING, AND MEMORY CARE. IN THE PERIOD ENDED DECEMBER 31, 2019, A TOTAL OF 1,613 RESIDENTS BENEFITED FROM THESE SERVICES. WE ALSO OFFER A RANGE OF COMMUNITY-BASED SERVICES, SUCH AS ADULT DAY PROGRAMS, HOSPICE, AND THERAPY SERVICES, TO ENHANCE THE QUALITY OF LIFE FOR OLDER ADULTS WHO CONTINUE TO LIVE IN THEIR OWN HOMES. MORE THAN 12,342 INDIVIDUALS WERE SERVED THROUGH THESE PROGRAMS FOR THE PERIOD ENDED DECEMBER 31, 2019. FINALLY, MANAGEMENT CONSULTING SERVICES WERE PROVIDED TO NINE OTHER ORGANIZATIONS THAT SERVED 550 OLDER ADULTS FOR THE PERIOD ENDED DECEMBER 31, 2019.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

AUGUSTANA CARE

Employer identification number

41-1728753

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDE THE PINES IN RICHFIELD, THE ROSEMOUNT IN ROSEMOUNT, OKALEE IN MEDINA, PARKS PLACE IN PLYMOUTH, PRAHA VILLAGE IN NEW PRAGUE AND RIVER BEND ASSISTED LIVING IN ROCHESTER. THE IOWA FOR-PROFIT ASSISTED LIVING COMMUNITIES INCLUDE STONEY POINT MEADOW IN CEDAR RAPIDS. SERVICES INCLUDE CONSULTING, MARKETING, LEADERSHIP DEVELOPMENT, INFORMATION SYSTEMS SUPPORT, HOUSING DEVELOPMENT, AND EMPLOYEE RELATIONS. ALTOGETHER, THESE MANAGED FACILITIES SERVED 550 PEOPLE DURING THE PERIOD ENDING DECEMBER 31, 2019.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AUGUSTANA CARE'S FORM 990 ALSO INCLUDES FINANCIAL INFORMATION ABOUT A WHOLLY-OWNED SUBSIDIARY OF AUGUSTANA CARE CALLED AUGUSTANA PROPERTIES, LLC. THIS ENTITY OVERSEES EVERYTHING RELATED TO A NUMBER OF RENTAL PROPERTIES THAT HOUSE EMPLOYEES AND MEMBERS OF THE COMMUNITY AT LARGE. EXPENSES \$ 95,985. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:

THE PURPOSE OF A&E CARE SERVICES IS TO MANAGE AUGUSTANA CARE AND ITS RELATED ORGANIZATIONS, AND ELIM CARE AND ITS RELATED ORGANIZATIONS. SERVICES PROVIDED INCLUDE FINANCIAL ACCOUNTING, OPERATIONAL OVERSIGHT, HUMAN RESOURCES, INFORMATION TECHNOLOGY, CLINICAL NURSING CONSULTATION, CORPORATE COMPLIANCE, COORDINATED ADVERTISING AND MARKETING, PHILANTHROPY AND NEW BUSINESS DEVELOPMENT.

