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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) 0806

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning July 1 , 2007, and ending June 30 , 20 08

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

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

C Name of organization: Franciscan Sisters of Chicago Service Corporation

Number and street (or P.O. box if mail is not delivered to street address): 1055 W. 175th Street — Room/suite: 202

City or town, state or country, and ZIP + 4: Homewood, IL 60430

D Employer identification number: 36 3579767

E Telephone number: (708) 647-6500

F Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

G Website: ▶ www.franciscancommunities.com

J Organization type (check only one) ▶ ☑ 501(c) (03) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9,302,150

M Check ▶ ☑ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	255	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ ____ noncash $ ____)			1e 255
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 7,999,164
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 28,746
	5	Dividends and interest from securities Recvd. 06292010			5 261,126
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule) 362,524	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d 362,524
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 650,335
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 9,302,150
Expenses	13	Program services (from line 44, column (B))			13 11,968,753
	14	Management and general (from line 44, column (C))			14 2,638,472
	15	Fundraising (from line 44, column (D))			15 4,478
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 14,611,703
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 (5,309,553)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 11,039,116
	20	Other changes in net assets or fund balances (attach explanation)			20 (4,066,715)
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 1,662,848

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	1,391,023	1,321,472	69,551	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	375,787		375,787	
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	5,151,696	4,481,455	670,241	
27 Pension plan contributions not included on lines 25a, b, and c	27	942,616	784,447	158,169	
28 Employee benefits not included on lines 25a – 27	28	1,168,424	927,030	241,394	
29 Payroll taxes	29	393,225	327,243	65,982	
30 Professional fundraising fees	30				
31 Accounting fees	31	75,098		75,098	
32 Legal fees	32	63,355		63,355	
33 Supplies	33	90,270	20,107	70,163	
34 Telephone	34	53,852	45,870	7,982	
35 Postage and shipping	35	35,601	8,321	26,961	319
36 Occupancy	36	423,652	423,652		
37 Equipment rental and maintenance	37	46,895	450	46,445	
38 Printing and publications	38	237,780	232,939	880	3,961
39 Travel	39	233,698	135,223	98,475	
40 Conferences, conventions, and meetings	40	42,395	11,907	30,488	
41 Interest	41	569,509	569,509		
42 Depreciation, depletion, etc. (attach schedule)	42	626,144	626,144		
43 Other expenses not covered above (itemize):					
a SEE ATTACHMENT	43a	2,690,683	2,052,984	637,501	198
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	14,611,703	11,968,753	2,638,472	4,478

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☑ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____; (ii) the amount allocated to Program services $ _____; (iii) the amount allocated to Management and general $ _____; and (iv) the amount allocated to Fundraising $ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Attachment All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE ATTACHMENT (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	11,968,753
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . . ▶	11,968,753

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing	1,000	45	600
	46	Savings and temporary cash investments	1,893,718	46	599,121
	47a	Accounts receivable 47a 656,434			
	b	Less: allowance for doubtful accounts 47b 0	547,146	47c	656,434
	48a	Pledges receivable 48a			
	b	Less: allowance for doubtful accounts 48b		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule) 51a			
	b	Less: allowance for doubtful accounts 51b		51c	
	52	Inventories for sale or use	105,434	52	151,461
	53	Prepaid expenses and deferred charges	3,347,628	53	3,585,943
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV	14,471,013	54a	5,402,631
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV		54b	
	55a	Investments—land, buildings, and equipment: basis 55a			
	b	Less: accumulated depreciation (attach schedule) 55b		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis 57a 14,799,016			
	b	Less: accumulated depreciation (attach schedule) 57b 4,111,421	10,502,735	57c	10,687,595
	58	Other assets, including program-related investments (describe ▶ See Attachment)	9,785,943	58	10,274,218
	59	**Total assets** (must equal line 74). Add lines 45 through 58	40,654,617	59	31,358,003
Liabilities	60	Accounts payable and accrued expenses	5,945,621	60	6,176,114
	61	Grants payable		61	
	62	Deferred revenue	3,219,870	62	3,948,422
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)	8,336,402	64b	7,738,419
	65	Other liabilities (describe ▶ See Attachment)	12,113,608	65	11,832,200
	66	**Total liabilities.** Add lines 60 through 65	29,615,502	66	29,695,155
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.			
	67	Unrestricted	11,036,975	67	1,658,168
	68	Temporarily restricted	2,141	68	4,680
	69	Permanently restricted		69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)	11,039,116	73	1,662,848
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73	40,654,617	74	31,358,003

