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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)

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

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CLARE GARDENS INC	D Employer identification number 23-7200039
		Doing Business As	E Telephone number (630) 462-9271
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 667	G Gross receipts \$ 1,799,745
		City or town, state or country, and ZIP + 4 WHEATON, IL 601890667	
F Name and address of Principal Officer Rebecca Firestone 26 W 171 ROOSEVELT ROAD WHEATON, IL 60187		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(c) Group Exemption Number ▶ 0928	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Web site: ▶ N/A			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ▶		L Year of Formation 1972	M State of legal domicile CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Additional Data Table		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,366,303	1,454,513
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	265,266	226,962
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,436	1,687
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,417	116,583
		1,643,422	1,799,745
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	211,379	171,675
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	149,330	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,294,898	1,466,421
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,655,607	1,638,096
	19 Revenue less expenses Subtract line 18 from line 12	-12,185	161,649
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	3,624,239	3,578,955
	21 Total liabilities (Part X, line 26)	3,216,796	3,009,863
	22 Net assets or fund balances Subtract line 21 from line 20	407,443	569,092

Part II Signature Block

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

Please Sign Here	***** Signature of officer	2010-05-10 Date		
	Rebecca Firestone President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ NANCY MORTON	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DAUBY O'CONNOR & ZALESKI LLC 9025 N RIVER ROAD SUITE 400 INDIANAPOLIS, IN 46240			EIN ▶
				Phone no ▶ (317) 848-5700

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,387,500 including grants of \$ 171,675) (Revenue \$ 226,962)
 CLARE GARDENS, INC (CORPORATION), A WHOLLY OWNED SUBSIDIARY OF FRANCISCAN MINISTRIES, INC (FMI), WAS FORMED ON SEPTEMBER 1, 1972 IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF COLORADO FOR THE PURPOSE OF PROVIDING HOUSING FOR LOW- AND MODERATE-INCOME PERSONS IN DENVER, COLORADO, WITH THE ASSISTANCE OF A MORTGAGE INSURED BY THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) PURSUANT TO SECTION 221 OF THE NATIONAL HOUSING ACT

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

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






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

4e Total program service expenses \$ 1,387,500 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(Continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

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

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a the governing body?	Yes	
8b	b each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 shari koehler
 26W171 ROOSEVELT ROAD
 WHEATON, IL 60187
 (630) 909-6900

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Popcorn Bangert, Director	1 00	X						0	0	
Susan Dillberg, Chair - Director	40 00	X		X				0	231,791	
Rebecca Firestone, President - Director	40 00	X		X				0	112,465	
Shari Koehler, Secretary / Treasurer -	40 00	X		X				0	154,204	
Lynn Paxton, Director	1 00	X						0	0	
Cathy Swainson, Director	40 00	X						0	40,960	
Geraldine Good, Director	1 00	X						0	0	
William Blum, Key Employee	40 00				X			0	544,326	
John Olivero, key Employee	40 00				X			0	3,583,876	
Jon Wachs, key Employee	40 00				X			0	889,478	

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							0	5,557,100	731,494	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a _____					
	b	Membership dues 1b _____					
	c	Fundraising events 1c _____					
	d	Related organizations . . . 1d _____					
	e	Government grants (contributions) 1e 1,454,513					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f _____					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f)	1,454,513				
Program Service Revenue	2a	RENTAL INCOME Business Code 531,110	226,962	226,962			
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f \$ 226,962					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	1,687			1,687	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses				
			Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
Less direct expenses . . . b							
Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
		Less direct expenses . . . b					
		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances . . . a						
		Less cost of goods sold . . . b					
		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	OTHER REVENUE - MISC	531,110	107,400		107,400		
b	TENANT CHARGES	531,110	8,532		8,532		
c	GARAGE AND PARKING INC	531,110	651		651		
d	All other revenue _____						
e	Total. Add lines 11a-11d \$ 116,583						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1,799,745	226,962	0	118,270		

