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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 province, country, and ZIP or foreign postal code WHEATON, IL 601890667	D Employer identification number 23-7200039 E Telephone number (630) 462-9271 G Gross receipts \$ 1,918,660
F Name and address of principal officer SHARI L KOEHLER 26 W 171 ROOSEVELT ROAD WHEATON, IL 60187		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1972 M State of legal domicile CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2013 (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		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,606,862	1,608,822
	9 Program service revenue (Part VIII, line 2g)	261,914	295,957
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113	104
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,550	13,777
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,876,439	1,918,660
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	106,397	4,688,459
	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)	1,574,354	1,710,024
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,680,751	6,398,483
	19 Revenue less expenses Subtract line 18 from line 12	195,688	-4,479,823
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,867,310	4,494,762
	21 Total liabilities (Part X, line 26)	2,888,563	7,995,838
	22 Net assets or fund balances Subtract line 21 from line 20	978,747	-3,501,076

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.

***** Signature of officer SHARI L KOEHLER CFO Type or print name and title	2015-05-15 Date
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Paid Preparer Use Only	Ppnt/Type preparer's name STEVEN C LEVY	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN P00229331
	Firm's name ▶ DAUBY O'CONNOR & ZALESKI LLC			Firm's EIN ▶ 35-1750664	
	Firm's address ▶ 501 CONGRESSIONAL BLVD STE 300 CARMEL, IN 46032			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 or note to any line in this Part III

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,173,987 including grants of \$ 4,688,459) (Revenue \$ 295,957)

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

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 6,173,987

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>		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>		No
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>		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 SHARI L KOEHLER 26W171 ROOSEVELT ROAD
 WHEATON, IL 60187 (630) 909-6900

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

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

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

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

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

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

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

• List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN HOLTZ PRESIDENT	1 00 40 00	X		X				0	69,739	3,645
(2) SEBASTIAN GALAN ASSISTANT TREASURER/DIRECTOR	1 00 40 00	X		X				0	58,017	9,290
(3) SUSAN DILLBERG CHAIR	1 00 40 00	X		X				0	281,497	118,211
(4) SHARI L KOEHLER SECRETARY/TREASURER	1 00 40 00	X		X				0	194,894	22,732
(5) RUTH BOYLE DIRECTOR	1 00 1 00	X						0	0	0
(6) MARY ELLEN FREAS DIRECTOR	1 00 1 00	X						0	0	0
(7) JENNIFER THOMAS DIRECTOR	1 00 40 00	X						0	41,470	5,928
(8) SR SHIRLEY KRULL DIRECTOR	1 00 1 00	X						0	0	0
(9) PEARL OWCZAREK DIRECTOR	1 00 1 00	X						0	0	0
(10) SUSAN KARRENBAUER ASSISTANT TREASURER	1 00 40 00			X				0	105,540	25,013
(11) REBECCA FIRESTONE ASSISTANT SECRETARY	1 00 40 00			X				0	137,389	20,921
(12) SARAH HERZOG KEY EMPLOYEE	1 00 40 00				X			0	442,033	56,642
(13) JOHN OLIVERIO KEY EMPLOYEE	1 00 40 00				X			0	2,716,469	229,687

