

June 16, 2024

Clare Housing 929 Central Avenue NE Minneapolis, MN 55413-2404 Attention: Phoebe Trepp

Dear Phoebe:

Enclosed are copies of the 2023 Exempt Organization return, as follows...

2023 FEDERAL FORM 990:

This return has been ready for electronic filing. Form 8879-TE should be signed and dated by an officer and returned to our office as soon as possible. We will then submit your electronic Form 990 to the IRS by the due date of November 15, 2024. Do not mail the paper copy of the Form 990 to the IRS.

No payment is required.

MINNESOTA SECRETARY OF STATE ANNUAL REGISTRATION FOR A MINNESOTA NONPROFIT CORPORATION:

This Registration is required to be filed annually with the Office of the Secretary of State. We have electronically filed your 2024 Nonprofit Corporation Annual Registration with the Minnesota Secretary of State. Your corporation is in good standing in Minnesota through December 31, 2025.

No payment is required.

STATE OF MINNESOTA OFFICE OF ATTORNEY GENERAL CHARITABLE ORGANIZATION ANNUAL REPORT:

This report should be signed and dated by two officers and mailed/electronically filed by July 15, 2024. Your organization has two options for submission:

To electronically file the annual report:

- Submit the annual report, a copy of your audited financial statements (if revenues are over \$750,000), and a copy of your Federal Form 990 to the Attorney General's Office charity.registration@ag.state.mn.us. All materials submitted via email must be in PDF format and the subject line of the email must contain the organization's legal name. Emails not following these requirements may not be properly processed, which could result in noncompliant registration and reporting.
- Organizations may pay all required fees, including any late fees, electronically using the Attorney General's Office's <u>Electronic Payment of Fees</u> webpage or submit a check via U.S. mail at the address listed below. This electronic payment system has a selfdirected, step-by-step process allowing charities to pay fees via credit or debit card through a dedicated webpage operated by U.S. Bank. Please note there is a nonrefundable processing fee charged by U.S. Bank for organizations that choose to pay required fees electronically.

If your Organization prefers, you may submit required materials (including a copy of your audited financial statements, if required) by mail and pay required fees by check. Checks should be made payable to the "State of Minnesota." Required documents and payments should be mailed to the following address:

State of Minnesota Attorney General's Office Charities Unit 1200 Bremer Tower 445 Minnesota Street Saint Paul, Minnesota 55101-2130

Payment of \$25 is required.

The Minnesota Attorney General's Office is now requiring a full list of all banks/financial institutions in which your Organization has funds deposited at, including bank names, addresses, and phone numbers. This can be included with your e-mailed submission or on a separate listing with your mail-in submission.

Please be advised that you are required by law to make your exemption application (Form 1023 or 1024) and your Forms 990 for the last three years available for public inspection. You must provide the entire 990, and if applicable, Schedules A and B, and 990-T; however, the names and addresses of the donors may be omitted from the Public Inspection copy. If a copy is requested, you may charge a reasonable fee for reproduction and actual postage costs. The law does not require you to provide copies of public inspection documents that are made widely available, such as by posting them on the internet.

Sincerely,

Mahoney Ulbrich Christiansen & Russ, PA



Form 8879-TE	IRS E-file Signature Authorization 6879-TE for a Tax Exempt Entity			OMB No. 1545-0047	
		ar beginning, 2023, a	-	20	0000
Department of the Treasury		o not send to the IRS. Keep for y			2023
Internal Revenue Service	Go to w	ww.irs.gov/Form8879TE for the I	atest information.		
Name of filer				EIN or SSN	0.04
	HOUSING	תתקתת קת		41-1794	924
Name and title of officer or		BE TREPP UTIVE DIRECTOR			
Part I Type o	F Return and Return Inf				
		is Form 8879-TE and enter the ap	plicable amount, if any, from	m the return. For	rm 8038-CP and
Form 5330 filers may er or 10a below, and the a	ter dollars and cents. For all ot nount on that line for the retur	her forms, enter whole dollars only n being filed with this form was bla you entered -0- on the return, then	/. If you check the box on li ank, then leave line 1b, 2b	ine 1a, 2a, 3a, , 3b, 4b, 5b, 6b,	4a, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b,
1a Form 990 chec	there X b Tot	al revenue, if any (Form 990, Part	VIII, column (A), line 12)	1b	6,759,861.
2a Form 990-EZ o	neck here b Tot	al revenue, if any (Form 990-EZ, li	ne 9)	2b	
3a Form 1120-PO		al tax (Form 1120-POL, line 22)			
4a Form 990-PF c		based on investment income (F		4b	
5a Form 8868 che		ance due (Form 8868, line 3c)			
6a Form 990-T ch		al tax (Form 990-T, Part III, line 4)			
7a Form 4720 che	k here b Tot	al tax (Form 4720, Part III, line 1).			
8a Form 5227 che		V of assets at end of tax year (Fo			
9a Form 5330 che 10a Form 8038-CP		due (Form 5330, Part II, line 19) ount of credit payment requeste			
	ation and Signature Au	thorization of Officer or Pe	erson Subject to Tax	ine 22) IU	0
		officer of the above entity or			to (name
intermediate service pro acknowledgement of re- of any refund. If applical entry to the financial ins- financial institution to de later than 2 business da payment of taxes to rec personal identification m PIN: check one box on X I authorize M as my signatu- with a state a on the return' As an officer or return. If I hav IRS Fed/State	vider, transmitter, or electronic eipt or reason for rejection of 1 ble, I authorize the U.S. Treasu itution account indicated in the bit the entry to this account. T /s prior to the payment (settler ive confidential information ne umber (PIN) as my signature for y AHONEY ULBRICH re on the tax year 2023 electron ency(ies) regulating charities a or disclosure consent screen. r person subject to tax with re e indicated within this return the program, I will enter my PIN or	ove is the amount shown on the c return originator (ERO) to send th the transmission, (b) the reason for ry and its designated Financial Age to revoke a payment, I must contact ment) date. I also authorize the fina- cessary to answer inquiries and re- or the electronic return and, if appli CHRISTIANSEN & RU ERO firm name inically filed return. If I have indicat as part of the IRS Fed/State progra- spect to the entity, I will enter my I nat a copy of the return is being file n the return's disclosure consent s	e return to the IRS and to r or any delay in processing t and to initiate an electronic ment of the federal taxes o ct the U.S. Treasury Finance ancial institutions involved i asolve issues related to the cable, the consent to elect SS, PA to red within this return that a am, I also authorize the afor PIN as my signature on the ed with a state agency(ies)	eceive from the he return or refu- funds withdraws wed on this retu- ial Agent at 1-86 in the processing payment. I have ronic funds with e enter my PIN [copy of the retu- rementioned ER e tax year 2023 e	IRS (a) an IRS (a) an (c) the date al (direct debit) rn, and the 38-353-4537 no g of the electronic e selected a drawal. 12345 nter five numbers, but lo not enter all zeros Irm is being filed O to enter my PIN electronically filed
number (EFIN) followed	your six-digit electronic filing ic by your five-digit self-selected l	PIN.	41880755107 Do not enter all zeros		
-		is my signature on the 2023 electr ents of Pub. 4163, Modernized e-	-		
ERO's signature			Date06/	16/24	
		unt Datain This Farmer Or	Dotructions		
		ust Retain This Form - Sec his Form to the IRS Unles		So	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 990	
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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. Go to www.irs.gov/Form990 for instructions and the latest information.



