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2/16/2010 1:08:01 PM

CLARA BALDWIN STOCKER HOME 951268400

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

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

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 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	C Name of organization CLARA BALDWIN STOCKER HOME Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 527 S. VALINDA AVE City or town, state or country, and ZIP + 4 WEST COVINA, CA 91790	D Employer identification number 95-1268400
		E Telephone number (626) 966-1651
F Name and address of principal officer		G Group exempt number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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)
J Website: _____		H(c) Group exemption number: _____
K Type of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: _____	M State of legal domicile: CA

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Operation of 48 bed convalescent home for elderly people.		
	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	3
	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	69
	6 Total number of volunteers (estimate if necessary)	6	
	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)	200.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,647,962.	2,678,575.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)	5,970.	12,922.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,023,412.	105,400.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,677,544.	2,796,897.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,504,974.	1,637,108.
	b Total fundraising expenses (Part IX, column (D), line 25)		0.
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,251,626.	1,350,456.	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,756,600.	2,787,604.	
19 Revenue less expenses. Subtract line 18 from line 12	920,944.	9,293.	
Net Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,010,816.	1,031,368.
	22 Net assets or fund balances. Subtract line 21 from line 20	99,710.	113,949.

Signature Block

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

Sign Here: *Ann E Koelckitz* Signature of officer Date: **2-15-10**

ANN E KOELCKITZ, ADMINISTRATOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: **2/15/10** Check if self-employed: Preparer's identification number (see instructions): **555-88-4299**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Schultz Inouye & Chais** EIN: **95-3460521**

100 S Citrus Ave., #203, Covina CA 91723 Phone no.: **(626) 966-1651**

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