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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 CLARE GARDENS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 PO BOX 667

City or town, state or country, and ZIP + 4
 WHEATON, IL 601890667

D Employer identification number
 23-7200039

E Telephone number
 (630) 462-9271

G Gross receipts \$ 1,820,323

F Name and address of principal officer
 SHARI KOEHLER
 26 W 171 ROOSEVELT ROAD
 WHEATON, IL 60187

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

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number 0928

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: N/A

K Form of organization Corporation Trust Association 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 CLARE GARDENS, INC , A WHOLLY OWNED SUBSIDIARY OF FRANCISCAN MINISTRIES, INC , 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 PURSUANT TO SECTION 221 OF THE NATIONAL HOUSING ACT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	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)	1,524,902	1,558,533
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	261,380	247,868
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	376	164
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,094	13,758
		1,796,752	1,820,323
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	220,078	217,700
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,429,597	1,621,319
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,649,675	1,839,019	
19 Revenue less expenses Subtract line 18 from line 12	147,077	-18,696	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,720,405	3,701,876
	21 Total liabilities (Part X, line 26)	2,918,650	2,918,817
22 Net assets or fund balances Subtract line 21 from line 20	801,755	783,059	

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2013-05-14

SHARI KOEHLER CFO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: NANCY MORTON
 Date: _____
 Check if self-employed:

Preparer's taxpayer identification number (see instructions): P00370064

Firm's name (or yours if self-employed), address, and ZIP + 4: DAUBY O'CONNOR & ZALESKI LLC
 501 CONGRESSIONAL BLVD STE 300
 CARMEL, IN 46032

EIN: 35-1750664
 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

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

CLARE GARDENS, INC , A WHOLLY OWNED SUBSIDIARY OF FRANCISCAN MINISTRIES, INC , 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 PURSUANT TO SECTION 221 OF THE NATIONAL HOUSING ACT

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

4a (Code) (Expenses \$ 1,625,660 including grants of \$ 217,700) (Revenue \$ 247,868)

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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 \$ 1,625,660

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? <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> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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> <input checked="" type="checkbox"/>		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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school 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 United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	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 line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		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>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		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>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33		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> 	34	Yes	
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b		No
36 Section 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> 	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

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

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 made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made 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.

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUTH BOYLE DIRECTOR	1 00	X						0	0	0
(2) LYNN PAXTON DIRECTOR	1 00	X						0	0	0
(3) MARY ELLEN FREAS DIRECTOR	1 00	X						0	0	0
(4) PEARL OWCZAREK DIRECTOR	1 00	X						0	0	0
(5) SR SHIRLEY KRULL DIRECTOR	1 00	X						0	0	0
(6) SUSAN DILLBERG CHAIR	40 00	X		X				0	274,079	99,510
(7) REBECCA FIRESTONE PRESIDENT	40 00	X		X				0	130,094	20,830
(8) SEBASTIAN GALAN DIRECTOR	40 00	X						0	50,030	12,710
(9) SHARI KOEHLER SECRETARY/TREASURER	40 00	X		X				0	178,601	21,709
(10) CATHY SWAINSON DIRECTOR	40 00	X						0	38,858	204
(11) SARAH HERZOG KEY EMPLOYEE	40 00				X			0	398,402	58,356
(12) JOHN OLIVERIO KEY EMPLOYEE	40 00				X			0	2,520,506	161,546
(13) STEPHEN KUKLIN HIGHEST COMPENSATED EMPLOY	40 00					X		0	125,421	10,846
(14) SUSAN KARRENBAUER HIGHEST COMPENSATED EMPLOY	40 00					X		0	105,340	25,393
(15) WILLIAM BLUM FORMER KEY EMPLOYEE	40 00						X	0	226,669	5,700
(16) JON WACHS FORMER KEY EMPLOYEE	40 00						X	0	461,202	11,838