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	171,675	171,675		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	111,133		111,133	
b	Legal	42,224		42,224	
c	Accounting	7,212		7,212	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	3,390	1,065	2,325	
12	Advertising and promotion	598		598	
13	Office expenses	28,255		28,255	
14	Information technology				
15	Royalties				
16	Occupancy	495,855	484,020	11,835	
17	Travel	2,350		2,350	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,048		1,048	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	216,133	216,133		
23	Insurance	43,616		43,616	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MANAGEMENT COMPANY EMPL	436,526	43,652,578		
b	RESIDENT ACTIVITIES	68,859	68,859		
c	BAD DEBTS	9,222	9,222		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,638,096	1,387,500	250,596	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	429,296	1	319,418
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,304	4	9,184
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,226	9	1,209
	10a Land, buildings, and equipment cost basis			
		10a 5,609,700		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 2,756,064	2,825,655	10c 2,853,636
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets	110,937	14	107,238	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	235,821	15	288,270	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,624,239	16	3,578,955	
Liabilities	17 Accounts payable and accrued expenses	242,286	17	74,950
	18 Grants payable		18	
	19 Deferred revenue	23,946	19	25,843
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,927,572	23	2,886,519
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	22,992	25	22,551
	26 Total liabilities. Add lines 17 through 25	3,216,796	26	3,009,863
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	407,443	27	569,092
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	407,443	33	569,092	
34 Total liabilities and net assets/fund balances	3,624,239	34	3,578,955	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> cash <input type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CLARE GARDENS INC

Employer identification number

23-7200039

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

h Provide the following information about the organizations the organization supports

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

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

Public Support

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

Total Support

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

Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				1,366,303	1,454,513	2,820,816
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	1,484,861	1,535,872	1,577,889	265,266	226,962	5,090,850
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	1,484,861	1,535,872	1,577,889	1,631,569	1,681,475	7,911,666
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						7,911,666

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1,484,861	1,535,872	1,577,889	1,631,569	1,681,475	7,911,666
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,120	4,801	2,955	1,436	1,687	13,999
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	3,120	4,801	2,955	1,436	1,687	13,999
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	10,654	33,127	2,097	10,417	10,250	66,545
13 Total Support (Add lines 9, 10c, 11 and 12)						7,992,210
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	98 990 %
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	98 610 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0 180 %
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	0 230 %

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

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

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CLARE GARDENS INC

Employer identification number 23-7200039

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		165,548		165,548
b Buildings		4,155,960	2,013,852	2,142,108
c Leasehold improvements		522,941	218,104	304,837
d Equipment		765,251	524,108	241,143
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,853,636

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,799,745
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,638,096
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	161,649
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	161,649

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

1	Total revenue, gains, and other support per audited financial statements	1	1,799,745
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,799,745
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,799,745

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

1	Total expenses and losses per audited financial statements	1	1,638,096
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,638,096
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,638,096

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CLARE GARDENS INC

Employer identification number 23-7200039

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

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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: FRANCISCAN MINISTRIES INC, EIN 36-3259684, IRC 501 (C) 3, Amount 171,675, Purpose TO FURTHER THE FUNCTION OF FRANCISCAN MINISTRIES, INC.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Affiliates of Franciscan Ministries, Inc maintains files and records to manage the decision-making and award process for organizations that it provides community sponsorship dollars to Decisions are made by leaders of the organization, and normally causes are favored which sponsor organizations that have missions that align with the mission, vision and values of Franciscan Ministries, Inc Other criteria are analyzed when deciding which organizations will receive contributions, including but not limited to those supporting housing and assisted living activities within the Southeast Wisconsin, Iowa, Illinois, and Colorado markets, aligning with other Wheaton Franciscan Services or Franciscan Ministry business relationships or service lines, achievement of housing and urban development initiatives, and finally, supporting environmental "green" initiatives Franciscan Ministries periodically meets with representatives of sponsored organizations to discuss objectives including how dollars will be spent, and acknowledgement letters are normally sent by the recipient and maintained as a record of the amount contributed

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CLARE GARDENS INC

Employer identification number
23-7200039

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

a Receive a severance payment or change of control payment?

