

EXTENDED TO FEBRUARY 15, 2017

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST CLARE MANAGEMENT INC		D Employer identification number 39-1644598
	Doing business as		E Telephone number 414-385-5330
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1545 S LAYTON BLVD		524
City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53215		G Gross receipts \$ 120,562.	
F Name and address of principal officer: MARGARET KIDDER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.STCLAREMGMT.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶ 0928	
		L Year of formation: 2000	M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE MANAGEMENT SERVICES FOR SIX HUD-SUBSIDIZED HOUSING PROJECTS.		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89,010.	92,376.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,540.	28,186.
		116,550.	120,562.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	48,173.	42,178.
	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)	36,959.	35,902.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	85,132.	78,080.	
19 Revenue less expenses. Subtract line 18 from line 12	31,418.	42,482.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	192,553.	237,031.
	22 Net assets or fund balances. Subtract line 21 from line 20	67,461.	69,457.
		125,092.	167,574.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MARGARET KIDDER, EXECUTIVE DIRECTOR Type or print name and title				
Preparer Use Only	Print/Type preparer's name TROY MARINE, CPA	Preparer's signature TROY MARINE, CPA	Date 02/07/17	Check if self-employed <input type="checkbox"/>	PTIN P00187863
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN ▶ 39-0859910	Phone no. 414.777.5500		
Firm's address ▶ 777 E WISCONSIN AVENUE, 32ND FLOOR MILWAUKEE, WI 53202					

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