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	1,558,533				
	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 ▶	1,558,533				
Program Service Revenue	2a	RENTAL INCOME					
		Business Code					
		531110	247,868	247,868			
	b						
	c						
	d						
	e						
f	All other program service revenue						
g	Total. Add lines 2a-2f ▶	247,868					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	164			164	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
			Gross rents				
			Less rental expenses				
	b	Rental income or (loss)					
	c	Net rental income or (loss) ▶					
	7a		(i) Securities				
			(ii) Other				
			Gross amount from sales of assets other than inventory				
			Less cost or other basis and sales expenses				
	b	Gain or (loss)					
	c	Net gain or (loss) ▶					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		Less direct expenses b					
		Net income or (loss) from fundraising events ▶					
9a		Gross income from gaming activities See Part IV, line 19 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	TENANT CHARGES	531110	12,168		12,168		
b	OTHER REVENUE - MISC	531110	1,068		1,068		
c	GARAGE AND PARKING INC	531110	522		522		
d	All other revenue						
e	Total. Add lines 11a-11d ▶		13,758				
12	Total revenue. See Instructions ▶		1,820,323	247,868	0	13,922	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	217,700	217,700		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	119,084		119,084	
b	Legal	2,236		2,236	
c	Accounting	7,553		7,553	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	555		555	
13	Office expenses	47,784		47,784	
14	Information technology				
15	Royalties				
16	Occupancy	588,570	588,570		
17	Travel	6,212		6,212	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,452		2,452	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	224,908	224,908		
23	Insurance	27,483		27,483	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MANAGEMENT COMPANY EMPL	589,796	589,796		
b	BAD DEBTS	4,686	4,686		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,839,019	1,625,660	213,359	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	310,579	1	219,195
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	23,444	4	39,201
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,173	9	12,673
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,436,029		
	b Less accumulated depreciation	3,406,527	10c	3,029,502
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	255,007	13	282,259
	14 Intangible assets	99,843	14	96,144
	15 Other assets See Part IV, line 11	22,548	15	22,902
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,720,405	16	3,701,876	
Liabilities	17 Accounts payable and accrued expenses	79,862	17	126,498
	18 Grants payable		18	
	19 Deferred revenue	19,180	19	20,113
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,797,669	23	2,749,629
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	21,939	25	22,577
	26 Total liabilities. Add lines 17 through 25	2,918,650	26	2,918,817
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	801,755	27	783,059
	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	801,755	33	783,059	
34 Total liabilities and net assets/fund balances	3,720,405	34	3,701,876	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,820,323
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,839,019
3	Revenue less expenses Subtract line 2 from line 1	3	-18,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	801,755
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	783,059

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CLARE GARDENS INC

Employer identification number

23-7200039

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

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

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
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**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. 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% support test—2010. 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—2011. 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—2010. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,366,303	1,454,513	1,532,342	1,524,902	1,558,533	7,436,593
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	265,266	226,962	212,473	261,380	247,868	1,213,949
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,631,569	1,681,475	1,744,815	1,786,282	1,806,401	8,650,542
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						8,650,542

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,631,569	1,681,475	1,744,815	1,786,282	1,806,401	8,650,542
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,436	1,687	483	376	164	4,146
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,436	1,687	483	376	164	4,146
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.)	10,417	10,250	8,972	10,094	13,758	53,491
13 Total support (Add lines 9, 10c, 11 and 12)	1,643,422	1,693,412	1,754,270	1,796,752	1,820,323	8,708,179
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"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.340 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.420 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.050 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.080 %

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART III, LINE 12 MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES, LAUNDRY AND VENDING CHARGES AND OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CLARE GARDENS INC