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Susan Dillberg	(i)							
	(ii)	189,432	30,372	11,987	65,867	17,649	315,307	
Shari Koehler	(i)							
	(ii)	154,204			23,611	2,967	180,782	
William Blum	(i)							
	(ii)	436,860		107,466	141,472	43,164	728,962	90,219
John Oliverio	(i)							
	(ii)	878,492		2,705,384	110,241	62,777	3,756,894	2,535,213
Jon Wachs	(i)							
	(ii)	455,402		434,076	180,245	60,206	1,129,929	416,173
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization CLARE GARDENS INC	Employer identification number 23-7200039
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		CLARE GARDENS, INC is managed by Franciscan Ministries, Inc , a professional property management company Franciscan Ministries, Inc is related to the organization due to the fact that it is the sole member of CLARE GARDENS, INC Franciscan Ministries, Inc has a Project Owner's and Management Agent's certification for multifamily housing projects with the U S Department of Housing and Urban Development Under this certification, HUD has approved Franciscan Ministries, Inc to manage the CLARE GARDENS, INC community

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CLARE GARDENS, INC has one member which holds several reserved powers over CLARE GARDENS, INC These reserved powers include, but are not limited to, the election of members of the governing body and election of officers, approval of certain financial expenditures in accordance with policy, and approval of budgets and strategic plans, these approvals are based on recommendations from the governing body

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Please see explanation for Part VI, Line 6

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Please see explanation for Part VI, Line 6

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Affiliates of Franciscan Ministries, Inc use a multiple-level review process on all Federal and State information and tax returns to ensure accurate and timely filing for all organizations The audit firm prepares all 990's throughout the system, and works with the Tax Manager of Wheaton Franciscan Healthcare/ Franciscan Ministries to gather and report the information needed When complete, the return is first reviewed by the Accounting Director, who focuses on the income statement and balance sheet items, and all schedules where transactions of this type might be reported If discrepancies are found, the item will be corrected prior to the next step in the review process Once cleared through Accounting, a sampling of returns is provided to the Tax Department, and the Tax Manager and Vice President of Treasury and Risk Management focus their review on consistency of reporting between all returns, accuracy of tax-related information, and explanation and understanding of any outliers Again, any problems or questions are investigated and corrected by working with the preparer The Tax Department and audit firm, upon completion of all levels of review , will schedule an appointment with the CFO, who will perform a review prior to signing the return Once signed, the return is cleared to provide to members of the Board of Directors The parent organization, Wheaton Franciscan Services, Inc has designated that the Finance and Operations Committee review the regional holding company return This is a cursory review , where the 990 is explained at a high level by management representatives and any questions or concerns that the board have can be addressed At a later date, and prior to e-filing, the full board is provided access to all 990's and 990-T's throughout the Franciscan Ministries system via an online portal

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		As part of the annual process, conflict of interest questionnaires are sent out to all Officers and Directors to capture information on potential conflicts as well as information on business and family relationships for purposes of answering certain questions on IRS Form 990 Responses to these questionnaires are reviewed weekly by the Vice President of Compliance, the Manager of Tax Compliance, and the Manager of Legal Services Responses to questions are documented in a spreadsheet for follow up at a later time After an approximate 6 week time frame, names of all non responders are compiled, and these individuals receive either an email or letter with a duplicate questionnaire, asking them once again to complete the information Responses to questionnaires continue to be reviewed and documented throughout this time period Approximately 1 month prior to the filing deadline of IRS Form 990, responses to date are compiled Any response requiring disclosure is entered into the information return Also at this date, the remaining non responder names are determined, and a letter, along with the actual Conflict of Interest Policy, is sent to the Chairperson of each board The letter outlines the current non responders, as well as any Officer or Board member that has disclosed a financial interest that might pose a potential conflict of interest Depending upon the nature of the financial interest and work done by the board, several actions may be considered - the board member with a financial interest would need to voluntarily excuse him or herself from the deliberations or voting on such a matter, or, if necessary, the board would determine that the subject's financial interest was an actual conflict of interest, in which case the board member would be informed by the board Chairperson that he or she would not be allowed to vote in any such matters due to this real or perceived conflict of interest Minutes of the board meeting would document this decision process, and reflect whatever action(s) are ultimately taken The board chairperson is also required to discuss with non responders the repercussions of not responding after two attempts, and require the board member to complete the annual conflict of interest disclosure questionnaire before being allowed to continue in any board matters If the board member refuses, the Chairperson has the authority to determine the appropriate action, including, but not limited to prohibiting them from participating in deliberations, preventing them from voting, and/or removing them as a board member

