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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning **APR 1, 2012** and ending **MAR 31, 2013****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**ST. MONICA SENIOR CITIZENS HOME, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**3920 NORTH GREEN BAY ROAD**

Room/suite

City, town, or post office, state, and ZIP code

**RACINE, WI 53404****F** Name and address of principal officer: **LORETTA BAXTER****3920 NORTH GREENBAY ROAD, RACINE, WI 53404****D** Employer identification number**39-1137868****E** Telephone number**(262) 639-5050****G** Gross receipts \$**2513509.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1968****M** State of legal domicile: **WI****Part I Summary**

Activities & Governance		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities <b>TO PROVIDE SENIOR CITIZENS' HOUSING.</b>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>94</b>
6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
8	Contributions and grants (Part VIII, line 1h)	<b>50452.</b>	<b>45959.</b>
9	Program service revenue (Part VIII, line 2g)	<b>2120400.</b>	<b>2211088.</b>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>42427.</b>	<b>29477.</b>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>82989.</b>	<b>224953.</b>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2296268.</b>	<b>2511477.</b>
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1524190.</b>	<b>1684998.</b>
16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>848567.</b>	<b>934928.</b>
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2372757.</b>	<b>2619926.</b>
19	Revenue less expenses Subtract line 18 from line 12	<b>-76489.</b>	<b>-108449.</b>
20	Total assets (Part X, line 16)	<b>Beginning of Current Year 4650902.</b>	<b>End of Year 4549997.</b>
21	Total liabilities (Part X, line 26)	<b>71696.</b>	<b>76640.</b>
22	Net assets or fund balances Subtract line 21 from line 20	<b>4579206.</b>	<b>4473357.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	<b>8/12/13</b>	Date
	<b>LORETTA BAXTER, ADMINISTRATOR</b>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<b>RAYMOND G. FEEST</b>	<b>8/11/13</b>	<b>8/11/13</b>
	Firm's name ▶ <b>RAYMOND G. FEEST, CPA</b>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P01285450</b>
	Firm's address ▶ <b>6929 FIVE MILE ROAD RACINE, WI 53402</b>	Firm's EIN ▶ <b>39-1141000</b>	
		Phone no. <b>262-681-1111</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

9-16 10

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission: **NONE**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code ) (Expenses \$ **1960992.** including grants of \$ ) (Revenue \$ **2434009.** )  
**OPERATION OF HOME FOR SENIOR CITIZENS**

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1960992.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>X</b>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

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

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10			
b Enter the number of voting members included in line 1a, above, who are independent		0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **LORETTA BAXTER, ADMINISTRATOR - (262) 639-5050**  
**3920 N. GREEN BAY ROAD, RACINE, WI 53404**

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

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

2012.03011 ST. MONICA SENIOR CITIZENS 3217\_\_1





**Part VIII** Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45959.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		45959.				
<b>Program Service Revenue</b>	2 a RENTAL INCOME	Business Code	623990	2211088.	2211088.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2211088.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			31509.			31509.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses		2032.				
	c Gain or (loss)		-2032.				
	d Net gain or (loss)			-2032.	-2032.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a RESIDENTS' SERVICES		812900	137476.	137476.			
b UNREALIZED GAIN		812900	73925.	73925.			
c OTHER INCOME		812900	13552.	13552.			
d All other revenue							
e Total. Add lines 11a-11d			224953.				
12 Total revenue. See instructions.			2511477.	2434009.	0.	31509.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	62138.		62138.	
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	1249432.	1014082.	235350.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31482.	23463.	8019.	
9 Other employee benefits	216254.	155428.	60826.	
10 Payroll taxes	125692.	99432.	26260.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9030.		9030.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	9888.		9888.	
12 Advertising and promotion	12314.		12314.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2587.		2587.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18655.		18655.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	160835.		160835.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>KITCHEN FOOD</b>	210396.	210396.		
b <b>UTILITIES</b>	157907.	157907.		
c <b>SUPPLIES &amp; MAINTENANCE</b>	156942.	134141.	22801.	
d <b>INSURANCE</b>	97612.	97612.		
e All other expenses	98762.	68531.	30231.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2619926.	1960992.	658934.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	6720.	1	64083.
	2 Savings and temporary cash investments	483872.	2	47600.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	41897.	4	34138.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	74194.	9	70650.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5959267.		
	b Less accumulated depreciation	10b 3552144.	10c	2407123.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	1548707.	12	1926403.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4650902.	16	4549997.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	60201.	17	76640.
	18 Grants payable		18	
	19 Deferred revenue	11495.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	71696.	26	76640.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		4418293.	27	4299175.
28 Temporarily restricted net assets		100913.	28	114182.
29 Permanently restricted net assets		60000.	29	60000.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		4579206.	33	4473357.
34 <b>Total liabilities and net assets/fund balances</b>	4650902.	34	4549997.	

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2511477.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2619926.
3	Revenue less expenses. Subtract line 2 from line 1	3	-108449.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4579206.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2600.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4473357.