Employer identification number

23-7200039

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		196,628
j Total lines 1c through 1i			196,628
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES ARE PART OF A CONTROLLED GROUP OF HEALTHCARE AND HOUSING ORGANIZATIONS THAT ARE RELATED THROUGH A COMMON PARENT ORGANIZATION CERTAIN ENTITIES WITHIN THIS CONTROLLED GROUP ENGAGE IN LIMITED LOBBYING ACTIVITIES THAT BENEFIT EACH ORGANIZATION COLLECTIVELY WHEATON FRANCISCAN HEALTHCARE EMPLOYS ONE FULL TIME VICE PRESIDENT OF STRATEGIC PLANNING AND GOVERNMENT RELATIONS WHOSE DUTIES INCLUDE A PORTION OF LOBBYING ACTIVITIES THESE LOBBYING ACTIVITIES APPROXIMATE 20% OF TOTAL ANNUAL SALARY A BENEFITS FACTOR OF 25% IS ADDED, AND THE TOTAL IS ALLOCATED AMONGST THE ORGANIZATIONS RECEIVING THE BENEFIT OF THESE SERVICES THE LOBBYING ACTIVITIES INCLUDE SUCH THINGS AS PRESERVATION OF MEDICARE AND MEDICAID FUNDING, MONITORING FEDERAL LEGISLATION THAT MAY IMPACT THE ORGANIZATION, PARTICIPATING IN AND COORDINATING VISITS WITH ELECTED OFFICIALS, COORDINATING ADVOCACY ACTIVITIES IN CONJUNCTION WITH RELEVANT TRADE ASSOCIATIONS, AND PROVIDING AWARENESS ON SPECIFIC STATE RELATED LEGISLATIVE ISSUES WHEN THE NEED ARISES (E G STATE HOSPITAL ASSESSMENT LEGISLATION IN WISCONSIN) THE PORTION OF DIRECT EXPENSES RELATED TO ANNUAL EMPLOYEE BUSINESS TRAVEL TO WASHINGTON DC OR OTHER LOCATIONS, IN ORDER TO LOBBY FOR ISSUES IMPORTANT TO HEALTHCARE PROVIDERS AND PATIENTS, HAVE BEEN INCLUDED IF APPLICABLE FINALLY, ANY TRADE ASSOCIATION DUES CONTAINING A PERCENTAGE PORTION ALLOCABLE TO LOBBYING ACTIVITIES, HAS BEEN ADDED OR ESTIMATED, AS APPROPRIATE LOBBYING EXPENSES INCURRED BY EACH ORGANIZATION DIRECTLY, ARE REFLECTED ON THEIR RESPECTIVE IRS FORM 990, AND CAN BE SUMMARIZED AS FOLLOWS ORGANIZATION WHEATON FRANCISCAN SERVICES, INC IDENTIFICATION NUMBER #36-3262111 AMOUNT \$69,998 ORGANIZATION WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC IDENTIFICATION NUMBER #39-1566865 AMOUNT \$34,646 ORGANIZATION WHEATON FRANCISCAN, INC IDENTIFICATION NUMBER #39-0816857 AMOUNT \$12,592 ORGANIZATION WHEATON FRANCISCAN HEALTHCARE - ST FRANCIS, INC IDENTIFICATION NUMBER #39-0907740 AMOUNT \$9,611 ORGANIZATION WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL, INC IDENTIFICATION NUMBER #39-0853528 AMOUNT \$4,865 ORGANIZATION WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS, INC IDENTIFICATION NUMBER #39-1264986 AMOUNT \$10,004 ORGANIZATION WHEATON FRANCISCAN HEALTHCARE - FRANKLIN, INC IDENTIFICATION NUMBER #56-2592868 AMOUNT \$1,838 ORGANIZATION WHEATON FRANCISCAN HOME HEALTH AND HOSPICE, INC IDENTIFICATION NUMBER #39-1559428 AMOUNT \$983 ORGANIZATION MARIANJOY, INC IDENTIFICATION NUMBER #36-3483589 AMOUNT \$4,242 ORGANIZATION MARIANJOY REHABILITATION HOSPITALS AND CLINICS, INC IDENTIFICATION NUMBER #36-2680776 AMOUNT \$12,138 ORGANIZATION WHEATON FRANCISCAN HEALTHCARE - IOWA, INC IDENTIFICATION NUMBER #42-1177001 AMOUNT \$4,243 ORGANIZATION COVENANT MEDICAL CENTER, INC IDENTIFICATION NUMBER #42-1264647 AMOUNT \$24,944 ORGANIZATION SARTORI HOSPITAL, INC IDENTIFICATION NUMBER #42-0758901 AMOUNT \$4,516 ORGANIZATION MERCY HOSPITAL, INC IDENTIFICATION NUMBER #42-1178403 AMOUNT \$2,008 TOTAL LOBBYING EXPENSES \$196,628

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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 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 the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		165,548		165,548
b Buildings		4,699,775	2,349,899	2,349,876
c Leasehold improvements		581,107	328,590	252,517
d Equipment		989,599	728,038	261,561
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,029,502

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	1,820,323
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,839,019
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-18,696
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-18,696

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	1,820,323
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	1,820,323
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	1,820,323

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

1	Total expenses and losses per audited financial statements	1	1,839,019
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,839,019
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	1,839,019

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

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" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code 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: (1) FRANCISCAN MINISTRIES INC PO BOX 667 WHEATON, IL 601890667, 36-3259684, 501 (C) 3, 217,700, TO FURTHER THE FUNCTION OF FRANCISCAN MINISTRIES, INC

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES MAINTAIN FILES AND RECORDS TO MANAGE THE DECISION-MAKING AND AWARD PROCESS FOR ORGANIZATIONS THAT IT PROVIDES COMMUNITY SPONSORSHIP DOLLARS TO DECISIONS ARE MADE BY A COMMUNITY SPONSORSHIP COMMITTEE WITH LEADERS WHO HOLD POSITIONS IN DIVERSITY, STRATEGIC PLANNING, MISSION SERVICES, MARKETING AND PHILANTHROPY THE COMMITTEE GENERALLY STRIVES TO SPONSOR ORGANIZATIONS THAT HAVE MISSIONS THAT ALIGN WITH THE MISSION, VISION AND VALUES OF WHEATON FRANCISCAN HEALTHCARE AND/OR FRANCISCAN MINISTRIES THE COMMITTEE ALSO LOOKS FOR CERTAIN OTHER CRITERIA WHEN DECIDING WHICH ORGANIZATIONS WILL RECEIVE CONTRIBUTIONS, INCLUDING BUT NOT LIMITED TO SUPPORTING HEALTHCARE OR HOUSING RELATED ACTIVITIES WITHIN THE SOUTHEAST WISCONSIN, IOWA, AND ILLINOIS MARKETS, SUPPORTING PROGRAMMING THAT WORK TO FURTHER DIVERSITY AND CULTURAL COMPETENCY, ALIGNING WITH OTHER WFH BUSINESS RELATIONSHIPS OR SERVICE LINES, SUPPORTING STUDENT ACADEMIC ACHIEVEMENT OR WORKFORCE DEVELOPMENT INITIATIVES, AND FINALLY, SUPPORTING ENVIRONMENTAL "GREEN" INITIATIVES LEADERS PERIODICALLY MEET WITH REPRESENTATIVES OF SPONSORED ORGANIZATIONS TO DISCUSS OBJECTIVES INCLUDING HOW DOLLARS WILL BE SPENT CURRENTLY, CONFIRMATION LETTERS ARE SENT TO SPONSORED ORGANIZATIONS WHEN AWARD DOLLARS ARE GIVEN, THAT CONFIRM THE DOLLAR AMOUNT AWARDED AND THE INTENDED PURPOSE, WITH A REQUEST THAT THE RECIPIENT ACKNOWLEDGE RECEIPT OF THE FUNDS IN WRITTEN CORRESPONDENCE FILES ARE MAINTAINED IN THE ORGANIZATIONAL CHANGE AND LEADERSHIP PERFORMANCE DEPARTMENT TO INCLUDE COPIES OF LETTERS OF REQUEST, AWARD AND DENIAL LETTERS ALONG WITH ACKNOWLEDGEMENT RECEIPTS FROM SPONSORED ORGANIZATIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