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation of Wheaton Franciscan Services Inc (WFSI) CEO and other officers and key employees of the filing organization is reviewed and approved on an annual basis by the Executive Committee of the WFSI Board of Directors, an independent board, acting in a manner consistent with its conflict of interest policy The board's decision is informed by an opinion on market-comparable compensation data provided to the board by an independent compensation expert The organization maintains contemporaneous documentation of the substantiation of the deliberation and decision by the board

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Affiliates of Franciscan Ministries, Inc provide upon request certain documents including our financial statements, conflict of interest policy, and governing documents that support our tax-exempt status, including, but not limited to, articles of incorporation and bylaws Requests for information are considered on a case-by-case basis, and this process is outlined in the public disclosure policy

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2C	Oversight of Auditing Function	The management company receives a copy of the audit Prior to the finalization of the audit, a copy of the audit is given to all of the board members for their comments When the audit is up for bid, the board discusses the relationship with the current auditors and makes a determination as to whether to maintain this relationship or change to a new auditing firm

Identifier	Return Reference	Explanation
Schedule A, Part IV	Supplemental Information	INCLUDED ON PAGE 9 IN CURRENT YEAR OTHER REVENUE LINE 11A IS INCOME FROM A LEGAL SETTLEMENT THE LEGAL EXPENSES WERE ACCRUED IN THE PRIOR YEAR, AND THE CASE WAS SETTLED FOR AN AMOUNT LESS THAN PREVIOUSLY ESTIMATED IN THE CURRENT YEAR THE INCOME IS NOT BEING INCLUDED ON SCHEDULE A, PART III, LINE 12 BECAUSE IT DOES NOT MEET THE DEFINITION OF SUPPORT AS DEFINED IN SECTION 509(D) OF THE INTERNAL REVENUE CODE

Identifier	Return Reference	Explanation
Schedule R	Additional schedule r disclosures	WHEATON FRANCISCAN LABORATORIES, INC EXEMPT STATUS WAS GRANTED ON 10/14/09 retroactive to 6/30/08 METRO PHYSICIANS, INC INCORPORATED ON 8/15/08 WAS GRANTED EXEMPT STATUS ON 2/01/10 RETROACTIVE TO 8/15/08 VILLA ST ANNA, INC WAS SOLD ON 10/14/08 TO AN UNRELATED PARTY AND DISSOLVED ON 12/30/08 FRANCISCAN CARE & REHABILITATION INC WAS MERGED INTO ST ELIZABETH HOSPITAL (#39-0816818) ON 11/15/08 The following entities are listed with NO DCE and the reason they are classified as such Synergon Health System, Inc Two entities are involved (Rush Presbyterian and OSF Services, Inc) but since neither has the ability to appoint a majority of the board, neither organization "controls " UHS Inc KHMC Community Board and OSF Services Inc are involved, but neither appoints a majority of board and KHMC is not an entity, it is a community board, so neither board "controls " Affinity Health System has been listed without a public charity status because it is exempt from filing an annual information return under the church exception As such, it is not included as part of the Catholic Group Ruling and does not have its own determination letter

Identifier	Return Reference	Explanation
Schedule R, Part V, Line 1	Transactions with Related Organizations	For the purposes of Schedule R, Part V, the following applies -Line Item 1B includes grants paid to related organizations -Line Item 1E includes payables to related organizations -Line Item 1L includes management fees paid to related organizations -Line Item 1O includes all salaries, employee benefits, and payroll taxes

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CLARE GARDENS INC

Employer identification number

23-7200039

Part I 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

Part II Identification of Related Tax-Exempt Organizations

(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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
STARVED ROCK - LASALLE MANOR LTD PARTNERSHIP 26W171 ROOSEVELT ROAD WHEATON, IL60187 36-3811835	HOUSING	IL	N/A								
KENOSHA SENIORS LIMITED PARTNERSHIP PO BOX 667 WHEATON, IL601870667 39-1801541	HOUSING	WI	N/A								