AI	For th	e 2023 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre	CLARE HOUSING			
	Name chang			41-17949	24
	Initial return		Room/suite	E Telephone numbe	r
	Final return			612-236-	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,010,449.
	Amen	MINNEAPOLIS, MN 55415-2404		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: FIOEBE INEFF		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: X $501(c)(3)$ $501(c)()$) (insert no.) $4947(a)(1)$	or 527		list. See instructions
	Websi			H(c) Group exemptio	
_		f organization: X Corporation Trust Association Other	L Year (of formation: 1994 N	A State of legal domicile: MN
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO PE COMPASSIONATE CARE TO PERSONS LIVING WITH			HOUSING AND
Activities & Governance					
/ern	2	Check this box if the organization discontinued its operations or dispose			15
ğ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		4	15
<u>م</u>	5			5	124
ties	6	Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary)			959
iti	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac	h h	Net unrelated business taxable income from Form 990-T, Part I, line 12		<u>7a</u> 7b	0.
	<u> </u>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,577,003.	2,913,197.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,319,134.	3,743,058.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		87,575.	103,606.
Ê	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)		5,983,712.	6,759,861.
	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.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,861,797.	4,976,588.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	. b	Total fundraising expenses (Part IX, column (D), line 25) 479, 5	92.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,313,431.	2,207,753.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,175,228.	7,184,341.
	19	Revenue less expenses. Subtract line 18 from line 12		-191,516.	-424,480.
S OL				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		10,912,239.	10,714,019.
a Pic	-	Total liabilities (Part X, line 26)		2,024,405.	2,120,048.
		Net assets or fund balances. Subtract line 21 from line 20		8,887,834.	8,593,971.
1 14	art 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	Signature of officer		Date				
Here	PHOEBE TREPP, EXECUTIVE D	IRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check DTIN				
Paid	MARC A. KOTSONAS		06/16/24 self-employed P00544551				
Preparer	Firm's name MAHONEY ULBRICH C	HRISTIANSEN & RUSS,	PA Firm's EIN 41-1647057				
Use Only	Firm's address 10 RIVER PARK PLA	ZA, SUITE 800					
	SAINT PAUL, MN 55107 Phone no. (651) 227-6695						
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

Form	1 990 (2023) CLARE HOUSING	41-1794924 _F	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE MISSION OF CLARE HOUSING IS TO PROVIDE A CONTINUUM (NE AFFORDARLE	
	AND SUPPORTIVE HOUSING OPTIONS THAT CREATE HEALING COMM		
	OPTIMIZE THE HEALTH OF PEOPLE LIVING WITH HIV/AIDS.		
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
2	If "Yes," describe these new services on Schedule O.	Yes 🛛	7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 349, 323. including grants of \$) (Reve		/
	COMMUNITY CARE HOMES: FOUR COMMUNITY-BASED CARE HOMES THE 24/7, EACH SERVING FOUR RESIDENTS WHO ARE HIV POSITIVE,)
	DISABLED AND OFTEN NEED RELIABLE CARE AND SUPPORT TO LIV		<u> </u>
	NURSING HOME. STAFF PROVIDES REHABILITATION SUPPORT TO		
	STABILIZE THEIR HEALTH BEFORE RETURNING TO INDEPENDENT 1	LIVING AND LONG	1 7
	TERM CARE TO THOSE DISABLED BY HIV/AIDS. ADDITIONALLY, O		
	PROVIDES END OF LIFE CARE TO THOSE AT THE TERMINAL STAG		
	DISEASE. STAFF ALSO ASSISTS THOSE WHO NEED A DEEPER LEVI BECAUSE OF DEMENTIA AND MENTAL HEALTH CONDITIONS, PHYSIC		
	INABILITY TO MANAGE HOUSEHOLD ACTIVITIES, TAKE PRESCRIBI		
	AND PREPARE ADEQUATE NUTRITION.		
4b	(Code:) (Expenses \$ 2,847,332. including grants of \$) (Reve		/
	SUPPORTIVE HOUSING: PERMANENT, AFFORDABLE SERVICE-ENRICH		
	149 LOW-INCOME RESIDENTS WHO ARE FORMERLY OR AT RISK OF FOUR SUPPORTIVE HOUSING SITES: CLARE APARTMENTS, CLARE N	HOMELESSNESS A MIDTOWN, CLARE	<u>ЧТ</u>
	TERRACE, AND CLARE MARSHALL FLATS. THESE SITES ALSO PRO		:
	OPPORTUNITIES FOR RESIDENTS WHO REQUIRE A HIGHER LEVEL (
	AS, NURSING CARE, MEDICATION ADMINISTRATION, HANDS ON AS	SSISTANCE WITH	
	ACTIVITIES OF DAILY LIVING, AND BUILDING INDEPENDENT LIV	VING SKILLS FOR	2
	THOSE LIVING WITH HIV/AIDS.		
4c	(Code:) (Expenses \$634,998. including grants of \$) (Reve		/5.)
	SCATTERED SITE HOUSING: CLARE HOUSING PROVIDED SCATTERED		
	SUPPORTIVE HOUSING FOR 42 HOUSEHOLDS THROUGHOUT THE TWIN AREA. HOUSING IS PROVIDED FOR HOUSEHOLDS THAT MEET THE		
	MINNESOTA'S DEFINITION OF LONG TERM HOMELESSNESS, WITH A		
	POPULATION OF INDIVIDUALS AND FAMILIES THAT ARE LIVING V		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 565,490. including grants of \$) (Revenue \$	347,046.)	
4e	Total program service expenses5,397,143.		(0.5.5.)
00000	0. 10. 01. 02	Form 990	(2023)
JJ200	2 12-21-23		

Form	990	(2023)	
	000		

 Form 990 (2023)
 CLARE
 HOUSING

 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes, " complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	- 5		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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,	10		
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44-	х	
L.	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
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? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form	990	(2023)	۱
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 Form 990 (2023)
 CLARE
 HOUSING

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х	
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? If "Yes." complete				
	Schedule J	23	Х		
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? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
с	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				
b	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? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a 28b		X X	
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37	
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v	
	contributions? If "Yes," complete Schedule M	30		X X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_ A	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x	
22	Schedule N, Part II	32			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	х		
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 23		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х		
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004			
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		x	
37					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X	
	Note: All Form 990 filers are required to complete Schedule O	38	х		
Pa					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .		
			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49	-			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-			
<u>د</u>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2023) CLARE HOUSING 41-1794	924	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_			Yes	No
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 2a 124			
	, , , ,		X	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a or		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country			
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ee		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
0a		6a		x
h	any contributions that were not tax deductible as charitable contributions?	00		- 23
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'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?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
C	to file Form 8282?	7c		x
Ь				
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x
f		76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ũ	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Rart VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	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?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?N/A	17		
	If "Yes " complete Form 6069			