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

b If any of the boxes in line 1a are 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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

a The organization?

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN DILLBERG	(i)	0	0	0	0	0	0	0
	(ii)	205,802	53,800	14,477	77,878	21,632	373,589	0
(2) REBECCA FIRESTONE	(i)	0	0	0	0	0	0	0
	(ii)	112,535	16,540	1,019	10,135	10,695	150,924	0
(3) SHARI KOEHLER	(i)	0	0	0	0	0	0	0
	(ii)	152,581	25,510	510	16,592	5,117	200,310	0
(4) SARAH HERZOG	(i)	0	0	0	0	0	0	0
	(ii)	285,509	106,600	6,293	30,271	28,085	456,758	0
(5) JOHN OLIVERIO	(i)	0	0	0	0	0	0	0
	(ii)	952,774	662,500	905,232	99,519	62,027	2,682,052	0
(6) WILLIAM BLUM	(i)	0	0	0	0	0	0	0
	(ii)	226,669	0	0	0	5,700	232,369	0
(7) JON WACHS	(i)	0	0	0	0	0	0	0
	(ii)	309,928	0	151,274	0	11,838	473,040	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	<p>SCHEDULE J, LINE 3 THE COMPENSATION OF THE FILING ORGANIZATION'S CEO AND/OR EXECUTIVE DIRECTOR IS DETERMINED AT THE PARENT ORGANIZATION LEVEL, USING THE PROCESS DESCRIBED IN SCHEDULE O RELATED TO PART VI SECTION B LINE 15 THE PARENT ORGANIZATION, WHEATON FRANCISCAN SERVICES, INC (FEIN 36-3262111) USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, AND COMPENSATION SURVEYS AND STUDIES TO DETERMINE APPROPRIATE LEVELS OF COMPENSATION THAT ARE REFLECTIVE OF FAIR MARKET VALUE ALL COMPENSATION IS APPROVED BY THE BOARD AND/OR COMPENSATION COMMITTEE SCHEDULE J, PART I, LINE 4A REPORTABLE COMPENSATION OF WILLIAM BLUM INCLUDES \$ 226,669 IN SEVERANCE PAYMENTS MADE DURING CALENDAR YEAR 2011 REPORTABLE COMPENSATION OF JON WACHS INCLUDES \$309,928 IN SEVERANCE PAYMENTS MADE DURING CALENDAR YEAR 2011 SCHEDULE J, PART I, LINE 4B JOHN OLIVERIO RECEIVED A 2011 TAXABLE PAYOUT OF \$887,366 RELATED TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN KNOWN AS THE WHEATON FRANCISCAN SERVICES BENEFIT RESTORATION PLAN JON WACHS RECEIVED A 2011 TAXABLE PAYOUT OF \$146,835 RELATED TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN KNOWN AS THE WHEATON FRANCISCAN SERVICES BENEFIT RESTORATION PLAN</p>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
CLARE GARDENS INC

Employer identification number

23-7200039

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 B, LINE 11	<p>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</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>AS PART OF AN ANNUAL PROCESS, CONFLICT OF INTEREST QUESTIONS ARE SENT OUT TO ALL OFFICERS, DIRECTORS, AND OTHER INDIVIDUALS IN KEY POSITIONS USING SOFTWARE DESIGNED TO CAPTURE THIS INFORMATION. THE RESPONSES ARE ANALYZED IN ORDER TO DETERMINE 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 QUESTIONS ARE REVIEWED BY THE VICE PRESIDENT OF COMPLIANCE AND THE MANAGER OF TAX COMPLIANCE, AND FOLLOW UP ACTION, IF ANY, ARE DOCUMENTED WITHIN THE SOFTWARE. AFTER AN APPROXIMATE 3 AND AGAIN AT 6 WEEKS, NAMES OF ALL NON RESPONDERS ARE COMPILED, AND THESE INDIVIDUALS RECEIVE EITHER AN EMAIL OR LETTER REMINDING THEM TO COMPLETE THE INFORMATION. RESPONSES TO QUESTIONS 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 AND/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 QUESTIONS 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.</p>