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

(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
See Additional Data Table							

Part V Transactions with Related Organizations

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Software ID:
Software Version:
EIN: 23-7200039
Name: CLARE GARDENS INC

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

(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 501(c)(3))	(F) Direct Controlling Entity
Affinity Health System 1570 MIDWAY PLACE MENASHA, WI54942 39-1638765	HOLDING COMPANY	IL	501(C)(3)	N/A	WHEATON FRANCISCAN SERVICES INC
Assisi Homes - Batavia Apartments Inc 1259 EAST WILSON STREET BATAVIA, IL60510 36-3914084	HOUSING	IL	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Assisi Homes - Colony Park Inc 550 EAST THORNHILL DRIVE CAROL STREAM, IL60188 36-4039278	HOUSING	IL	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Assisi Homes - Constitution House Inc 401 NORTH CONSTITUTION DRIVE AURORA, IL60506 36-4049150	HOUSING	IL	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Assisi Homes - Jefferson Court Inc 415 EAST KNAPP STREET MILWAUKEE, WI53202 39-1771526	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Assisi Homes - Kenosha Inc 1860 27TH AVENUE KENOSHA, WI53140 39-1814815	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Assisi Homes - Saxony Inc 1876 22ND AVENUE KENOSHA, IL53140 39-1790498	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Assisi Homes of Gurnee Inc 3495 WEST GRAND AVENUE GURNEE, IL60031 36-3942336	HOUSING	IL	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Assisi Homes of Illinois Inc 2126 WEST ROOSEVELT ROAD WHEATON, IL60187 36-3803443	HOUSING	IL	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Assisi Homes of Neenah Inc 210 BYRD AVENUE NEENAH, WI54946 36-3767250	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Auxiliary of St Elizabeth Hospital Inc 1506 S ONEIDA STREET APPLETON, WI54915 39-6077331	AUXILARY	WI	501(C)(3)	11 -III-O	SAINT ELIZABETH HOSPITAL
Calumet Medical Center Inc 614 MEMORIAL DRIVE CHILTON, WI53014 39-0905385	HOSPITAL	WI	501(C)(3)	9	AFFINITY HEALTH SYSTEM
Canticle Ministries Inc PO BOX 667 WHEATON, IL601890667 36-4091836	HOUSING/ADVOCACY	IL	501(C)(3)	7	OSF SERVICES INC
Canticle Place Inc 26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-3957850	HOUSING	IL	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Catherine Marian Housing Inc 806 SOUTH WISCONSIN AVENUE RACINE, WI53403 39-1657098	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Clara Pfaender Fund Inc PO BOX 667 WHEATON, IL601870667 36-3353311	SPONSORSHIP	IL	501(C)(3)	11 - III-O	OSF SERVICES INC
Clare of Assisi Homes - Westminster Inc 2451 WEST 82ND PLACE WESTMINSTER, CO80031 74-2740978	HOUSING	CO	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Covenant Foundation Inc 3421 WEST NINTH STREET WATERLOO, IA50702 42-1295784	FOUNDATION	IA	501(C)(3)	9	COVENANT MEDICAL CENTER INC
Covenant Medical Center Inc 3421 WEST NINTH STREET WATERLOO, IA50702 42-1264647	HOSPITAL	IA	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - IOWA INC
Covenant-Mercycare Inc 3421 WEST NINTH STREET WATERLOO, IA50702 42-1497221	JOINT VENTURE	IA	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - IOWA INC
Dayspring Villa Inc 3777 WEST 26TH AVENUE DENVER, CO80211 36-3933908	HOUSING	CO	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Francis Heights Inc 2626 OSCEOLA STREET DENVER, CO80212 84-0626174	HOUSING	CO	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Franciscan Ministries Inc PO BOX 667 WheATON, IL601890667 36-3259684	Parent CORPORATION	IL	501(C)(3)	11 TYPE II	Wheaton Franciscan SERVICES INC
Franciscan Ministries Community Foundation Inc 26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-4456204	FOUNDATION	IL	501(C)(3)	11 TYPE II	FRANCISCAN MINISTRIES INC
Franciscan Seniors Kenosha Inc 1920 27TH AVENUE KENOSHA, WI53140 39-1821568	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Franciscan Sisters Charitable Fund of Colorado Inc 2626 OSCEOLA STREET DENVER, CO80212 84-0733072	HOSPITAL	CO	501(C)(3)	11 - III-O	OSF SERVICES INC
Marian Housing Center Inc 4105 SPRING STREET RACINE, WI53405 39-1515867	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Marian Park Inc 2126 WEST ROOSEVELT ROAD WHEATON, IL60187 36-2750105	HOUSING	IL	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Marianjoy Foundation Inc 26 W 171 ROOSEVELT RD WHEATON, IL60187 35-2165613	FOUNDATION	IL	501(C)(3)	7	MARIANJOY INC
Marianjoy Rehabilitation Center Auxiliary Inc 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3896976	AUXILARY	IL	501(C)(3)	3	MARIANJOY INC