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
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	1,608,822					
	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	1,608,822					
Program Service Revenue	2a	RENTAL INCOME						
		Business Code						
		531110	295,957	295,957				
	b							
	c							
	d							
	e							
f	All other program service revenue							
g	Total. Add lines 2a-2f	295,957						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	104			104		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
			b	Less direct expenses b				
			c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a					
			b	Less direct expenses b				
			c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a					
b			Less cost of goods sold b					
c			Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a	TENANT CHARGES	531110	12,690			12,690		
b	OTHER REVENUE - MISC	531110	1,067			1,067		
c	GARAGE AND PARKING INC	531110	20			20		
d	All other revenue							
e	Total. Add lines 11a-11d		13,777					
12	Total revenue. See Instructions		1,918,660	295,957	0	13,881		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,688,459	4,688,459		
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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	121,511		121,511	
b	Legal	4,781		4,781	
c	Accounting	8,862		8,862	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,500		2,500	
12	Advertising and promotion	513		513	
13	Office expenses	43,955		43,955	
14	Information technology				
15	Royalties				
16	Occupancy	545,338	545,338		
17	Travel	7,026		7,026	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,002		2,002	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	360,333	360,333		
23	Insurance	33,346		33,346	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MANAGEMENT COMPANY EMPL	565,816	565,816		
b	BAD DEBTS	14,041	14,041		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,398,483	6,173,987	224,496	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	232,473	1	429,488
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,864	4	12,253
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	1,133	9	45,350
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,357,011		
	b Less accumulated depreciation	10b 3,910,210	3,232,248	10c 3,446,801
	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	259,191	13	306,246
	14 Intangible assets	92,442	14	228,376
	15 Other assets See Part IV, line 11	24,959	15	26,248
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,867,310	16	4,494,762	
Liabilities	17 Accounts payable and accrued expenses	144,246	17	211,695
	18 Grants payable		18	
	19 Deferred revenue	21,112	19	22,348
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	2,699,005	23	7,735,819
	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	24,200	25	25,976
	26 Total liabilities. Add lines 17 through 25	2,888,563	26	7,995,838
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	978,747	27	-3,501,076
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	978,747	33	-3,501,076	
34 Total liabilities and net assets/fund balances	3,867,310	34	4,494,762	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,918,660
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,398,483
3	Revenue less expenses Subtract line 2 from line 1	3	-4,479,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	978,747
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-3,501,076

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b 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

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

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 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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 - Non-functionally integrated
- 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 supported organization?

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

(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)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,532,342	1,524,902	1,558,533	1,606,862	1,608,822	7,831,461
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	212,473	261,380	247,868	261,914	295,957	1,279,592
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	1,744,815	1,786,282	1,806,401	1,868,776	1,904,779	9,111,053
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)						9,111,053

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,744,815	1,786,282	1,806,401	1,868,776	1,904,779	9,111,053
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	483	376	164	113	104	1,240
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	483	376	164	113	104	1,240
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,972	10,094	13,758	7,550	13,777	54,151
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,754,270	1,796,752	1,820,323	1,876,439	1,918,660	9,166,444
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 2013 (line 8, column (f) divided by line 13, column (f))	15	99.400 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.400 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.010 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.030 %

- 19a 33 1/3% support tests—2013.** 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—2012.** 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. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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 D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		165,548		165,548
b Buildings		5,264,977	2,640,915	2,624,062
c Leasehold improvements		728,001	403,908	324,093
d Equipment		1,198,485	865,387	333,098
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,446,801

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,918,660
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 XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,918,660
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,918,660

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,398,483
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	6,398,483
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	6,398,483

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS GENERALLY, THE FEDERAL AND STATE TAX RETURNS WERE SUBJECT TO EXAMINATIONS FROM THE THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED BY THE APPLICABLE TAX AUTHORITY

Schedule I (Form 990)

OMB No 1545-0047

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

2013

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

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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. Part II can be duplicated 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, 36-3259684, 501 (C) 3, 4,688,459, 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.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2	<p>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 ADDITIONALLY, WHEATON FRANCISCAN HEALTHCARE MAY, AT A LATER DATE, ASK FOR DOCUMENTATION IN ORDER TO MONITOR THAT FUNDS WERE SPENT FOR THEIR INTENDED PURPOSE 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, ADDITIONAL DOCUMENTATION IF REQUESTED, ALONG WITH ACKNOWLEDGEMENT RECEIPTS FROM SPONSORED ORGANIZATIONS</p>

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

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, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CLARE GARDENS INC