Form	990 (2023) CLARE HOUSING		41-1794			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		١.	15		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	15	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	46	15			
b 2	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b		1		
2				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the					
Ŭ				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?	.		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	<u>11a</u>	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	v	
	Did the organization have a written conflict of interest policy? # "No," go to line 13			12a	X X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$			12b	Δ	
с				10-	х	
10	on Schedule O how this was done			12c 13	X	<u> </u>
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval			14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	aoponaone			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	ı's			
	exempt status with respect to such arrangements?			16b	Х	
Sec	tion 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest policy, and	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	PHOEBE TREPP - 612-236-9521					
	929 CENTRAL AVENUE NE, MINNEAPOLIS, MN 55413-2404					

Form 990 (2	023) CLARE HOUSING	41-1794924	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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		
• List a	te this table for all persons required to be listed. Report compensation for the calendar year ending I of the organization's current officers, directors, trustees (whether individuals or organizations), re columns (D), (E), and (F) if no compensation was paid.		,

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss per id a d	rson i irecto	s both	n an tee)	compensation	compensation	amount of
	week					17440	,	from the	from related	other
	(list any hours for	ndividual trustee or director				-		organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	mpe		1099-NEC)	,	and related
	below	idual	Institutional trustee	er	key emp loyee	est-co	ler			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) PHOEBE TREPP	45.00									
EXECUTIVE DIRECTOR				Х				145,618.	0.	7,409.
(2) MARK LASSWELL	2.00									
CHAIR		Х		X				0.	0.	0.
(3) AMRITA NAIMPALLY	2.00									
VICE CHAIR		X		Х				0.	0.	0.
(4) KELSEY VATSAAS	2.00									
TREASURER		X		Х				Ο.	0.	0.
(5) BRIAN HARRISON	2.00									
SECRETARY		X		X				Ο.	0.	0.
(6) BILL MURTAUGH	1.00									
BOARD MEMBER		X						Ο.	0.	0.
(7) KEVIN DEESE	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) ROSE TENG	1.00									
BOARD MEMBER	_	Х						0.	0.	0.
(9) ANDREW KLEINENDORST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) AMELIOUS WHYTE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) AMANDA JANZEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MARY NOVAK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JULIE HUCK	1.00									
BOARD MEMBER		Х						Ο.	0.	0.
(14) KRISTINE MORSHEAD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHAEL STAUFACKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JANET THOMAS-BOUYER	1.00									
BOARD MEMBER		Х						0.	0.	0.
										000

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Part	VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
	hours per					son i	l than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	I	(F) Estima amour othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		compen from organiz and rel organiza	the ation ated
											\rightarrow		
											_		
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A					Ċ		145,618. 0. 145,618.		0.0.0		<u>409.</u> 0. 409.
	Total number of individuals (including but no compensation from the organization				d ab	ove) who	o re		000 of reportable			1
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su								hest compensated emp			Ye:	s No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable ,000? <i>If</i> "Yes,	e co " coi	mpe mple	ensat ete S	tion Sche	and edule	oth J f	er compensation from t	ne organization		4 X	
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· ·							0			5	X
	ion B. Independent Contractors Complete this table for your five highest cor	npensated ind	ener	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of comr	ensati	ion from	
	the organization. Report compensation for t	•	•							•		(C)	
	Name and business	address	NC	ONE	2			_	Description of s	ervices	Co	ompensat	ion
	Total number of independent contractors (ir \$100,000, of compensation from the organiz	•	ot lin	nited	to t	thos		ed	above) who received mo	ore than			

		Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
				l otal revenue	function revenue	business revenue	from tax un sections 512
S	1 a	Federated campaigns 1a	75,000.				
iun		Membership dues 1b					
b		Fundraising events 1c					
ar A		Related organizations 1d					
and Other Similar Amounts		Government grants (contributions) 1e	1,986,884.				
2	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	851,313.				
Ö	g	Noncash contributions included in lines 1a-1f					
an	h	Total. Add lines 1a-1f		2,913,197.			
			Business Code				
	2 a	PROGRAM FEES	531390	3,340,358.	3,340,358.		
a	b	RENTAL REVENUE	531110	338,960.	338,960.		
nue	с	PARTNERSHIP MANAGEMENT FEES	531310	52,810.	52,810.		
Kevenue	d	OTHER	531390	10,930.	10,930.		
т Г	е		ļļ				
		All other program service revenue					
	g	Total. Add lines 2a-2f	1	3,743,058.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		147,343.			147,
	4	Income from investment of tax-exempt bond	proceeds				
1	5	Royalties					
	_		(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Other				
	/а						
	b						
	b	Less: cost or other basis and sales expenses 7b 2,250,588					
	~	and sales expenses 7b 2,250,588 Gain or (loss) 7c -43,737					
		Net gain or (loss)		-43,737.			-43,
		Gross income from fundraising events (not		20,101.			
	0 4	including \$ of					
<u></u>		contributions reported on line 1c). See	1				
		Part IV, line 18					
	b	Less: direct expenses 8					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9	a				
	b	Less: direct expenses 9					
		Net income or (loss) from gaming activities_					
1		Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold 10	b				
	с	Net income or (loss) from sales of inventory					
			Business Code				
₀ 1	1 a						
	b		ļļ				
enu	-						
evenu	С						
		All other revenue					

CLARE HOUSING

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	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	153,605.	76,803.	61,441.	15,361.
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	3,923,896.	3,028,872.	615,753.	279,271.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	106,572.	80,436.	17,952.	8,184.
9	Other employee benefits	481,000.	357,041.	86,476.	37,483.
10	Payroll taxes	311,515.	234,939.	53,897.	22,679.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	111,130.	10,389.	100,741.	
	Lobbying	29,508.			29,508.
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	19,840.		19,840.	
	Other. (If line 11g amount exceeds 10% of line 25,			,	
3	column (A), amount, list line 11g expenses on Sch-O.)	203,000.	107,244.	95,756.	
12	Advertising and promotion		,		
13	Office expenses	159,230.	38,170.	52,312.	68,748.
14	Information technology	126,547.	48,967.	71,313.	6,267.
15	Royalties		, ,	,	,
16	Occupancy	115,849.	115,849.		
17	Travel		,		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,507.	13,064.	2,965.	1,478.
20	Interest	7,509.	6,797.	712.	<i>i</i>
21	Payments to affiliates	.,			
22	Depreciation, depletion, and amortization	200,893.	176,611.	24,282.	
23	Insurance	64,265.	40,195.	24,070.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	APARTMENT LEASES	605,439.	585,403.	20,036.	
b	REPAIRS AND MAINTENANCE	219,753.	213,130.	6,623.	
c	RESIDENT SUPPLIES/SERVI	185,759.	178,857.	6,902.	
d	MISCELLANEOUS	76,545.	43,504.	24,215.	8,826.
	All other expenses	64,979.	40,872.	22,320.	1,787.
25	Total functional expenses. Add lines 1 through 24e	7,184,341.	5,397,143.	1,307,606.	479,592.
26	Joint costs. Complete this line only if the organization	.,	-,,	_,,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	(noisting oor 30-2 (noo 300-720)	1	1		000

CLARE HOUSING 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).