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	8,139,215
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	(1,094,321)		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	(1,094,321)
c	Subtract line b from line a			c	9,233,536
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	68,614		
2	Other (specify):	d2			
	Add lines d1 and d2			d	68,614
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	9,302,150

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	14,543,089
b	Amounts included on line a but not on.Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	14,543,089
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	68,614		
2	Other (specify):	d2			
	Add lines d1 and d2			d	68,614
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	14,611,703

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the Instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHMENT				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 7		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		✓
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ 75c		✓
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? 75d	✓	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHMENT				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77		✓
	If "Yes," attach a conformed copy of the changes.		
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a	✓	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? SEE ATTACHMENT 78b		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	✓	
b	If "Yes," enter the name of the organization ▶ SEE ATTACHMENT and check whether it is ☑ exempt or ☐ nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE		
b	Did the organization file **Form 1120-POL** for this year? 81b		✓

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	✓	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b	✓	
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		✓
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		✓
90a	List the states with which a copy of this return is filed ▶ INDIANA			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 75			
91a	The books are in care of ▶ Franciscan Sisters of Chicago Service Corporation Telephone no ▶ (708) 647-6500 Located at ▶ 1055 W. 175th Street, Suite 202, Homewood, Illinois ZIP + 4 ▶ 60430			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ Barbados See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.	91b	✓	

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	✓
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041*—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue:					
a	Mgmt. fees from related exempt organizations					5,864,588
b	Mgmt. fees from unrelated exempt organizations	541610	806,448			
c	Development fees from related exempt organizatio					740,688
d	Development fees from unrelated exempt organiza	541610	185,021			
e	Rental Income	531120	402,419			
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	28,746	
96	Dividends and interest from securities			14	261,126	
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	362,524	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a Miscellaneous Revenue			01	128,327	
b	TV/Internet Service Provider Income			03	147,262	
c	Joint Venture Income			03	374,746	
d						
e						
104	Subtotal (add columns (B), (D), and (E))		1,393,888		1,302,731	6,605,276
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					9,301,895

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE ATTACHMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
St Francis Insurance (Barbados) Inc	100 %	Insurance	4,218	0
Chancery House, High Street, Bridgetown Barbados	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	✓	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE ATTACHED			
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	✓	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE ATTACHED			
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		✓

Please Sign Here

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

Signature of officer — Date: 5/13/09

Robert Zimmer, Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
	5/12/09		

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG U.S. LLP, 5451 LAKEVIEW PARKWAY S DR, INDIANAPOLIS, IN 46268

EIN ▶ 34-6565596

Phone no. ▶ ( ) 317-280-3400

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: Franciscan Sisters of Chicago Service Corp

Employer identification number: 36 : 3579767

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Attached				
Total number of other employees paid over $50,000 ▶	38			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Mesirow Financial 321 N Clark Street, Chicago, IL 60610	Financial Consultant	965,519
McDermott, Will & Emery LLP PO Box 2995, Carol Stream, IL60132	Legal	130,277
Parente Randolph, LLC PO Box 13090, Newark, NJ 07188	Financial Consultant	122,715
Greystone Development Company 222 West Las Colinas Blvd, Irving, TX 75039	Development Consultant	101,422
Ungaretti & Harris 70 W Madison, Chicago, IL 60602	Legal	58,580
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Henry Brothers Company 9821 S 78th Avenue, Hickory Hills, IL 60457	General Contractor	110,523
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b		✓
c	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	✓	
e	Transfer of any part of its income or assets?	2e		✓
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		✓
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		✓
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	0		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	0		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	NONE		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶	NONE		