Employer identification number

23-7200039

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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 Regulations 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		No
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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN DILLBERG CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	217,994	50,340	13,163	100,228	17,983	399,708	0
(2) SHARI L KOEHLER SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	166,624	27,370	900	18,287	4,445	217,626	0
(3) REBECCA FIRESTONE ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	117,181	17,590	2,618	10,998	9,923	158,310	0
(4) SARAH HERZOG KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	320,643	109,400	11,990	33,581	23,061	498,675	0
(5) JOHN OLIVERIO KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	992,620	633,600	1,090,249	167,110	62,577	2,946,156	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, LINE 4B	WHEATON FRANCISCAN SERVICES, INC , ESTABLISHED THE WHEATON FRANCISCAN SERVICES, INC NON-QUALIFIED BENEFIT RESTORATION PLAN TO PROVIDE SELECTED EMPLOYEES WITH CERTAIN BENEFITS WHICH THEY ARE UNABLE TO RECEIVE UNDER THE QUALIFIED PLAN BECAUSE OF LIMITATIONS ON SUCH QUALIFIED PLANS UNDER SECTIONS 401(A)(17) AND 415(B) OF THE INTERNAL REVENUE CODE THIS PLAN IS INTENDED TO SATISFY THE SHORT-TERM DEFERRAL EXCEPTION UNDER CODE SECTION 409(A) ACCORDINGLY, THE PARTICIPANT PLAN ACCRUALS ARE CALCULATED AS OF THE LAST DAY OF EACH PLAN YEAR AND PAID AS A TAXABLE DISTRIBUTION TO THE PARTICIPANT IN THAT PLAN YEAR AT THIS TIME, THERE IS ONE LONG-TERM SENIOR OFFICIAL WHO IS ELIGIBLE FOR BENEFITS UNDER THE PLAN JOHN OLIVERIO, CHIEF EXECUTIVE OFFICER UNDER THIS PLAN, JOHN OLIVERIO RECEIVED A 2013 TAXABLE PAYOUT OF \$1,016,267

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

Name of the organization
CLARE GARDENS INC

Employer identification number

23-7200039

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 THE MANAGEMENT CONTRACT ENCOMPASSES THE DAY TO DAY OPERATIONS OF THE PROJECT INCLUDING, BUT NOT LIMITED TO, COLLECTION OF RENTS, MAINTENANCE OF FACILITIES, SUPERVISION OF STAFF, AND ONGOING SUPPORT FOR BOTH THE OWNERS AND TENANTS AS NEEDED IN ORDER TO ESTABLISH A SAFE, SANITARY AND AFFORDABLE ENVIRONMENT

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

Return Reference**Explanation**

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

PLEASE SEE EXPLANATION FOR PART VI, LINE 6

Return Reference

Explanation

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

PLEASE SEE EXPLANATION FOR PART VI, LINE 6

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 MANAGER, 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>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY UNDER THAT POLICY, IF AT ANY TIME, AN OFFICER OR DIRECTOR BECOMES AWARE THAT THE BOARD MAY DISCUSS OR ACT UPON ANY TRANSACTION OR ARRANGEMENT WHICH MAY HAVE ANY BEARING OF ANY KIND UPON, OR MAY RELATE IN ANY MANNER TO, A FINANCIAL INTEREST OF THE INDIVIDUAL, THE FINANCIAL INTEREST MUST BE DISCLOSED ALL ASSOCIATES OF THE ORGANIZATION MUST DISCLOSE A POTENTIAL CONFLICT OF INTEREST AT THE TIME IT ARISES (OR BEFOREHAND IF NOT IN EXISTENCE AT THE TIME OF HIRE) THE DISCLOSURES ARE REVIEWED AND A DETERMINATION IS MADE AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND HOW IT MIGHT BE MANAGED ADDITIONALLY, 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 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 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, 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>

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

Return Reference	Explanation
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

Return Reference	Explanation
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.

Return Reference	Explanation
DISCLOSURE STATEMENT RELATED TO FORMS 5471	UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF INTERNAL REVENUE CODE SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF US PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 4 AND/OR 5 FILER WITH RESPECT TO WHEATON FRANCISCAN INSURANCE COMPANY, FEIN #98-0691609 THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 WITH RESPECT TO THE FOREIGN CORPORATION ON THE TAXPAYER BEHALF BY THE US TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT TAXPAYER NAME WHEATON FRANCISCAN SERVICES, INC ADDRESS 26 W171 ROOSEVELT ROAD, WHEATON IL 60187 FEIN NUMBER OF US TAX RETURN WITH WHICH FORM 5471 WAS FILED 36-3262111 IRS SERVICE CENTER WHERE US TAX RETURN WAS OR WILL BE FILED E-FILED

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

2013

**Open to Public
Inspection**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	N/A	C					No
(2) WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	N/A	C					No
(3) WHEATON FRANCISCAN INSURANCE COMPANY PO BOX 69 GT GEORGETOWN CJ 98-0691609	FINANCIAL	UK	N/A						No
(4) WHEATON FRANCISCAN MED GRP-SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	MED GROUP	WI	N/A	C					No
(5) WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACTING	WI	N/A	C					No