(A) Total expenses

(B) Program service expenses

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

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1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21

7b, 8b, 9b, and 10b of Part VIII.

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(C) Management and general expenses

(D) Fundraising expenses

Fai		Dalalice Sheet					
		Check if Schedule O contains a response or note	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			170,648.	1	221,693.
	2	Savings and temporary cash investments			651,056.	2	187,487.
	3	Pledges and grants receivable, net	610,407.	3	668,350.		
	4	Accounts receivable, net			400,167.	4	313,050.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
		controlled entity or family member of any of these	e person	s		5	
	6	Loans and other receivables from other disqualifi	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
×	9	Prepaid expenses and deferred charges			159,444.	9	115,371.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,282,515. 3,790,803.			
	b	Less: accumulated depreciation	10b	3,790,803.	4,673,828.	10c	4,491,712. 2,975,849.
	11	Investments - publicly traded securities			2,543,121.	11	2,975,849.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1		1,703,568.	13	1,740,507.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			10,912,239.	16	10,714,019.
	17	Accounts payable and accrued expenses			429,382.	17	460,314.
	18	Grants payable				18	
	19	Deferred revenue	25,901.	19	31,640.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of thes			1 150 010	22	1 510 000
-	23	Secured mortgages and notes payable to unrelate			1,459,319.	23	1,510,922.
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (Complete Part X	100 000		110 100
		of Schedule D	109,803.		117,172.		
	26	Total liabilities. Add lines 17 through 25		T	2,024,405.	26	2,120,048.
s		Organizations that follow FASB ASC 958, chec	ck here	X			
JCe		and complete lines 27, 28, 32, and 33.			5 717 627		
alai	27				<u>5,717,637.</u> 3,170,197.	27	<u>5,566,666.</u> 3,027,305.
d B	28				5,170,197.	28	5,027,505.
ŝ		Organizations that do not follow FASB ASC 95					
۳.	00	and complete lines 29 through 33.					
ŝts	29			6		29	
Net Assets or Fund Balances	30 21	Paid-in or capital surplus, or land, building, or eq		ſ		30	
et A	31	Retained earnings, endowment, accumulated inc		ſ	8,887,834.	31	8,593,971.
ž	32 22	Total net assets or fund balances			10,912,239.	32 33	10,714,019.
	33	Total liabilities and net assets/fund balances			10,714,437.	აა	Form 990 (2023)
							ronn 🕶 (2023)

Form 990 (
Part X	Ba	lance	Sheet

Form	990 (2023) CLARE HOUSING	41	-1794924	Pag	_{ge} 12
Par	rt XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total	revenue (must equal Part VIII, column (A), line 12)	1	6,759		
2	Total	expenses (must equal Part IX, column (A), line 25)	2	7,184		
3	Reve	nue less expenses. Subtract line 2 from line 1	3	-424		
4	Net a	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,887		
5		Inrealized gains (losses) on investments	5	204	.,0	61.
6	Dona	ated services and use of facilities	6			
7	Inves	stment expenses	7			
8	Prior	period adjustments	8			
9	Othe	r changes in net assets or fund balances (explain on Schedule O)	9	-73	3,4	44.
10	Net a	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	colur	nn (B))	10	8,593	8,9	<u>71.</u>
Par	rt XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				X
					Yes	No
1		ounting method used to prepare the Form 990: 🗌 Cash 🛛 🛣 Accrual 📃 Other				
		organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a		e the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	lf "Y€	es," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	sepa	rate basis, consolidated basis, or both:				
		Separate basis Consolidated basis Both consolidated and separate basis				
b		e the organization's financial statements audited by an independent accountant?		2b	X	
		es," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	,		
	cons	olidated basis, or both:				
		Separate basis X Consolidated basis Both consolidated and separate basis				
С		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
		w, or compilation of its financial statements and selection of an independent accountant?			X	
		organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (D.		
3a		result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
		orm Guidance, 2 C.F.R. Part 200, Subpart F?			X	
b		es," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or au	dits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
				Form	990 ((2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047
	2023
	Open to Public Inspection
Employer	identification number

Name of the organization

Itan		CLAR	E HOUSING						1-1794924		
Pa	irt I	Reason for Public C		(All organizations must c	omplete th	nis part.) S	ee instruction		//		
The	organ	ization is not a private found									
1	Ŭ						l)(A)(i).				
2		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
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 gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Ily receives (1) more	than 33 1/3% of it <mark>s supp</mark>	ort from co	ontribution	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exc eptions ; a	ind (2) no i	more than	33 1/3% of it	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.		
		See section 509(a)(2). (Cor									
11		An organization organized a									
12		An organization organized a									
		more publicly supported or							Check the box on		
		lines 12a through 12d that									
а											
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
h					ion with it	oupporto	d organizatio	n(a) by bay	ina		
b		J Type II. A supporting org control or management o									
		organization(s). You mus			ine persoi	13 11 141 001		ge the supp	Joned		
с		Type III functionally inte			n connect	ion with a	and functional	lv integrate	od with		
Ŭ		its supported organization						ly integrate			
d		Type III non-functionally						ted organiz	ration(s)		
	·	that is not functionally int	-								
		requirement (see instructi			•		-				
е		Check this box if the orga	,	•				II, Type III			
		functionally integrated, or									
f	Ente	er the number of supported o									
g		vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota	al										
							-				

Schedule A (Form 990) 2023

CLARE HOUSING

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) 2019 (c) 2021 (d) 2022 (e) 2023 (b) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2913197.11965868. include any "unusual grants.") 1681242 2048157. 2746269. 2577003. 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 2577003. 2913197.11965868. 1681242. 2048157. 2746269. 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) 207,160. 1758708. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2022 <u>(e)</u>2023 c) 2021 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (f) Total 2048157 2746269. 2577003. 2913197.11965868. 1681242. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 36,285 83 ,815. 87,575. 103,606. 39,848. 351,129. 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 VI.) 12316997. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 15,974,845 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 95.47 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 95.71 15 % 16a 33 1/3% support test - 2023. 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 b 33 1/3% support test - 2022. 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 17a 10% -facts-and-circumstances test - 2023. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 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

Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 CLARE
 HOUSING

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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				K		
	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support	1					
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6	((1) 10 444
	a Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	b Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	Leorganization's fi	irst second third	fourth or fifth tax	vear as a section		I
	check this box and stop here	-			-		
Se	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 2		•	line 13 column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2023. If the			on line 14, and line			
	more than 33 1/3%, check this box a						
	b 33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20							
				,			