**Part XII Financial Statements and Reporting**

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

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2012)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2012

**Open to Public Inspection**

Name of the organization

ST. MONICA SENIOR CITIZENS HOME, INC.

Employer identification number

39-1137868

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions.
---------------	--

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

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

[illegible]**Total**

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66710.	79518.	161584.	50452.		358264.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1874729.	1864772.	2049940.	2120400.		7909841.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1941439.	1944290.	2211524.	2170852.		8268105.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						8268105.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	1941439.	1944290.	2211524.	2170852.		8268105.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26594.	22109.	26226.	42427.		117356.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	26594.	22109.	26226.	42427.		117356.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-86021.	220871.	186140.	82989.		403979.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1882012.	2187270.	2423890.	2296268.		8789440.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	94.07 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	93.16 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.34 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	1.44 %

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**ST. MONICA SENIOR CITIZENS HOME, INC.**

Employer identification number

**39-1137868**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		454817.		454817.
b Buildings		5154367.	3270826.	1883541.
c Leasehold improvements				
d Equipment		341683.	272918.	68765.
e Other		8400.	8400.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2407123.

Schedule D (Form 990) 2012

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	1571114.	END-OF-YEAR MARKET VALUE
(B) BONDS	355289.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1926403.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
---------	--

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>2511477.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>0.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>2511477.</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>0.</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>2511477.</b>

Part XII		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
----------	--	--	--

2017		2016	
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2619926.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2619926.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2619926.

**Part XIII Supplemental Information**

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

Schedule D (Form 990) 2012

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**ST. MONICA SENIOR CITIZENS HOME, INC.**

Employer identification number

**39-1137868**

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

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

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

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

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

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

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

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2012

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

**PART I, LINE 1A: ANNUAL HOUSING ALLOWANCE \$24,489 FOR SISTERS OF ST.**

**RITA.**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

ST. MONICA SENIOR CITIZENS HOME, INC.

Employer identification number

39-1137868

FORM 990, PART VI, SECTION B, LINE 11: PRESENTED AT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: REMINDERS AT BEGINNING OF EACH  
YEAR.

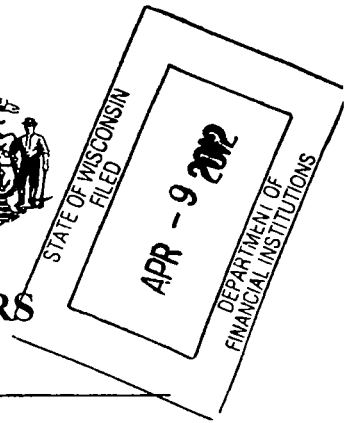
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN ESCROW FUNDS 2600.

RECEIVED  
DIVISION OF FINANCIAL INSTITUTIONS  
Ss 180.0850(1),  
181.860(1) & 185.31(3)  
Wis. Stats.  
2012 APR -2 AM 9:58

State of Wisconsin  
Department of Financial Institutions  
Division of Corporate and Consumer Services



## NEWLY ELECTED OFFICERS AND DIRECTORS

St. Monica's Senior Citizen Home, Inc

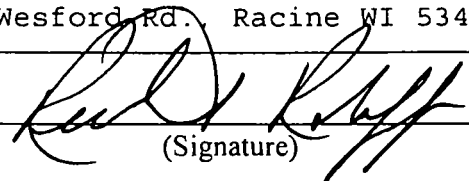
- A. Name of the corporation: \_\_\_\_\_
- B. Principal officers were elected, or changes made on March 27, 2012 (Date).  
Pursuant to such action, the principal **officers** are: *(Append schedule if space is insufficient)*

TITLE	NAME	BUSINESS ADDRESS (Complete mailing address)
President/	Richard Roloff	3530 Leo Lane, Racine WI 53406
Vice President/	Judge Richard Kreul	2615 Donegal Dr, Racine WI 53405
Secretary/	Ms. Catherine DeGroot	3621 Regency Dr., Racine WI 53402
Treasurer/	Ms. Catherine DeGroot	3621 Regency Dr., Racine WI 53402
Asst. Sec/	Sr. Angelica Summer	3920 N. Green Bay Rd., Racine WI 53404
Past Pres.	Dr. Anthony Herrmann	4300 Lighthouse Dr., Racine WI 53402

- C. Directors were elected, or changes made on March 27, 2012 (Date).  
Pursuant to such action, the **directors** are: *(Append schedule if space is insufficient)*

TITLE	NAME	BUSINESS ADDRESS (Complete mailing address)
Director	Raymond Johnson	5107 Wind Point Rd, Racine WI 53402
Director	Jan Roland	4637 Lathrop Ave., Racine WI 53403
Director	Loretta Baxter	805 River Ridge Crl, Waterford WI 53183
Director	Isabelle Mueller	890 Elm Grove Rd., Elm Grove WI 53122
Director	Ed DeMeulenaere	2625 Wesford Rd. Racine WI 53405

- D. Executed on March 27, 2012 (Date)
- Title: ☒ President ☐ Secretary  
or other officer title \_\_\_\_\_