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
AVERAGE NUMBER OF HOURS WORKED	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES ARE A CONTROLLED GROUP OF RELATED HEALTHCARE AND HOUSING ORGANIZATIONS AS SUCH, MANY EMPLOYEES WHO ARE AT THE VICE PRESIDENT LEVEL OR ABOVE, OR WHO ARE OFFICERS AND/OR DIRECTORS OF ORGANIZATIONS WHERE WHEATON HAS COMMON BOARDS AND OTHER OVERLAPS, SPEND SIGNIFICANT TIME DEVOTED TO TASKS NOT ONLY FOR THE FILING ORGANIZATION, BUT ALSO FOR RELATED ORGANIZATIONS WHILE THERE IS NO OFFICIAL TIME STUDY TRACKING THAT IS DONE, IT IS ESTIMATED THAT FOR EACH EMPLOYEE, TASKS DEVOTED TO RELATED ORGANIZATIONS COULD APPROXIMATE UP TO 80% OF TOTAL HOURS

Identifier	Return Reference	Explanation
OVERSIGHT OF AUDITING FUNCTION	FORM 990, PART XII, LINE 2C	THE MANAGEMENT COMPANY RECEIVES A COPY OF THE AUDIT THE CFO OF FRANCISCAN MINISTRIES REVIEWS THE AUDIT IF THERE ARE ANY MATERIAL PROBLEMS OR CONCERNS, THE CFO CONTACTS THE REGIONAL DIRECTOR IT IS THE RESPONSIBILITY OF THE CFO TO GIVE FINAL APPROVAL OF THE AUDIT 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
INFORMATION RETURN OF U S PERSONS W/ RESPECT TO CERTAIN FOREIGN CORPS	DISCLOSURE STATEMENT RELATED TO FORMS 5471	FILED ON BEHALF OF THE TAXPAYER UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS (CFCS) THESE FILING REQUIREMENTS ARE OR WILL BE STATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U S TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENTS TAXPAYER NAME WHEATON FRANCISCAN SERVICES, INC ADDRESS 26 W 171 ROOSEVELT ROAD WHEATON, IL 60187 ID NUMBER OF U S TAX RETURN WITH WHICH FORM 5471 WAS FILED 36-3262111 IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED E-FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINES 10A-10B	WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES ARE PART OF A CONTROLLED GROUP OF HEALTH CARE AND HOUSING PROVIDERS, CONTROLLED UNDER A COMMON PARENT ORGANIZATION WHEATON FRANCISCAN SERVICES, INC SOME OF THESE ORGANIZATIONS ARE EXEMPT THROUGH THE CATHOLIC GROUP RULING AND OTHER ORGANIZATIONS HAVE A STAND-ALONE EXEMPTION (IRS DETERMINATION) LETTER AS SUCH, THESE RELATED AFFILIATES HAVE CERTAIN POLICIES AND PROCEDURES THAT WERE ADOPTED AT THE PARENT LEVEL, BUT ARE APPLICABLE TO THE ENTIRE CONTROLLED GROUP OF ORGANIZATIONS ALL POLICY AND PROCEDURE MATTERS ARE HANDLED IN A MANNER TO ENSURE THAT ALL ACTIVITIES ARE CONSISTENT WITH THE ORGANIZATION'S OVERALL EXEMPT PURPOSES PLEASE SEE SCHEDULE R FOR A FULL LISTING OF ALL RELATED AFFILIATE ORGANIZATIONS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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

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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KENOSHA SNR PO BOX 667 WHEATON, IL 60187 39-1801541	HOUSING	WI	N/A					No			No	
(2) STARVED ROCK PO BOX 667 WHEATON, IL 60187 36-3811835	HOUSING	IL	N/A					No			No	