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☑ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☑ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
See Attached					
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26	**Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	
	c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	
	d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
	e Public support (line 26c minus line 26d total) ▶	26e	
	f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) ..... (2005) ..... (2004) ..... (2003) .....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) ..... (2005) ..... (2004) ..... (2003) .....

c	Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d	Add. Line 27a total _____ and line 27b total _____ ▶	27d	
e	Public support (line 27c total minus line 27d total) ▶	27e	
f	Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f		
g	**Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	%
h	**Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following.			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is— **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)		✓
	(ii) Other assets	a(ii)		✓
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		✓
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		✓
	(iii) Rental of facilities, equipment, or other assets	b(iii)		✓
	(iv) Reimbursement arrangements	b(iv)		✓
	(v) Loans or loan guarantees	b(v)		✓
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		✓

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Part I Line 8A

Gain on sales of publically traded securities	362,524
Gain on sales of publically traded securities	**362,524**

Franciscan Sisters of Chicago Service Corporation participates in the Fransican Sisters of Chicago Investment Pool. The amount reported above represents the amount of net realized gains allocated to the Franciscan Sisters of Chicago Serivce Corp from the investment pool.

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Part I Line 20

Net increase in unfunded pension obligation	1,045,346
Unrealized gains on publically traded investments	(883,336)
Transfers to affiliates	(4,517,740.00)
Transfers from affiliates	500,000.00
Change in value of swap	(210,985)
Total other changes in net assets or fund balances	**(4,066,715)**

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Line 42 Depreciation

	FY 2008
Dep - Land improvements	7,320.00
Dep - Buildings	183,342.00
Dep - Building equipment	7,621.00
Dep - Moveable equipment	329,316.00
Dep - Leasehold improvements	1,709.00
Dep - Software	96,836.00
Total Depreciation and Amortization	626,144

Depreciation is computed using the straight-line method over the estimated useful life.

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Part II Statement of Functional Expenses
Line 43 Other Expenses

	Total	Program Services	Mgmt	Fund
Advertising	534,954	534,954	0	0
Consulting	528,512	183,338	345,049	125
Insurance	60,816	60,816	0	0
Purchased services	448,020	344,379	103,621	20
Dues and subscriptions	82,810	53,399	29,411	0
Recruitment	84,162	77,600	6,562	0
Minor equipment purchases	20,470	12,002	8,468	0
Bank fees	80,041	0	80,041	0
Misc	434,615	370,213	64,349	53
Property Taxes	416,283	416,283	0	0
Total	**2,690,683**	**2,052,984**	**637,501**	**198**

Franciscan Sisters of Chicago Service Corporation
EIN 36-3579767
Form 990 FY2008

Part III Statement of Program Service Accomplishments

Franciscan Sisters of Chicago Service Corporation is the sole corporate member of Fransciscan Communities, Inc., University Place, Inc., St. Mary of the Woods, Villa de San Antonio, The Clare at Water Tower, Franciscan Community Services, Franciscan Community Benefit Services, St. Jude House, St. Joseph Senior Housing

Franciscan Sisters of Chicago Service Corporation is a 501(c) 3 organization set up to lend Program and administrative support
includes the following:

- Accounting services
- Treasury Management
- Information Technology
- Compliance
- Construction and Development Management
- Marketing
- Human Resources
- Nursing Management
- Quality
- Development

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Part IV Line 57

	6/30/2008
Land	4,450,960
Buildings	4,746,122
Building Equipment	91,953
Moveable equipment	3,319,283
Leasehold improvements	550,174
CIP	780,671
Software	786,658
Land improvements	73,195
Total Land, Building and Equipment	14,799,016
Less: Accumulated Depreciation	(4,111,421)
Ending Balance Land, Building and Equipment	**10,687,595**