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

|--|

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

Yes No

Sche	dule A (Form 990) 2023 CLARE HOUSING			41-1794924 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on	Nov. 20, 1970 (explain ii	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

0	dule A (Form 990) 2023 CLARE HOUSING		Λ	1-1794924 Page 7
Par		(a)(3) Supporting Orga	1	1-1/94924 Page/
		allo oupporting orga	nizations (continued)	Current Veer
	on D - Distributions	matauraaaa	1	Current Year
 2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	0	8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years		*	
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	Applied to underdistributions of prior years			
	Applied to 2023 distributions of prior years			
-	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
с	Excess from 2021			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	CLARE	HOUSING	41-1794924 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. P , 2, 3b, 3c, 4 lines 2 and 3	rovide the explanations required by Part II, line 10; Part II, line 17a d b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines ; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part /, Section E, lines 2, 5, and 6. Also complete this part for any addition	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

41-1794924

CLARE	HOUSING
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Organization type (check or	Organization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
, .	s covered by the General Rule or a Special Rule .			
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

323452 12-26-23

Schedule B (Form 990) (2023)	
Name of organization	

Employer identification number

41-1794924

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	U.S. DEPARTMENT OF HOUSING AND DEVELOPMENT OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT WASHINGTON, DC 20410-7000	\$ <u>461,889.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MINNESOTA HOUSING FINANCE AGENCY 400 SIBLEY STREET, SUITE 300 SAINT PAUL, MN 55101-1998	\$ 181,954.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OTTO BREMER TRUST 445 MINNESOTA ST., STE. 2250 SAINT PAUL, MN 55101	\$ <u>105,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MN DEPARTMENT OF HUMAN SERVICES 540 CEDAR STREET SAINT PAUL, MN 55101	\$ <u>635,596.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 HENNEPIN COUNTY HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT GOVERNMENT CENTER A-1006 300 S. 6TH STREET MINNEAPOLIS, MN 55487-0106	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

CLARE HOUSING

Page 2
Employer identification number

41-1794924

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	CITY OF MINNEAPOLIS 505 4TH AVENUE SOUTH, ROOM 520 MINNEAPOLIS, MN 55415	\$ <u>586,289.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
			Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

lame of or	ganization	E	Employer identification number
LARE	HOUSING		41-1794924
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		 \$	
(a)			
No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No.	(b)	(0)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(-)	
No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		_	
		\$	
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		—	
		\$	

Name of or	rganization		Employer identification number
CLARE	HOUSING		41-1794924
Part III	Exclusively religious, charitable, etc., contribution	through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee

S	С	Η	E	D	U	L	Ε	С

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	le of organization				Emplo	over identification number			
_	CLARE H					41-1794924			
Pa	rt I-A Complete if the org	anization is exempt unde	er section 501(c) o	r is a section 52	27 org	janization.			
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			\$				
Pa	rt I-B Complete if the org	anization is exempt unde	er section 501(c)(3).					
2 4a b Pa 1 2 3	If "Yes," describe in Part IV. ITT I-C Complete if the org Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b	incurred by organization manage n 4955 tax, did it file Form 4720 f anization is exempt unde d by the filing organization for sec ization's funds contributed to oth . Add lines 1 and 2. Enter here ar	rs under section 4955 for this year? Ex section 501(c), e ttion 527 exempt function rer organizations for second rd on Form 1120-POL,	except section 5 on activities otion 527	\$ 501(c) \$ \$	Yes No Yes No (3).			
	 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. 								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
_									

OMB No. 1545-0047

2023 Open to Public Inspection

Schedule C (Form 990) 2023	CLARE HOUSI	NG			794924 Page 2				
Part II-A Complete if the org	anization is exer	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ction under				
section 501(h)).									
A Check if the filing organiza	ation belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	, address, EIN,				
expenses, and sha	expenses, and share of excess lobbying expenditures).								
B Check if the filing organiza	ation checked box A a	nd "limited control" pro	visions apply.						
Limi	ts on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group				
		unts paid or incurred.)		organization's totals	totals				
1a Total lobbying expenditures to influence				00 500					
b Total lobbying expenditures to influence				29,508.					
c Total lobbying expenditures (add li				29,508.					
d Other exempt purpose expenditure				7,154,833. 7,184,341.					
e Total exempt purpose expenditure				7,184,341.					
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	509,217.					
If the amount on line 1e, column (a) o		bying nontaxable amo	ount is:						
not over \$500,000,		the amount on line 1e.							
over \$500,000 but not over \$1,000		00 plus 15% of the exce							
over \$1,000,000 but not over \$1,5		00 plus 10% of the exce							
over \$1,500,000 but not over \$17,		00 plus 5% of the exces	ss over \$1,500,000.						
over \$17,000,000,	\$1,000	,000.		105 004					
g Grassroots nontaxable amount (en	<i>,</i> ,			127,304.					
h Subtract line 1g from line 1a. If zer				0.					
i Subtract line 1f from line 1c. If zero				0.					
j If there is an amount other than ze		line 1i, did the organiza	ation file Form 4720						
reporting section 4911 tax for this					Yes No				
		eraging Period Under							
(Some organizations t	hat made a section 5	01(h) election do not l ate instructions for lin	have to complete all o	f the five columns be	low.				
		nditures During 4-Yea							
		Inditores During 4- rea	Averaging Period						
Calendar year	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
(or fiscal year beginning in)	(a) 2020	(b) 2021	(0) 2022	(u) 2023	(e) Total				
A A A A A A A A A A	420,366.	422,659.	458,761.	500 217	1 011 002				
2a Lobbying nontaxable amount	420,300.	422/059.	450,701.	509,217.	1,811,003.				
b Lobbying ceiling amount					2,716,505.				
(150% of line 2a, column(e))					2,710,505.				
- Total labor in a constant dia a	6,175.	37,269.	14,700.	29,508.	87,652.				
c Total lobbying expenditures	0,175.	57,209.	14,/UU•	49,000.	07,052.				
	105,092.	105,665.	114,690.	127,304.	452,751.				
d Grassroots nontaxable amount	103,092.	103,005.	114,090.	141,304.	454,191.				
 Grassroots ceiling amount (150% of line 2d, column (e)) 					679,127.				
					UIJ,141.				
	1	1							
f Grassroots lobbying expenditures	6,175.				6,175.				

Schedule C (Form 990) 2023

of the lobbying activity. Yes No	Amount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 	
c Media advertisements?	
d Mailings to members, legislators, or the public?	
Publications, or published or broadcast statements?	
f Grants to other organizations for lobbying purposes?	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	
i Other activities?	
j Total. Add lines 1c through 1i	
 b If "Yes," enter the amount of any tax incurred under section 4912 	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	on
501(c)(6).	
	Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A answered "Yes."	
1 Dues, assessments and similar amounts from members	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	
expenses for which the section 527(f) tax was paid).	
a Current year 2a	
b Carryover from last year 2b	
c Total	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
expenditures next year?	
5 Taxable amount of lobbying and political expenditures. See instructions 5	
Part IV Supplemental Information	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

(election under section 501(h)).