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

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

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

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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL SCHEDULE R DISCLOSURES	FORM 990, SCHEDULE R	1) WHEATON FRANCISCAN HEALTHCARE'S 50% INTEREST IN AFFINITY HEALTHCARE WAS SOLD TO MINISTRY HEALTHCARE ON FEBRUARY 8, 2012 AS SUCH, THIS IS THE LAST FISCAL YEAR THESE AFFINITY ORGANIZATIONS WILL BE REPORTED AS RELATED ORGANIZATIONS 2) EFFECTIVE JUNE 30, 2012, CLARA PFAENDER FUND INC WAS MERGED WITH WHEATON FRANCISCAN SERVICES, INC (FEIN #36-3262111) 3) UPENDO VILLAGE NFP JOINED THE WHEATON FRANCISCAN HEALTHCARE SYSTEM UNDER O S F SERVICES, INC EFFECTIVE NOVEMBER 17, 2011 4) FRANCISCAN SENIORS, KENOSHA, INC SOLD ITS INTEREST IN KENOSHA SENIORS LIMITED PARTNERSHIP EFFECTIVE AUGUST 31, 2011 AND SUBSEQUENTLY DISSOLVED EFFECTIVE MARCH 29, 2012 5) STARVED ROCK - LASALLE MANOR, INC WAS DISSOLVED EFFECTIVE JUNE 12, 2012 6) SYNERGON HEALTH SYSTEM INC IS LISTED WITH NO DIRECT CONTROLLING ENTITY BECAUSE OF THE TWO ORGANIZATIONS WITH AN INTEREST, RUSH PRESBYTERIAN AND OSF SERVICES INC, NEITHER CAN APPOINT A MAJORITY OF THE BOARD, THEREFORE NEITHER ORGANIZATION "CONTROLS" 7) UHS, INC IS LISTED WITHOUT A DIRECT CONTROLLING ENTITY BECAUSE OF THE TWO ORGANIZATIONS WITH AN INTEREST, KHMC COMMUNITY BOARD AND OSF SERVICES INC, NEITHER CAN APPOINT A MAJORITY OF THE BOARD, AND SINCE KHMC IS NOT AN ENTITY (IT IS A COMMUNITY BOARD), NEITHER BODY "CONTROLS" 8) COVENANT REGIONAL SERVICES, INC WAS DISSOLVED EFFECTIVE SEPTEMBER 30, 2011
TRANSACTIONS WITH RELATED ORGANIZATIONS	FORM 990, SCHEDULE R, PART V, LINE 1	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 1J INCLUDES LEASE AND RENT EXPENSES PAID TO RELATED ORGANIZATIONS -LINE ITEM 1L INCLUDES MANAGEMENT FEES PAID TO RELATED ORGANIZATIONS -LINE ITEM 1O INCLUDES ALL SALARIES, EMPLOYEE BENEFITS, AND PAYROLL TAXES

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	(g) Section 512 (b)(13) controlled organization	
AFFINITY HEALTH SYSTEM 1570 MIDWAY PLACE MENASHA, WI 54942 39-1638765	HOLDING CO	IL	501(C) (3)	LINE 11A, I	WFSIMHC		No
ASSISI HOMES - BATAVIA APARTMENTS INC 1259 EAST WILSON STREET BATAVIA, IL 60510 36-3914084	HOUSING	IL	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES - COLONY PARK INC 550 EAST THORNHILL DRIVE CAROL STREAM, IL 60188 36-4039278	HOUSING	IL	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES - CONSTITUTION HOUSE INC 401 NORTH CONSTITUTION DRIVE AURORA, IL 60506 36-4049150	HOUSING	IL	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES - JEFFERSON COURT INC 415 EAST KNAPP STREET MILWAUKEE, WI 53202 39-1771526	HOUSING	WI	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES - KENOSHA INC 1860 27TH AVENUE KENOSHA, WI 53140 39-1814815	HOUSING	WI	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES - LA SALLE MANOR INC 26W171 ROOSEVELT ROAD WHEATON, IL 601890795 80-0623447	HOUSING	IL	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES - SAXONY INC 1876 22ND AVENUE KENOSHA, WI 53140 39-1790498	HOUSING	WI	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES OF GURNEE INC 3495 WEST GRAND AVENUE GURNEE, IL 60031 36-3942336	HOUSING	IL	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES OF ILLINOIS INC 2126 WEST ROOSEVELT ROAD WHEATON, IL 60187 36-3803443	HOUSING	IL	501(C) (3)	LINE 9	FMI		No
ASSISI HOMES OF NEENAH INC 210 BYRD AVENUE NEENAH, WI 54946 36-3767250	HOUSING	WI	501(C) (3)	LINE 9	FMI		No
AUXILIARY OF ST ELIZABETH HOSPITAL INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915 39-6077331	AUXILIARY	WI	501(C) (3)	LINE 11D, III-O	ST ELIZ HOSP		No
CALUMET MEDICAL CENTER INC 614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(C) (3)	LINE 9	AFF HLTH SYS		No
CANTICLE MINISTRIES INC PO BOX 667 WHEATON, IL 60187 36-4091836	HOUSING/ADVCY	IL	501(C) (3)	LINE 7	OSF SVCS INC		No
CANTICLE PLACE INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187 36-3957850	HOUSING	IL	501(C) (3)	LINE 9	FMI		No
CATHERINE MARIAN HOUSING INC 806 SOUTH WISCONSIN AVENUE RACINE, WI 53403 39-1657098	HOUSING	WI	501(C) (3)	LINE 9	FMI		No
CLARA PFAENDER FUND INC PO BOX 667 WHEATON, IL 60187 36-3353311	SPONSORSHIP	IL	501(C) (3)	LINE 11D, III-O	OSF SVCS INC		No
CLARE OF ASSISI HOMES- WESTMINSTER INC 2451 WEST 82ND PLACE WESTMINSTER, CO 80031 74-2740978	HOUSING	CO	501(C) (3)	LINE 9	FMI		No
COVENANT FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1295784	FOUNDATION	IA	501(C) (3)	LINE 9	COV MED CTR		No
COVENANT MEDICAL CENTER INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1264647	HOSPITAL	IA	501(C) (3)	LINE 3	WFH-IOWA INC		No