THE FOLLOWING OFFICERS WERE PART OF A&E CARE SERVICES AND PAID BY ELIM

Name of the organization

AUGUSTANA CARE

Employer identification number

41-1728753

CARE, INC., A REALTED ORGANIZATION OF A&E CARE SERVICES. TOTAL COMPENSATION PAID FOR THEIR SERVICES WERE AS FOLLOWS: ROBERT DAHL-\$867,695, KATHY YOUNGQUIST-\$480,872, AND ANGELA BROWN-\$297,007.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S MEMBERSHIP CONSISTS OF LUTHERAN CONGREGATIONS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA (ELCA), AND OTHER CONGREGATIONS, AS ARE FROM TIME TO TIME ELECTED BY THE MEMBERS. AT ALL TIMES, A MAJORITY OF THE MEMBER CONGREGATIONS ARE LUTHERAN AND AT LEAST ONE MEMBER CONGREGATION MUST BE A PART OF THE ELCA AT ALL TIMES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF AUGUSTANA CARE, THROUGH THEIR VOTING DELEGATES, ELECT THE ORGANIZATION'S DIRECTORS AFTER CONSIDERATION OF THE SLATE OF NOMINEES SUBMITTED BY THE NOMINATING AND BOARD DEVELOPMENT COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDMENTS TO THE ORGANIZATION'S GOVERNING DOCUMENTS MUST BE APPROVED BY AN AFFIRMATIVE VOTE OF A MAJORITY OF THE TOTAL NUMBER OF DIRECTORS HOLDING OFFICE AND BY THE AFFIRMATIVE VOTE OF A MAJORITY OF VOTING DELEGATES OF THE MEMBER CONGREGATIONS PRESENT AND VOTING AT WHICH A QUORUM OF MEMBERS IS PRESENT AND VOTING. ANY AMENDMENT WHICH RELATES TO THE REQUIREMENTS FOR AFFILIATION WITH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA (ELCA) IS SUBMITTED TO THE ELCA PROGRAM UNIT FOR CHURCH IN SOCIETY FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ORGANIZATION'S CFO. THE FORM 990 WAS MADE AVAILABLE OT THE FULL BOARD

Name of the organization

AUGUSTANA CARE

Employer identification number

41-1728753

OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND KEY EMPLOYEES. ALL COVERED INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT AND TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE APPROPRIATE LEVEL OF MANAGEMENT OR TO THE BOARD OF DIRECTORS AS OUTLINED IN THE POLICY, BASED ON THE INDIVIDUAL'S POSITION WITHIN THE ORGANIZATION. CONFLICTS ARE DETERMINED AT THE APPROPRIATE LEVEL OF MANAGEMENT OR BY THE BOARD OF DIRECTORS. INDIVIDUALS WITH ACTUAL OR POTENTIAL CONFLICTS WILL ABSTAIN FROM DISCUSSING OR VOTING ON ANY MATTERS RELATING TO THE CONFLICT. ALL PROCEEDINGS RELATING TO ACTUAL OR POTENTIAL CONFLICTS ARE NOTED IN THE MEETING MINUTES.

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

THE COMPENSATION OF THE PRESIDENT/CEO FROM AUGUSTANA CARE WAS ESTABLISHED BY THE AUGUSTANA CARE BOARD OF DIRECTORS BASED ON APPROPRIATE COMPARABILITY DATA PROVIDED BY A PROFESSIONAL COMPENSATION CONSULTANT. THE COMPENSATION STUDY WAS LAST PERFORMED IN 2018.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPAL	207,273.
NET ASSET TRANSFER	-150,000.
TOTAL TO FORM 990, PART XI, LINE 9	57,273.

Name of the organization

AUGUSTANA CARE

Employer identification number

41-1728753

FORM 990, PART XII, LINE 2C

THE PROCESS FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

AUGUSTANA CARE

Employer identification number
41-1728753

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
REPLACEMENT RESERVES, LLC - 75-2990222 7171 OHMS LANE EDINA, MN 55439	HOME HEALTH SERVICES	MINNESOTA	0.	0.	AUGUSTANA CARE
AUGUSTANA DASSEL LAKESIDE COMMUNITY HOME, LLC - 20-8916091, 439 WILLIAM AVENUE EAST, DASSEL, MN 55325	NURSING/ASSISTED LIVING FACILITY	MINNESOTA	1,549,316.	5,493,677.	AUGUSTANA CARE
AUGUSTANA SENIOR DEVELOPMENT II, LLC - 48-1293891, 7171 OHMS LANE, EDINA, MN 55439	CONSULTING	MINNESOTA	2,527,035.	1,413,208.	AUGUSTANA CARE
AUGUSTANA MERCY CARE CENTER, LLC - 27-1466676, 710 S KENWOOD AVENUE, MOOSE LAKE, MN 55767	NURSING/ASSISTED LIVING FACILITY	MINNESOTA	1,797,970.	6,665,362.	AUGUSTANA CARE