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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 3 L **Open to Public** Inspection

Employer identification number 41-1794924

Name of the organization		
	CLARE	HOUSING

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts			
	Tatal symphony at and of your					
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-				
•	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
Pa						
			Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	f - bistoria - U. Secondard Israel and			
	Preservation of land for public use (for example, recrea		f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
•	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	ried conservation contribution in the form	Held at the End of the Tax Year			
	day of the tax year.					
a	Total number of conservation easements					
b						
С	Number of conservation easements on a certified historic stru		<u>2</u> c			
d	Number of conservation easements included on line 2c acqu					
-	on a historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the	e organization during the tax			
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year			
•						
8	Does each conservation easement reported on line 2d above					
•						
9	In Part XIII, describe how the organization reports conservation	•				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the			
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets			
I a	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works			
. Tea	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar	, ,				
h	If the organization elected, as permitted under FASB ASC 95					
D	art, historical treasures, or other similar assets held for public					
	· · ·		nerance of public service,			
	provide the following amounts relating to these items.		Φ.			
	(i) Revenue included on Form 990, Part VIII, line 1					
0		asuras, or other similar assots for financia				
2	If the organization received or held works of art, historical tree the following amounts required to be reported under EASE A		a gain, provide			
~	the following amounts required to be reported under FASB A	-	¢			
d L	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$\$			
μ	ASSELS INCIULEU IN FUTTI SSU, Fail A		Ð			

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23

Schedule D	(Form	990)	2023
Concurre D	1. 0	000,	LOLO

Sche	dule D (Form 990) 2023 CLARE H				41-3	1794924	Page 2
Par	t III Organizations Maintaining C	ollections of Art, H	istorical Treasures, o	r Other S	imilar Ass	ets (continued	1)
3	Using the organization's acquisition, accession	on, and other records, ch	eck any of the following tha	t make signi	ficant use of	its	
	collection items (check all that apply).						
а	Public exhibition	d	Loan or exchange progr	am			
b	Scholarly research	e	Other				
с	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain how	w they further the organizati	on's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit o	r receive donations of art	, historical treasures, or oth	er similar ass	sets		
_	to be sold to raise funds rather than to be ma					Yes	No
Par	t IV Escrow and Custodial Arrange		the organization answered "	Yes" on For	m 990, Part l'	V, line 9, or	
	reported an amount on Form 990, Pa	t X, line 21.					
1a	Is the organization an agent, trustee, custodi	an, or other intermediary	for contributions or other as	ssets not inc	uded		
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	ng table:				
						Amount	
	Beginning balance				1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
t Or	Ending balance				1f		
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII.					└── Yes └	No
Par						L	
			b) Prior year (c) Two year		Three vears ba	ack (e) Four yea	rs back
1a	Beginning of year balance	(-,				(-,	
b	Contributions						
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held as:				
а	Board designated or quasi-endowment	%	-				
b	Permanent endowment	%					
с	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse	ssion of the organization	that are held and administe	red for the			
	organization by:					Ye	s No
	(i) Unrelated organizations?					3a(i)	
b	If "Yes" on line 3a(ii), are the related organiza					3b	
4	Describe in Part XIII the intended uses of the		ent funds.				
Par	t VI Land, Buildings, and Equipm				10		
	Complete if the organization answere	,		, <u>,</u>	I		
	Description of property	(a) Cost or other basis (investment)	()	(c) Accu depree		(d) Book va	lue
1a	Land		499,090.			499,	
	Buildings		7,374,763.	3,41	7,809.	3,956,	954.
	Leasehold improvements						
	Equipment		408,662.	37	2,994.	35,	668.
е	Other						
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, lir	ne 10c, column (B))			4,491,	712.

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	on Form 000, Dort IV, line		10
Complete if the organization answered "Yes" ((a) Description of investment	(b) Book value		ost or end-of-year market value
	(u) DOOK value		use of end-of-year market value
(1) INVESTMENT IN (2) PARTNERSHIPS	250,512.	COST	
(3) DUE FROM PARTNERSHIPS	230,512.	COST COST	
(3) DOE FROM PARTNERSHIPS (4) NOTES RECEIVABLES FROM	433,333.	0001	
	1,250,000.	COST	
	1,230,000.	COBI	
(6)			
(7)			
(8)			
(9)	1,740,507.		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	1,7±0,507		
Complete if the organization answered "Yes" of	on Form 990. Part IV, line	11d. See Form 990. Part X. line	15.
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	7		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. <i>(</i> B))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) TENANT SECURITY DEPOSITS			19,250
(3) ACCRUED INTEREST - DUE AT MATURITY			97,922
(4)			
(5)			
(6)			
(7)			
(0)			
(8)			
(8) (9)			117,172

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

SCHEDULE J Compensation Information (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		Compensation Information	OM	B No. 1	545-004	17	
			2022				
		Compensated Employees		2 U/	ZJ)	
Denar	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Ор	Open to Public			
	nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
Nam	e of the organization		Employer identif			nber	
		CLARE HOUSING	41-1794	924	1		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence						
		for companions Payments for business use of personal residence demnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
~	,	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation	o committee Written employment contract					
	Independent c	ompensation consultant X Compensation survey or study					
	Form 990 of o	ther organizations X Approval by the board or compensation co	ommittee				
4		any person listed on Form 990, Part VII, Section A line 1a, with respect to the filing					
_	organization or a re			4		v	
		e payment or change-of-control payment?	Г	4a		X	
b		eive payment from a supplemental nonqualified retirement plan?		4b		X	
С							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the re						
а	0			5a		Х	
		ation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the n	-					
а	The organization?		·····	6a		X	
b		ation?	·····	6b		X	
-		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	v		
<u> </u>		nes 5 and 6? If "Yes," describe in Part III		7	X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				x	
0				8		<u> </u>	
9		id the organization also follow the rebuttable presumption procedure described in		9			
		an Act Natice, see the Instructions for Form 990	Schedule I		. 000)	2022	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Sche	dule D (Form 990) 2023 CLARE HOUSING		41-1794924 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	tatements With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	(2.)	
Pa	t XII Reconciliation of Expenses per Audited Financial S	Statements With Expension	ses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	. 18.)	

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.

PART X, LINE 2:

CLARE HOUSING IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3) AND IS EXEMPT FROM MINNESOTA INCOME TAXES UNDER

APPLICABLE MINNESOTA STATUTES, EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME

FROM BUSINESSES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. MANAGEMENT

BELIEVES CLARE HOUSING DID NOT HAVE ANY UNRELATED BUSINESS INCOME OR

UNCERTAIN TAX POSITIONS.