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	(g) Section 512 (b)(13) controlled organization	
DAYSRING VILLA INC 3777 WEST 26TH AVENUE DENVER, CO 80211 36-3933908	HOUSING	CO	501(C)(3)	LINE 9	FMI		No
FRANCIS HEIGHTS INC 2626 OSCEOLA STREET DENVER, CO 80212 84-0626174	HOUSING	CO	501(C)(3)	LINE 9	FMI		No
FRANCISCAN MINISTRIES COMMUNITY FNDN INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187 36-4456204	FOUNDATION	IL	501(C)(3)	LINE 11B, II	FMI		No
FRANCISCAN MINISTRIES INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187 36-3259684	HOLDING CO	IL	501(C)(3)	LINE 11C, III-FI	WFSI		No
FRANCISCAN SENIORS KENOSHA INC 1920 27TH AVENUE KENOSHA, WI 53140 39-1821568	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
FRANCISCAN SISTERS CHARITABLE FUND OF COLORADO INC 2626 OSCEOLA STREET DENVER, CO 80212 84-0733072	AUXILIARY	CO	501(C)(3)	LINE 7	OSF SVCS INC		No
MARIAN HOUSING CENTER INC 4105 SPRING STREET RACINE, WI 53405 39-1515867	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
MARIAN PARK INC 2126 WEST ROOSEVELT ROAD WHEATON, IL 60187 36-2750105	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
MARIANJOY FOUNDATION INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 35-2165613	FOUNDATION	IL	501(C)(3)	LINE 7	MJ REHAB CLC		No
MARIANJOY INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3483589	HOLDING CO	IL	501(C)(3)	LINE 11C, III-FI	WFSI		No
MARIANJOY REHAB CENTER AUXILIARY INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3896976	AUXILIARY	IL	501(C)(3)	LINE 11A, I	MJ HOSPITAL		No
MARIANJOY REHAB HOSPITAL & CLINICS INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-2680776	REHAB HOSPITAL	IL	501(C)(3)	LINE 3	MARIANJOY		No
MERCY HOSPITAL OF FRANCISCAN SISTERS INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1178403	HOSPITAL	IA	501(C)(3)	LINE 3	WFH-IOWA INC		No
MERCY MEDICAL CENTER OF OSHKOSH INC 500 SOUTH OAKWOOD ROAD OSHKOSH, WI 54904 39-0806268	HOSPITAL	WI	501(C)(3)	LINE 3	AFF HLTH SYS		No
METRO PHYSICIANS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	MED GROUP	WI	501(C)(3)	LINE 3	WFMG		No
NE IOWA REAL ESTATE INVESTMENTS LTD 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1207432	HOLDING CO	IA	501(C)(2)		WFH-IOWA INC		No
NETWORK HEALTH SYSTEM INC 1570 MIDWAY PLACE MENASHA, WI 54942 39-1127163	MED GROUP	WI	501(C)(3)	LINE 3	AFF HLTH SYS		No
OSF SERVICES INC PO BOX 667 WHEATON, IL 60187 39-1471463	HOLDING CO	WI	501(C)(3)	LINE 11C, III-FI	WFSI		No
REHABILITATION MEDICINE CLINIC INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3236791	MEDICAL GRP	IL	501(C)(3)	LINE 3	MARIANJOY		No
RIDGEWAY PLACE INC 155 EAST RIDGEWAY AVENUE WATERLOO, IA 50702 42-1416064	HOUSING	IA	501(C)(3)	LINE 9	FMI		No