(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 501(c)(3))	(F) Direct Controlling Entity
Marianjoy Rehabilitation Hospital & Clinics Inc 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-2680776	REHABILITATION HOSPITAL	IL	501(C)(3)	3	MARIANJOY INC
Marianjoy Inc 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3483589	HOLDING COMPANY	IL	501(C)(3)	11 - III-FI	WHEATON FRANCISCAN SERVICES INC
Mercy Hospital of Franciscan Sisters Inc 3421 WEST NINTH STREET WATERLOO, IA50702 42-1178403	HOSPITAL	IA	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - IOWA INC
Mercy Medical Center of Oshkosh Inc 500 S OAKWOOD ROAD OSHKOSH, WI54904 39-0806268	HOSPITAL	WI	501(C)(3)	9	AFFINITY HEALTH SYSTEM
Network Health System Inc 1570 MIDWAY PLACE MENASHA, WI54942 39-1127163	PHYSICIAN CLINIC	WI	501(C)(3)	9	AFFINITY HEALTH SYSTEM
OSF Services Inc PO BOX 667 WHEATON, IL601870667 39-1471463	HOLDING COMPANY	WI	501(C)(3)	11 - III-FI	WHEATON FRANCISCAN SERVICES INC
Rehabilitation Medicine Clinic Inc 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3236791	MEDICAL GROUP	IL	501(C)(3)	3	MARIANJOY INC
Ridgeway Place Inc 155 EAST RIDGEWAY AVENUE WATERLOO, IA50702 42-1416064	HOUSING	IA	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Rush Oak Park Hospital Inc 520 S MAPLE AVENUE OAK PARK, IL60304 36-2183812	HOSPITAL	IL	501(C)(3)	3	OSF SERVICES INC
SET Ministry Inc 2977 NORTH 50TH ST MILWAUKEE, WI53210 39-1618277	SOCIAL WORK	WI	501(C)(3)	9	OSF SERVICES INC
Sartori Health Care Foundation Inc 3421 WEST NINTH STREET WATERLOO, IA50702 42-1240996	FOUNDATION	IA	501(C)(3)	11 - I	SATORI MEMORIAL HOSPITAL INC
Sartori Memorial Hospital Inc 515 COLLEGE STREET CEDAR FALLS, IA50613 42-0758901	HOSPITAL	IA	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - IOWA INC
St Catherines Hospital Inc 9555 76TH STREET PLEASANT PRAIRIE, WI53158 39-0855075	HOSPITAL	WI	501(C)(3)	3	OSF SERVICES INC
St Elizabeth Hospital Community Foundation Inc 1506 S ONEIDA STREET APPLETON, WI54915 39-1256677	FOUNDATION	WI	501(C)(3)	11 - I	AFFINITY HEALTH SYSTEM
St Elizabeth Hospital Inc 1506 S ONEIDA STREET APPLETON, WA54915 39-0816818	HOSPITAL	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM
Synergon Health Systems Inc 520 S MAPLE AVENUE OAK PARK, IL60304 36-3739067	HOSPITAL	IL	501(C)(3)	3	OSF SERVICES INC