Schedule J (Form 990) 2023 CLAF	KE H	CLARE HOUSING			41-1794924	924		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	Emplo	yees, and Highest C	ompensated Emplo	oyees. Use duplicat	e copies if additional s	pace is needed.		
For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.	t be re Form	ported on Schedule J 990, Part VII.	, report compensatio	on from the organize	ttion on row (i) and fron	n related organizations	s, described in the inst	uctions, on row (ii).
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.	sted in	dividual must equal th	ie total amount of Fc	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHOEBE TREPP	0	143,800.	1,818.	.0	5,848.	1,561.	153,027.	.0
EXECUTIVE DIRECTOR		• 0	•0	.0	•0	.0	•0	.0
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
							Sched	Schedule J (Form 990) 2023

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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.	
Schedule J (Form 990) 2023) 2023
	Schedule J (Form 990

332113 11-06-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 41 - 1794924

CLARE HOUSING

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CLARE APARTMENTS: CLARE APARTMENTS CONSISTS OF A 32 UNIT SUPPORTIVE

HOUSING COMMUNITY. RESIDENTS COME FROM BACKGROUNDS OF LIVING WITH HIV,

EXTREME POVERTY, AND HOMELESSNESS. IN ADDITION, MANY HAVE A MENTAL

HEALTH DIAGNOSIS AND/OR HISTORIES OF CHEMICAL ADDICTION. RESIDENTS ARE

OFFERED NETWORKED SUPPORT SERVICES WITH 24-HOUR ACCESS TO STAFF. THERE

IS DEVELOPMENT, COORDINATION, AND MONITORING OF AN INDIVIDUALIZED

SUPPORTIVE SERVICES PROGRAM FOR EACH RESIDENT. SERVICES INCLUDE

MEDICATION ASSISTANCE, ASSISTANCE WITH PERSONAL CARE, HOUSEKEEPING,

MEAL PREPARATION, SCHEDULING APPOINTMENTS, INFORMATION, SUPPORT AND

REFERRALS.

EXPENSES \$ 565,490. INCLUDING GRANTS OF \$ 0. REVENUE \$ 347,046.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE STAFF AND THE FINANCE COMMITTEE, AND THEN

SUBMITTED TO THE FULL BOARD FOR THEIR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS ARE REQUIRED TO ANNUALLY SIGN CONFLICT OF INTEREST

STATEMENTS WHICH ARE REVIEWED BY MANAGEMENT. BOARD MEETINGS BEGIN BY ASKING

IF ANY BOARD MEMBERS HAVE ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION USES COMPARABILITY DATA IN DETERMING THE SALARY RATES OF

OFFICERS.

Schedule O (Form 990) 2023	Page 2
Name of the organization CLARE HOUSING	Employer identification number 41-1794924
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTED PLEDGES	-20,682.
CLARE APTS INTEREST WRITE-OFF/ALLOWANCE	-52,762.
TOTAL TO FORM 990, PART XI, LINE 9	-73,444.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S FINANCE COMMITTEE ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE	PREVIOUS
YEAR.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Par ed "Yes" on Form 990, Part IV, lin Attach to Form 990. 90 for instructions and the latest	tnerships • 33, 34, 35b, 36, nformation.	or 37.		OMB No. 1545-0047 2023 Open to Public Inspection	
Name of the organization CLARE HOUSING					Employer identification number 41-1794924	tification num 4 9 2 4	lber
Part I Identification of Disregarded Entities. Complete if the organization	lete if the organization answered "Yes" o	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	me End-of-year assets		(f) Direct controlling entity	
CLARE APARTMENTS II, LLC - 20-1249483 929 CENTRAL AVENUE NE MINNEAPOLIS, MN 55413	HOUSING AND SUPPORTIVE SERVICES FOR PERSONS LIVING WITH AIDS AND HIV	MINNESOTA	350	350,600. 3,212	3,212,998, CLARE HOUSING	ÐNIS	
CLARE SERVICES LLC 929 CENTRAL AVENUE NE MINNEAPOLIS, MN 55413	SUPPORTIVE SERVICES FOR PERSONS LIVING WITH AIDS AND HIV	MINNESOLA	2				
Identification of Related Tax-Exempt Organizations. Complete <i>if the</i> organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Complete if the organization an	Iswered "Yes" on Form 990,	Part IV, line 34, t	ecause it had one c	or more related tax-e	xempt	
(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	Section 512(b)(13) controlled entity?	(b)(13) led ?
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule	Schedule R (Form 990) 2023) 2023

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Schedule R (Form 990) 2023 CLARE	E HOUSING								41-1	79492	4 Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable	as a Partne ax year.		f the organiza	Complete if the organization answered "Y	"Yes" on Form 990, Part IV, line 34, because	Part IV, line	34, becaus	se it had one or more related	more rela	
(a)	(q)	(C)	(q)	(e)		(t)	(a)	(H	()	(i)	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	itrolling .y	Predominant income (related, unrelated, excluded from tax under sections 512-514)		f total ne	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen par	Derc
CLARE HIAWATHA LIMITED PARTNERSHIP - 27-0963628, 929											
NUE NE,	RENTAL REAL										
MINNEAPOLIS, MN 55413-2404	ESTATE	MN	N/A	N/A		N/A	N/A	X	N/A	X	N/A
CE LIMITED											
PARTNERSHIP - 47-2174074, 929					(
UE NE,	RENTAL REAL										
MINNEAPOLIS, MN 55413-2404 E	ESTATE	MN	N/A	N/A	A	(/A	N/A	×	N/A	×	N/A
티					5	_					
PARTNERSHIP - 47-5120784, 929											
CENTRAL AVENUE NE,	RENTAL REAL										
MINNEAPOLIS, MN 55413-2404	ESTATE	MN	N/A	N/A		N/A	N/A	X	N/A	X	N/A
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corpo ng the tax y	or Trust.	Complete if the	e organization answered "Yes"	wered "Yes" on F	⁻ orm 990, Pa	art IV, line 3.	on Form 990, Part IV, line 34, because it had	ad one or	one or more related
(a)			(q)	(c)	(q)	(e)	(J)		(6)	(H)	(i)
Name, address, and EIN of related organization	Ζc	Prim	Primary activity	or nicile	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share inc		e of year te	Percentage ownership	be 512(b)(13) controlled entity?
				country)					aoocio		Yes No
222160 NG 28 22									Scher	into R (Ed	Schadula R (Form 990) 2023
005 105 08-50-50									00100		

Schedule R (Form 990) 2023 CLARE HOUSING

Page 3 41-1794924

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, int or 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-IV3	s with one or more rel	ated organizations listed i	n Parts II-IV2		Yes	2
a Receipt of (ii) interest. (iii) annuities. (iii) rovalties or (iv) rent from a controlled entity				1a	×	
				1		×
Gift, grant, or capital contribution from related organization(s)				ا د		×
d Loans or loan guarantees to or for related organization(s)				1d	×	
				1e		×
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		×
Purchase of assets from related organiza				ŧ		×
				1		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				ŧ		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1 T		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			4	×	
				9	×	
-						
p Reimbursement paid to related organization(s) for expenses				4L	×	
Reimbursement paid by related organization(s) for expenses				1q	×	
					۶	
				⊨ ,	4	>
				ls		4
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	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) CLARE TERRACE LIMITED PARTNERSHIP	Д	600,000.	COST			
(2) CLARE MARSHALL FLATS LIMITED PARTNERSHIP	Д	650,000. COST	COST			
(3) CLARE HIAWATHA LIMITED PARTNERSHIP	R	154,555.	COST			
(4)						
(5)						
(6)						
332163 09-28-23			Schedule R (Form 990) 2023	3 (Forn	1 990) 2023