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

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
APPLE VALLEY VILLA APARTMENTS - 31-1608691 7171 OHMS LANE EDINA, MN 55439	HEALTH CARE FACILITIES/SERVICES	MINNESOTA	501(C)(3)	LINE 10	AUGUSTANA CARE		X
AUGUSTANA APARTMENTS OF HASTINGS - 31-1608701, 7171 OHMS LANE, EDINA, MN 55439	HEALTH CARE FACILITIES/SERVICES	MINNESOTA	501(C)(3)	LINE 10	AUGUSTANA CARE		X
AUGUSTANA CARE FOUNDATION - 41-1360678 7171 OHMS LANE EDINA, MN 55439	CHARITABLE FOUNDATION	MINNESOTA	501(C)(3)	LINE 12A, I	AUGUSTANA CARE		X
A&E CARE SERVICES - 41-1806946 7171 OHMS LANE EDINA, MN 55439	MANAGEMENT SERVICES	MINNESOTA	501(C)(3)	LINE 12C, III-FI	N/A		X

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

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(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
AUGUSTANA LAND DEVELOPMENT, LLC - 27-1456660 14650 GARRETT AVENUE	LAND DEVELOPMENT	MINNESOTA	0.	2,219,129.	AUGUSTANA CARE
APPLE VALLEY, MN 55124					
AUGUSTANA ELK RUN, LLC - 27-3219747 31383 FROST WAY	ASSISTED LIVING	MINNESOTA	516,169.	6,069,985.	AUGUSTANA CARE
EVERGREEN, CO 80439					
AUGUSTANA EMERALD CARE, LLC - 27-1279704 451 EAST TRAVELERS TRAIL	MEMORY CARE	MINNESOTA	2,847,414.	20,791,697.	AUGUSTANA CARE
BURNSVILLE, MN 55337					
AUGUSTANA REGENT AT BURNSVILLE, LLC - 20-8915982, 14500 REGENT LANE, BURNSVILLE, MN 55306	HOUSING WITH SERVICES	MINNESOTA	2,169,126.	19,067,743.	AUGUSTANA CARE
AUGUSTANA PROPERTIES, LLC - 46-2166624 1425 10TH AVENUE SOUTH					
MINNEAPOLIS, MN 55404	RENTAL PROPERTIES	MINNESOTA	53,165.	2,699,835.	AUGUSTANA CARE
CASTLE PEAK SENIOR CARE, LLC - 46-0904337 1425 10TH AVENUE SOUTH	NURSING/ASSISTED LIVING FACILITY	MINNESOTA	1,672,445.	20,849,371.	AUGUSTANA CARE
MINNEAPOLIS, MN 55404					
AUGUSTANA OAKVIEW CARE, LLC - 47-2292912 300 TALBOT DRIVE	HOUSING WITH SERVICES	MINNESOTA	235,655.	3,701,086.	AUGUSTANA CARE
MOOSE LAKE, MN 55767	MANAGING CASH/ACCOUNTS PAYABLE FOR SUBSIDIARIES OF AUGUSTANA CARE	MINNESOTA	66.	7,459,786.	AUGUSTANA CARE
AUGUSTANA CASH MANAGEMENT COMPANY, LLC - 82-3725231, 7171 OHMS LANE, EDINA, MN 55439					

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

(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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AUGUSTANA SENIOR DEVELOPMENT, INC. - 26-4136110, 7171 OHMS LANE, EDINA, MN 55439	CONSULTING	MN	AUGUSTANA CARE	C CORP	658,349.	1,169,231.	100%		X

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) AUGUSTANA HOME OF HASTINGS	C	100,000. CASH			X
(2) AUGUSTANA CHAPEL VIEW HOMES	C	1,300,000. CASH			X
(3) AUGUSTANA APARTMENTS OF HASTINGS	C	100,000. CASH			X
(4) AUGUSTANA CHAPEL VIEW HOMES	B	200,000. CASH			X
(5) AUGUSTANA SENIOR DEVELOPMENT	B	150,000. CASH			X
(6)					X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.