The Wisconsin Heart Hospital Inc 10000 WEST BLUE MOUND ROAD WAUWATOSA, WI53226 39-2038295	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
UHS Inc 6308 EIGHTH AVENUE KENOSHA, WI53143 39-1956749	HOSPITAL	WI	501(C)(3)	3	OSF SERVICES INC
Villa Maria Inc 2461 WEST 82ND PLACE WESTMINSTER, CO80031 84-1347868	HOUSING	CO	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Villa St Anna Inc PO BOX 667 WHEATON, IL60189 39-1673433	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Villa St Clare Inc 130 BYRD AVENUE NEENAH, WI54946 39-1769395	HOUSING	WI	501(C)(3)	9	FRANCISCAN MINISTRIES INC
Volunteers in Partnership with Wheaton Franciscan HC All Saints Inc 3801 SPRING STREET RACINE, WI53405 93-0838390	FOUNDATION	WI	501(C)(3)	11 - III-O	WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS INC
Wheaton Franciscan Healthcare - All Saints Foundation Inc 1320 WISCONSIN AVENUE RACINE, WI53403 39-1570877	FOUNDATION	WI	501(C)(3)	11 - I	WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS INC
Wheaton Franciscan Healthcare - All Saints Inc 3801 SPRING STREET RACINE, WI53405 39-1264986	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Healthcare - Circle of Life Foundation Inc 9632 WEST APPLETON AVENUE MILWAUKEE, WI53225 56-2426294	FOUNDATION	WI	501(C)(3)	11 - I	WHEATON FRANCISCAN HEALTHCARE - MARIAN FRANCISCAN CINTER INC
Wheaton Franciscan Healthcare - Elmbrook Memorial Foundation Inc 19333 WEST NORTH AVENUE BROOKFIELD, WI53045 39-2028808	FOUNDATION	WI	501(C)(3)	11 - I	WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL INC
Wheaton Franciscan Healthcare - Elmbrook Memorial Inc 19333 WEST NORTH AVENUE BROOKFIELD, WI53045 39-0853528	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Healthcare - Foundation for Saint Francis Inc 3237 SOUTH 16TH STREET MILWAUKEE, WI53215 32-0135258	FOUNDATION	WI	501(C)(3)	11 - I	WHEATON FRANCISCAN HEALTHCARE - ST FRANCIS INC
Wheaton Franciscan Healthcare - Franklin Inc 10101 SOUTH 27TH STREET FRANKLIN, WI53132 56-2592868	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Healthcare - Iowa Inc 3421 WEST NINTH STREET WATERLOO, IA50702 42-1177001	HOLDING COMPANY	IA	501(C)(3)	11 - III-FI	WHEATON FRANCISCAN SERVICES INC