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Part IV Line 58

	6/30/2008
Other Assets	
Due from Affiliates	9,120,799
CAA Investement Balance	223,230
CSU - Executive Life Insurance	715,448
Long Term Assets - Other	214,741
Total Other Assets	10,274,218

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Part IV Line 64b

	6/30/2008
Fifth Third Bank construction loans and term loan, one-year construction loan, five-year term loan; interest rates vary monthly based on prevailing market conditions (5.5% at June 30, 2008)	3,196,753
Working capital loan agreement payable to the Franciscan Sisters of Chicago, Inc., due January 15, 2017, with monthly payments of interest, interest rates vary monthly based on prevailing market conditions (5.3% at June 30, 2008)	4,541,667
	7,738,419

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Part IV Line 65

	6/30/2008
Other Liabilities	
Deferred Comp - CAA	223,230
SAMC Retirement Liability	11,160,905
Life Annuity Payables	15,000
LTD - Hewlitt Packard	140,653
5th3rd Street Bank Swap agreement market value	292,412
Total Other Liabilities	11,832,200

PART V - A - LIST OF OFFICERS, DIRECTORS, TRUSTEES

Form 990

36-3579767

Franciscan Sisters of Chicago Service Corporation

YEAR ENDED JUNE 30, 2008

(A) NAME AND ADDRESS	(B) TITLE	(C) Compensation	(D) Employee Benefits	(E) Exp Accounts
Sr. M. Francis Clare Radke,OSF Lemont , Illinois	Chairman 1 hour per week	None	None	None
Sister M. Francine Labus, OSF Lemont, Illinois	Vice Chairman 1 hour per week	None	None	None
Steve Wuitschick Homewood, Illinois	President 40 hours per week	$380,035	$148,214	None
Annette Calderwood Wheaton, Illinois	Director 1 hour per week	None	None	None
Jill Krueger Oak Brook, Illinois	Director 2 hours per week	None	None	None
Susan Nordstrom Lopez Chicago, Illinois	Director 2 hours per week	None	None	None
Lawrence Leaman Huron, Ohio	Director 2 hours per week	None	None	None
Chester A. Labus Homewood, Illinois	Treasurer 40 hours per week	$252,955	$98,652	None
Lori McLaughlin Homewood, Illinois	Secretary 40 hours per week	$266,397	$103,895	None
Tracy A. Shearer Homewood, Illinois	Asst. Secretary 40 hours per week	$59,958	$17,715	None
Denise Boudreau Homewood, Ill	Asst. Secretary 40 hours per week	$48,787	$14,415	None

All Officers are paid from this tax id number as the paymaster

PART V - B - LIST OF OFFICERS, DIRECTORS, TRUSTEES

Form 990

36-3579767

Franciscan Sisters of Chicago Service Corporation

YEAR ENDED JUNE 30, 2008

(A) NAME AND ADDRESS		(B) Loans and Advances	(C) Compensation	(D) Benefit Plans	(E) Expense Accounts
Leonard Wychocki Fort Myers, Florida	(1)	$0	$284,748	$91,039	0

(1) Amount expensed in Fiscal 2006, paid in current tax year.

All Officers are paid from this tax Id number as the paymaster

Franciscan Sisters of Chicago Service Corporation
EIN 36-3579767
Form 990 FY2008

Part VI, Line 78b

UBI activities do not generate taxable income.

Franciscan Sisters of Chicago Service Corporation
EIN 36-3579767
Form 990 FY2008

Part VI
line 80a

Franciscan Sisters of Chicago Service Corporation is the sole corporate member of Fransciscan Communities, Inc., University Place, Inc., St. Mary of the Woods, Villa de San Antonio, The Clare at Water Tower, Franciscan Community Services, Franciscan Community Benefit Services, St. Jude House, St. Joseph Senior Housing

	FEIN	status
Franciscan Communities, Inc	35-1124441	exempt
Franciscan Communities Villa de San Antonio	74-3015408	exempt
Franciscan Communities St. Mary of the Woods	51-0436466	exempt
The Clare at Water Tower	03-0447208	exempt
University Place, Inc.	35-2058981	exempt
Franciscan Community Services	36-4026985	exempt
Franciscan Community Benefit Services	36-4454351	exempt
SAMC, Inc.	35-1172181	exempt
St. Joseph Senior Housing	37-1485002	exempt
St. Jude House	35-1905782	exempt