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

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

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

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

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

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

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

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

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n		No
1o		No
1p	Yes	
1q		No
1r		No
1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE R	(1) THE SPONSORSHIP OF RUSH OAK PARK HOSPITAL, INC AND SYNERGON HEALTH SYSTEM, INC WERE TRANSFERRED TO RUSH UNIVERSITY MEDICAL CENTER, INC EFFECTIVE OCTOBER 25, 2013, AND AS SUCH, THIS IS THE LAST FISCAL YEAR THE TWO ORGANIZATIONS WILL BE LISTED AS RELATED (2) 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" (3) 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"
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 1K INCLUDES LEASE AND RENT EXPENSES PAID TO RELATED ORGANIZATIONS -LINE ITEM 1M INCLUDES MANAGEMENT FEES PAID TO RELATED ORGANIZATIONS -LINE ITEM 1P INCLUDES ALL SALARIES, EMPLOYEE BENEFITS, AND PAYROLL TAXES

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ASSISI HOMES - BATAVIA APARTMENTS INC 1259 EAST WILSON STREET BATAVIA, IL 60510 36-3914084	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
(1) ASSISI HOMES - COLONY PARK INC 550 EAST THORNHILL DRIVE CAROL STREAM, IL 60188 36-4039278	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
(2) ASSISI HOMES - CONSTITUTION HOUSE INC 401 NORTH CONSTITUTION DRIVE AURORA, IL 60506 36-4049150	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
(3) ASSISI HOMES - JEFFERSON COURT INC 415 EAST KNAPP STREET MILWAUKEE, WI 53202 39-1771526	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
(4) ASSISI HOMES - KENOSHA INC 1860 27TH AVENUE KENOSHA, WI 53140 39-1814815	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
(5) ASSISI HOMES - LA SALLE MANOR INC 26W171 ROOSEVELT ROAD WHEATON, IL 601890795 80-0623447	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
(6) ASSISI HOMES - SAXONY INC 1876 22ND AVENUE KENOSHA, WI 53140 39-1790498	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
(7) ASSISI HOMES OF GURNEE INC 3495 WEST GRAND AVENUE GURNEE, IL 60031 36-3942336	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
(8) ASSISI HOMES OF ILLINOIS INC 2126 WEST ROOSEVELT ROAD WHEATON, IL 60187 36-3803443	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
(9) ASSISI HOMES OF NEENAH INC 210 BYRD AVENUE NEENAH, WI 54946 36-3767250	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
(10) CANTICLE MINISTRIES INC PO BOX 667 WHEATON, IL 60187 36-4091836	HOUSING/ADVCY	IL	501(C)(3)	LINE 7	OSF SVCS INC		No
(11) CANTICLE PLACE INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187 36-3957850	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
(12) CATHERINE MARIAN HOUSING INC 806 SOUTH WISCONSIN AVENUE RACINE, WI 53403 39-1657098	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
(13) CLARE OF ASSISI HOMES-WESTMINSTER INC 2451 WEST 82ND PLACE WESTMINSTER, CO 80031 74-2740978	HOUSING	CO	501(C)(3)	LINE 9	FMI		No
(14) COVENANT FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1295784	FOUNDATION	IA	501(C)(3)	LINE 9	COV MED CTR		No
(15) COVENANT MEDICAL CENTER INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1264647	HOSPITAL	IA	501(C)(3)	LINE 3	WFH-IOWA INC		No
(16) DAYSPRING VILLA INC 3777 WEST 26TH AVENUE DENVER, CO 80211 36-3933908	HOUSING	CO	501(C)(3)	LINE 9	FMI		No
(17) FRANCIS HEIGHTS INC 2626 OSCEOLA STREET DENVER, CO 80212 84-0626174	HOUSING	CO	501(C)(3)	LINE 9	FMI		No
(18) FRANCISCAN MINISTRIES COMMUNITY FNDN INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187 36-4456204	FOUNDATION	IL	501(C)(3)	LINE 11B, II	FMI		No
(19) FRANCISCAN MINISTRIES INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187 36-3259684	HOLDING CO	IL	501(C)(3)	LINE 11C, III-FI	WFSI		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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 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