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	(g) Section 512 (b)(13) controlled organization	
RUSH OAK PARK HOSPITAL INC 520 SOUTH MAPLE AVENUE OAK PARK, IL 60304 36-2183812	HOSPITAL	IL	501(C)(3)	LINE 3	OSF SVCS INC		No
SARTORI HEALTH CARE FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1240996	FOUNDATION	IA	501(C)(3)	LINE 11A, I	SARTORI HOSP		No
SARTORI MEMORIAL HOSPITAL INC 515 COLLEGE STREET CEDAR FALLS, IA 50613 42-0758901	HOSPITAL	IA	501(C)(3)	LINE 3	WFH-IOWA INC		No
SET MINISTRY INC 2977 NORTH 50TH STREET MILWAUKEE, WI 53210 39-1618277	SOCIAL WORK	WI	501(C)(3)	LINE 9	OSF SVCS INC		No
ST CATHERINE'S HOSPITAL INC 9555 76TH STREET PLEASANT PRAIRIE, WI 53158 39-0855075	HOSPITAL	WI	501(C)(3)	LINE 3	OSF SVCS INC		No
ST ELIZABETH HOSPITAL COMMUNITY FNDN INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(C)(3)	LINE 11A, I	AFF HLTH SYS		No
ST ELIZABETH HOSPITAL INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(C)(3)	LINE 3	AFF HLTH SYS		No
STARVED ROCK-LASALLE MANOR INC 1135 10TH STREET LASALLE, IL 61301 36-3796933	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
SYNERGON HEALTH SYSTEM INC 520 SOUTH MAPLE AVENUE OAK PARK, IL 60304 36-3739067	HOSPITAL	IL	501(C)(3)	LINE 3	NONE		No
UHS INC 6308 EIGHTH AVENUE KENOSHA, WI 53143 39-1956749	HOSPITAL	WI	501(C)(3)	LINE 3	NONE		No
UPENDO VILLAGE NFP PO BOX 667 WHEATON, IL 60187 33-1007368	HIV SUPPORT	IL	501(C)(3)	LINE 9	OSF SVCS INC		No
VILLA MARIA INC 2461 WEST 82ND PLACE WESTMINSTER, CO 80031 84-1347868	HOUSING	CO	501(C)(3)	LINE 9	FMI		No
VILLA ST CLARE INC 130 BYRD AVENUE NEENAH, WI 54946 39-1769395	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
VOLUNTEERS IN PTNRSHIP WITH WFH-AS INC 3801 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(C)(3)	LINE 11D, III-O	WFH-AS INC		No
WHEATON FRANCISCAN -ELMBROOK FNDN 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-2028808	FOUNDATION	WI	501(C)(3)	LINE 11A, I	WF INC		No
WF - ST JOSEPH FOUNDATION INC 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(C)(3)	LINE 11A, I	WF INC		No
WFH - ALL SAINTS FOUNDATION INC 3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(C)(3)	LINE 11A, I	WFH-AS INC		No
WFH - ALL SAINTS INC 3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(C)(3)	LINE 3	WFH-SE WI INC		No
WFH - CIRCLE OF LIFE FOUNDATION INC 4300 WEST BROWN DEER RD STE250 BROWN DEER, WI 53223 56-2426294	FOUNDATION	WI	501(C)(3)	LINE 11A, I	WFH-PE		No
WFH - FNDN FOR ST FRANCIS AND FRANKLIN INC 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(C)(3)	LINE 11A, I	WFH-SFH		No

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	(g) Section 512 (b)(13) controlled organization	
WFH - FRANKLIN INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53132 56-2592868	HOSPITAL	WI	501(C) (3)	LINE 3	WFH-SE WI INC		No
WFH - IOWA INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1177001	HOLDING CO	IA	501(C) (3)	LINE 11C, III-FI	WFSI		No
WFH - SOUTHEAST WISCONSIN INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	HOLDING CO	IL	501(C) (3)	LINE 11C, III-FI	WFSI		No
WFH - ST FRANCIS INC 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(C) (3)	LINE 3	WFH-SE WI INC		No
WFH - TERRACE AT ST FRANCIS INC 3200 SOUTH 20TH STREET MILWAUKEE, WI 53215 39-1486775	NURSING HOME	WI	501(C) (3)	LINE 9	WFH-SE WI INC		No
WFH PHARMACY ENT AND FRAN WOODS INC 4300 WEST BROWN DEER RD 2ND FLR BROWN DEER, WI 53223 39-1613624	PHARMACY	WI	501(C) (3)	LINE 9	WFH-SE WI INC		No
WHEATON FRAN HOME HEALTH & HOSPICE INC 3070 NORTH 51ST STREET SUITE 406 MILWAUKEE, WI 53210 39-1559428	HOME HLTH	WI	501(C) (3)	LINE 3	WFH-SE WI INC		No
WHEATON FRANCISCAN INC 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857	HOSPITAL	WI	501(C) (3)	LINE 3	WFH-SE WI INC		No
WHEATON FRANCISCAN LABORATORIES INC 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(C) (3)	LINE 9	WFH-SE WI INC		No
WHEATON FRANCISCAN MEDICAL GROUP INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MED GROUP	WI	501(C) (3)	LINE 3	WFH-SE WI INC		No
WHEATON FRANCISCAN SERVICES INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3262111	PARENT CORP	IL	501(C) (3)	LINE 11C, III-FI			No

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, IA 50702 42-1189805	PHARMACY	IA	N/A	C			
NETWORK HEALTH INSURANCE CORPORATION 1570 MIDWAY PLACE MENASHA, WI 54942 39-2020474	INSURANCE CO	WI	N/A	C			
NETWORK HEALTH PLAN 1570 MIDWAY PLACE MENASHA, WI 54942 39-1442058	HLTH MAINT ORG	WI	N/A	C			
WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	N/A	C			
WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	N/A	C			
WHEATON FRANCISCAN INSURANCE COMPANY PO BOX 69 GT GEORGETOWN CJ 98-0691609	OTHER INVESTMENT	UK	N/A				
WHEATON FRANCISCAN MED GRP-SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	MED GROUP	WI	N/A	C			
WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	ADMN SUPPORT	WI	N/A	C			