Franciscan Sisters of Chicago Service Corporation
EIN 36-3579767
Form 990 FY2008

Part VIII Relationship of Activities

Franciscan Sisters of Chicago Service Corporation is the sole corporate member of Fransciscan Communities, Inc., University Place, Inc., St. Mary of the Woods, Villa de San Antonio, The Clare at Water Tower, Franciscan Community Services, Franciscan Community Benefit Services, St. Jude House, St. Joseph Senior Housing

Franciscan Sisters of Chicago Service Corporation is a 501(c) 3 organization set up to lend Program and administrative support
includes the following:

- Accounting services
- Treasury Management
- Information Technology
- Compliance
- Construction and Development Management
- Marketing
- Human Resources
- Nursing Management
- Quality
- Development

Franciscan Sisters of Chicago Service Corp
EIN 36-3579767
Fiscal Year 2008 Form 990

Part XI

Line 106

	(A) Name, address, of each controlled entity	(B) Employer Indentificaion Number	(C) Description of transfer	(D) Amount of Transfer
a	St. Jude House 12490 Marshall Street Crown Point, IN 46307	35-1905782	Net Asset Transfer	325,000
b	Franciscan Community Benefit Svcs 1055 W 175th Street Homewood, IL 60430	36-4454351	Net Asset Transfer	165,000
c	Franciscan Eldercare Services - University Place 1055 W 175th Street Homewood, IL 60430	35-2058981	Net Asset Transfer	235,000
d	Franciscan Communities Villa de San Antonio 1055 W 175th Street Homewood, IL 60430	74-3015408	Net Asset Transfer	4,000,000
e				
f				
	Totals			4,725,000

Line 107

	(A) Name, address, of each controlled entity	(B) Employer Indentificaion Number	(C) Description of transfer	(D) Amount of Transfer
a	Franciscan Communities, Inc. 1055 W 175th Street Homewood, IL 60430	35-1124441	Net Asset Transfer	500,000
b	St Francis Insurance 1055 W 175th Street Homewood, IL 60430	N/A	Net Asset Transfer	207,260
b				
	Totals			707,260

Franciscan Sisters of Chicago Service Corporation
EIN # 36-3579767
Form 990 Schedule A

Part I

(a) name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Steve Bardoczi Homewood, IL	Senior Vice President of Strategic Resources 40 hours per week	317,671	123,892	-
Julie Secviar Homewood, IL	Senior Vice President of Planning and Real Estate 40 hours per week	304,909	118,915	-
Ron Maine Homewood, IL	Vice President of Operations 40 hours per week	239,298	93,326	-
Lora Ann Slawinski Homewood, IL	Vice President of Project Development 40 hours per week	205,649	80,203	-
John Morrison Homewood, IL	Vice President of Operations 40 hours per week	177,616	69,270	-
Total number of other employees paid over $50,000 >	38			

FSCSC
Employer ID 36-3579767
Schedule A Part IV

Provide the following information about the support organizations (see page 7 of the instructions)

(a)	(b)	(c)	(d)		(e)
Name (s) of supported organization(s)	Employer identification number (EIN)	Type of organization (describe in lines 5 through 12 above or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Amount of support
			Yes	No	
Franciscan Communities, Inc	35-1124441	12		x	9,729,399
University Place	35-2058981	12		x	1,047,678
Villa de San Antonio	74-3015408	12		x	4,183,122
The Clare at Water Tower	03-0447208	12		x	162,775
St Mary of the Woods	51-0436466	12		x	183,122
St Joseph Senior Housing	38-3698012	12		x	721,716
Franciscan Community Benefit Services	36-4454351	12		x	530,694
Franciscan Community Services	36-4026985	12		x	135,247
Total				⇨	16,693,753