(1) MARIAN HOUSING CENTER INC 4105 SPRING STREET RACINE, WI 53405 39-1515867	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
(2) MARIAN PARK INC 2126 WEST ROOSEVELT ROAD WHEATON, IL 60187 36-2750105	HOUSING	IL	501(C)(3)	LINE 9	FMI		No
(3) MARIANJOY FOUNDATION INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 35-2165613	FOUNDATION	IL	501(C)(3)	LINE 7	MJ HOSPITAL		No
(4) MARIANJOY INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3483589	HOLDING CO	IL	501(C)(3)	LINE 11C, III-FI	WFSI		No
(5) 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
(6) 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
(7) 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
(8) METRO PHYSICIANS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	MED GROUP	WI	501(C)(3)	LINE 3	WFMG		No
(9) 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
(10) OSF SERVICES INC PO BOX 667 WHEATON, IL 60187 39-1471463	HOLDING CO	WI	501(C)(3)	LINE 11C, III-FI	WFSI		No
(11) REHABILITATION MEDICINE CLINIC INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3236791	MEDICAL GRP	IL	501(C)(3)	LINE 3	MARIANJOY		No
(12) RIDGEWAY PLACE INC 155 EAST RIDGEWAY AVENUE WATERLOO, IA 50702 42-1416064	HOUSING	IA	501(C)(3)	LINE 9	FMI		No
(13) 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
(14) 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
(15) SARTORI MEMORIAL HOSPITAL INC 515 COLLEGE STREET CEDAR FALLS, IA 50613 42-0758901	HOSPITAL	IA	501(C)(3)	LINE 3	WFH-IOWA INC		No
(16) SET MINISTRY INC 2977 NORTH 50TH STREET MILWAUKEE, WI 53210 39-1618277	SOCIAL WORK	WI	501(C)(3)	LINE 9	OSF SVCS INC		No
(17) 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
(18) SYNERGON HEALTH SYSTEM INC 520 SOUTH MAPLE AVENUE OAK PARK, IL 60304 36-3739067	HOSPITAL	IL	501(C)(3)	LINE 3	NONE		No
(19) UHS INC 6308 EIGHTH AVENUE KENOSHA, WI 53143 39-1956749	HOSPITAL	WI	501(C)(3)	LINE 3	NONE		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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) UPENDO VILLAGE NFP PO BOX 667 WHEATON, IL 60187 33-1007368	HIV SUPPORT	IL	501(C)(3)	LINE 9	OSF SVCS INC		No
(1) VILLA MARIA INC 2461 WEST 82ND PLACE WESTMINSTER, CO 80031 84-1347868	HOUSING	CO	501(C)(3)	LINE 9	FMI		No
(2) VILLA ST CLARE INC 130 BYRD AVENUE NEENAH, WI 54946 39-1769395	HOUSING	WI	501(C)(3)	LINE 9	FMI		No
(3) VOLUNTEERS IN PTRNSHIP WITH WFH-AS INC 3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(C)(3)	LINE 11D, III-O	WFH-AS INC		No
(4) WHEATON FRANCISCAN - ELMBROOK FNDN 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-2028808	FOUNDATION	WI	501(C)(3)	LINE 11A, I	WF INC		No
(5) 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
(6) 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
(7) WFH - ALL SAINTS INC 3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(C)(3)	LINE 3	WFH-SE WI INC		No
(8) WFH - CIRCLE OF LIFE FOUNDATION INC 4300 WEST BROWN DEER RD STE 250 BROWN DEER, WI 53223 56-2426294	FOUNDATION	WI	501(C)(3)	LINE 11A, I	WFH-PE		No
(9) 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
(10) WFH - FRANKLIN INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53132 56-2592868	HOSPITAL	WI	501(C)(3)	LINE 3	WFH-SE WI INC		No
(11) WFH - IOWA INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1177001	HOLDING CO	IA	501(C)(3)	LINE 11C, III-FI	WFSI		No
(12) 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
(13) 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
(14) 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
(15) WFH PHARMACY ENT AND FRAN WOODS INC 19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(C)(3)	LINE 9	WFH-SE WI INC		No
(16) 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
(17) WHEATON FRANCISCAN INC 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857	HOSPITAL	WI	501(C)(3)	LINE 3	WFH-SE WI INC		No
(18) 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
(19) 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

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) 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