Schedule R (Form 990) 2023 CLARE HOUSING	CLARE HOUSING	into otta ji tho orono	22 Det 10 Det 27		000 Dot IV lino	2		41-179	1794924	Page 4
Part VI Onrelated Organizations Laxable as a Partnership. Complete Hur Provide the following information for each entity taxed as a partnership through	entity taxed as a partnershi	p through which the	e organization answered tes on Form 390, Fart 17, inte 37. which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)		e than five percent	of its activities (me	asured by	total assets or (gross re	(enue)
Interview of participation (c) (c) (d) (a) (b) (c) (c) (d) Name, address, and EIN Primary activity Legal domicile Predominant income (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Primary activity	Legal domicile (state or foreign country)	. 5	(e) Are all 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI © amount in box 20 ⁿ of Schedule K-1 J (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							8		8	
					2					
								Schedule	e R (Fori	Schedule R (Form 990) 2023

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Schedule R (Form 990) 2023 CLAR Part VII Supplemental Information 41-1794924 Page 5 CLARE HOUSING Provide additional information for responses to questions on Schedule R. See instructions.

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Leg	al Name of Organization <u>CLARE HOUSING</u>						
Fed	eral EIN:41-1794924	Fiscal Year-En		12023			
			mm/dd/y	ууу			
		Did the organiza	ation's fiscal	year-end ch	nange?	Ye	s X No
	illing Address: HOEBE TREPP	Physical Addre					
-	ontact Person 29 CENTRAL AVENUE NE	Contact Person 929 CENT		ENUE N	ΙE		
	treet Address INNEAPOLIS, MN 55413-2404	Street Address MINNEAPO	DLIS, M	N 554	13-24	104	
	ity, State, and ZIP Code 12-236-9515	City, State, and 612-236-	9515				
<u>P</u>	hone Number HOEBE.TREPP@CLAREHOUSING.ORG	Phone Number		LAREHC	USINC	G.ORG	
E	nail Address	Email Address					
1.	Organization's website: WWW.CLAREHOUSING.ORG						
2.	List all of the organization's alternate and former names (attach list if mo	re s pace is need	led).		- =	Alternate	Former
3	List all names under which the organization solicits contributions (attach	list if more space	e is needed)		_	Alternate	E Former
	CLARE HOUSING			•			
4.	Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes	No				
5.	Total amount of contributions the organization received from Minnesota	donors:			\$	3'	70,000.
6.	Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.						
7.	Has the organization significantly changed its purpose(s) or program(s)?						

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or govern $\$ Yes X No If yes, attach explanation.	nment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consolicit contributions in Minnesota? \square Yes \boxed{X} No If yes, provide the following information for each (attach list if more space is needed):	onsultant) to	
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Code	
	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached <u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an accordance with generally accepted accounting principles by an independent CPA or LF donated food to a nonprofit food shelf may be excluded from the total revenue if the food subsequent distribution at no charge and is not resold. Do any directors, officers, or employees of the organization or its related organization(s) r compensation* of more than \$100,000? X Yes No If yes, provide the following information for the five highest paid individuals:	PA. The value of d is donated for receive total	
	Name and title	Compensation*	Other compensation
	EXECUTIVE DIRECTOR	145,618.	7,409.
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 109 issued by the organization and its related organizations to the individual. <i>See</i> Minn. Stat 3(i) and Minn. Stat. § 317A.011 for definitions.		

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

SEE STATEMENT 1

1

2

\$____

13. A full list of all banks or other financial institutions in which the organization's funds are deposited, including all bank names, addresses, and phone numbers (attach list if more space is needed).

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

- 1. **Contributions Received**
- Government Grants 2.
- 3. Program Service Revenue
- 4. Other Revenue
- 5. **TOTAL INCOME**

EXPENSES

- 6. Program Expenses
- Management & General Expenses 7.
- 8. Fund-raising Expenses
- TOTAL EXPENSES 9.
- 10. EXCESS or DEFICIT

ASSETS

- 11. Cash
- 12. Land, Buildings & Equipment
- 13. Other Assets
- 14. TOTAL ASSETS

LIABILITIES

- 15. Accounts Payable
- 16. Grants Payable
- 17. Other Liabilities
- **18. TOTAL LIABILITIES**

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

3 4 5 6 8 9 10 (Line 5 minus Line 9) \$ _____ 11 \$ 12 _____ 13 \$ 14 \$ _ 15 \$ \$_____16 \$_____17 \$______18

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colu	nns B, C, and D must equal Column A. The amou	nt on Line 25, Column A	A must match Line 17 of I	RS Form 990-EZ or Line	26 of IRS Form 990-PF.
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
L	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
a.	Management				
b.	Legal				
c.	Accounting				
d.	Lobbying				
e.	Professional fundraising services				
f.	Investment management fees				
g.	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
1	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
а.					
b.					
<u>c.</u>					
<u>d</u> .					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here D if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation				
L	U				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledge	ment	
The form must be executed pursuant to a resolution of the board of directors,	trustees, or managing group and	
must be signed by two officers of the organization. See Minn. Stat. 309.52,	subd. 3.	
We, the undersigned, state and acknowledge that we are duly constituted	officers of this organization, being the	
(Title) and	(Title) respectively, and	
that we execute this document on behalf of the organization pursuant to the resolution of the		
(Board of Directors, Trustees, or Managing Group) adopted on the		
day of, 20, approving the contents of the documer	nt, and do her eby c ertify that the	
(Board of	Directors, Trustees, or Managing Group) has assumed, and will continue	
to assume, responsibility for determining matters of policy, and have supervise	ed, and will continue to supervise, the operations and finances of the	
organization. We further state that the information supplied is true, correct and	d complete to the best of our knowledge.	
PHOEBE TREPP		
Name (Print)	Name (Print)	
Signature	Signature	
EXECUTIVE DIRECTOR Title	Title	
Date	Date	

CLARE HOUSING

ANNUAL REPORT	BOARD OF DIRECTORS	STATEMENT 1
NAME AND ADDRESS		COMPENSATION
MARK LASSWELL		0.
AMRITA NAIMPALLY		0.
KELSEY VATSAAS		0.
BRIAN HARRISON		0.
BILL MURTAUGH		0.
KEVIN DEESE		0.
ROSE TENG		0.
ANDREW KLEINENDORST		0.
AMELIOUS WHYTE		0.
AMANDA JANZEN		0.
MARY NOVAK		0.
JULIE HUCK		0.
KRISTINE MORSHEAD		0.
MICHAEL STAUFACKER		0.

JANET THOMAS-BOUYER