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

(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 501(c)(3))	(F) Direct Controlling Entity
Wheaton Franciscan Healthcare - Marian Franciscan Center Inc 9632 WEST APPLETON AVENUE MILWAUKEE, WI53225 39-1613624	NURSING HOME	WI	501(C)(3)	9	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Healthcare - Southeast Wisconsin Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1568865	HOLDING COMPANY	WI	501(C)(3)	11 - III-FI	WHEATON FRANCISCAN SERVICES INC
Wheaton Franciscan Healthcare - St Francis Inc 3237 SOUTH 16TH STREET MILWAUKEE, WI53215 39-0907740	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Healthcare - St Joseph Foundation Inc 5000 WEST CHAMBERS STREET MILWAUKEE, WI53210 39-1636804	FOUNDATION	WI	501(C)(3)	11 - I	WHEATON FRANCISCAN HEALTHCARE - ST JOSEPH INC
Wheaton Franciscan Healthcare - St Joseph Inc 5000 WEST CHAMBERS STREET MILWAUKEE, WI53210 39-0816857	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Healthcare - Terrace at St Francis Inc 3200 SOUTH 20TH STREET MILWAUKEE, WI53225 39-1486775	NURSING HOME	WI	501(C)(3)	9	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Healthcare - The Wisconsin Heart Hospital Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1220690	FOUNDATION	WI	501(C)(3)	11 - I	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Home Health & Hospice Inc 9688 WEST APPLETON AVENUE MILWAUKEE, WI53225 39-1559428	HOME HEALTH	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
Wheaton Franciscan Medical Group Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1791586	MEDICAL GROUP	WI	501(C)(3)	3	WHEATON FRANCISCAN SERVICES INC
Wheaton Franciscan Services Inc 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3262111	PARENT CORPORATION	IL	501(C)(3)	11 - III-FI	N/A
NE IOWA REAL ESTATE INVESTMENTS LTD 3421 WEST NINTH STREET WATERLOO, IA50702 42-1189805	HOLDING COMPANY	IA	501(C)(2)	N/A	WHEATON FRANCISCAN HEALTHCARE - IOWA INC
STARVED ROCK- LASALLE MANOR INC 1135 10TH STREET LASALLE, IL61301 36-3796933	HOUSING	IL	501(C)(3)	9	FRANCISCAN MINISTRIES INC
wheaton franciscan LABORATORIES INC 11020 WEST PLANK COURT WAUWATOSA, WI53226 39-1701402	LABORATORY	IL	501(C)(3)	9	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
COVENANT REGIONAL SERVICES INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1189805	PHARMACY	IA	WHEATON FRANCISCAN HEALTHCARE - IOWA INC	C			
NETWORK HEALTH INSURANCE CORPORATION 1570 MIDWAY PLACE MENASHA, WI54942 39-2020474	INSURANCE COMPANY	WI	NETWORK HEALTH SYSTEM INC	C			
NETWORK HEALTH PLAN 1570 MIDWAY PLACE MENASHA, WI54942 39-1442058	HEALTH MAINTENANCE ORGANIZATION	WI	NETWORK HEALTH SYSTEM INC	C			
WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER RWOODS PARKWAY GLENDALE, WI53212 39-1985204	HOLDING COMPANY	WI	WHEATON FRANCISCAN HOLDINGS INC	C			
WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER RWOODS PARKWAY GLENDALE, WI53212 39-1836357	PHARMACY	WI	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC	C			
WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER RWOODS PARKWAY GLENDALE, WI53212 39-1952140	ADMINISTRATIVE SUPPORT	WI	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC	C			
WISCONSIN HEART AND VASCULAR CLINICS INC 400 WEST RIVER RWOODS PARKWAY GLENDALE, WI53212 39-1673654	MEDICAL GROUP	WI	WHEATON FRANCISCAN MEDICAL GROUP INC	C			
WHEATON FRANCISCAN INSURANCE COMPANY PO BOX 69 GT GEORGETOWN CJ	OTHER INVESTMENT	UK	WHEATON FRANCISCAN SERVICES INC	C			

Additional Data

Software ID:

Software Version:

EIN: 23-7200039

Name: CLARE GARDENS INC

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

CLARE GARDENS, INC. (CORPORATION), A WHOLLY OWNED SUBSIDIARY OF FRANCISCAN MINISTRIES, INC. (FMI), WAS FORMED ON SEPTEMBER 1, 1972 IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF COLORADO FOR THE PURPOSE OF PROVIDING HOUSING FOR LOW- AND MODERATE-INCOME PERSONS IN DENVER, COLORADO, WITH THE ASSISTANCE OF A MORTGAGE INSURED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) PURSUANT TO SECTION 221 OF THE NATIONAL HOUSING ACT.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

CLARE GARDENS, INC. (CORPORATION), A WHOLLY OWNED SUBSIDIARY OF FRANCISCAN MINISTRIES, INC. (FMI), WAS FORMED ON SEPTEMBER 1, 1972 IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF COLORADO FOR THE PURPOSE OF PROVIDING HOUSING FOR LOW- AND MODERATE-INCOME PERSONS IN DENVER, COLORADO, WITH THE ASSISTANCE OF A MORTGAGE INSURED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) PURSUANT TO SECTION 221 OF THE NATIONAL HOUSING ACT.