  
(Signature)

Richard Roloff  
(Printed name)



12/11/13

**ST. MONICA'S**  
**SENIOR CITIZENS HOME, INC.**

**AUDIT REPORT**

**MARCH 31, 2013**

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**

**AUDIT REPORT**

**MARCH 31, 2013**

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Independent Auditor's Report on Supplementary Information

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Schedule of Operating Expenses—Schedule 2

**RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT  
6929 FIVE MILE ROAD  
RACINE, WI 53402**

**Member American Institute of  
Certified Public Accountants**

**Member Wisconsin Institute of  
Certified Public Accountants**

**(262) 681-1111  
Fax (262) 681-2360**

**INDEPENDENT AUDITOR'S REPORT**

Board of Directors  
St. Monica's Senior Citizens Home, Inc.  
3920 North Green Bay Road  
Racine, WI 53404

I have audited the accompanying comparative statements of financial position of St. Monica's Senior Citizens Home, Inc. (a non-profit organization) as of March 31, 2013 and March 31, 2012 and the related statement of activities and cash flows for the year ended March 31, 2013. These financial statements are the responsibility of management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards, as generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St. Monica's Senior Citizens Home, Inc. as of March 31, 2013 and March 31, 2012 and the results of its operations and its cash flows for the year ended March 31, 2013 in conformity with generally accepted accounting principles as accepted in the United States of America.

June 6, 2013  
Racine, WI 53402



**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**COMPARATIVE STATEMENTS OF FINANCIAL POSITION**  
**MARCH 31, 2013 AND MARCH 31, 2012**

	<u>ASSETS</u>	
	<u>2013</u>	<u>2012</u>
<b><u>Current Assets</u></b>		
Cash and cash equivalents - unrestricted	\$ 64,083	\$ 460,592
Cash and cash equivalents - temporarily restricted	47,600	45,000
Accounts receivable - unrestricted	34,138	41,897
Investments - unrestricted	1,799,821	1,417,793
Investments - temporarily restricted	126,582	115,914
Prepaid expenses - unrestricted	70,650	74,194
Total Current Assets	<u>2,142,874</u>	<u>2,155,390</u>
<b><u>Property &amp; Equipment</u></b>		
Land & Improvements	454,817	454,817
Building & Improvements	5,154,367	5,124,552
Equipment & Furnishings	341,683	317,370
Motor vehicle	8,400	8,400
Total Fixed Assets	5,959,267	5,905,139
Less: Accumulated Depreciation	<u>3,552,144</u>	<u>3,409,627</u>
Net Fixed Assets	<u>2,407,123</u>	<u>2,495,512</u>
Total Assets	<u>\$ 4,549,997</u>	<u>\$ 4,650,902</u>
<b><u>LIABILITIES &amp; NET ASSETS</u></b>		
<b><u>Current Liabilities</u></b>		
Deferred income	\$ -	\$ 11,495
Accounts payable	45,868	29,164
Accrued expenses	<u>30,772</u>	<u>31,037</u>
Total Current Liabilities	<u>76,640</u>	<u>71,696</u>
<b><u>Net Assets</u></b>		
Unrestricted, including \$2,200,602 and \$2,155,143 contributions	4,299,175	4,418,293
Temporarily restricted - Residents' escrow	<u>47,600</u>	<u>45,000</u>
Sub-Total	4,346,775	4,463,293
Temporarily restricted - Endowment fund	<u>126,582</u>	<u>115,913</u>
Total Net Assets	<u>4,473,357</u>	<u>4,579,206</u>
Total Liabilities and Net Assets	<u>\$ 4,549,997</u>	<u>\$ 4,650,902</u>

The accompanying notes are an integral  
part of the financial statements.

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**STATEMENT OF ACTIVITIES**  
**FOR THE TWELVE MONTHS ENDED MARCH 31, 2013**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>
<b><u>Gross income</u></b>		
Rental income	\$ 2,211,088	
Personal services income and other income	137,476	
Vending	<u>730</u>	\$ 2,349,294
<b><u>Operating expenses (Schedule 2)</u></b>		
Kitchen	595,909	
Housekeeping	155,797	
Maintenance	512,082	
Administrative	498,098	
Other	<u>697,204</u>	<u>2,459,090</u>
Increase (decrease) in Net Assets before depreciation		(109,796)
<b><u>Depreciation</u></b>		
Building and improvements	147,692	
Kitchen	1,222	
Furniture and equipment	11,781	
Auto	<u>140</u>	<u>160,835</u>
Increase (decrease) in Net Assets before Other Income (Expense)		(270,631)
<b><u>Other income (expense)</u></b>		
Contributions	45,459	\$ 500
Investment income	31,163	346
Unrealized gain (loss) on investments - current year	64,102	9,823
Loss on asset disposal	(2,033)	
Other income	<u>12,822</u>	<u>151,513</u>
Total (Decrease) Increase in Net Assets from Operations		(119,118) 10,669
<b><u>Net Assets, April 1, 2012</u></b>	4,463,293	115,913
Reflect change in escrow	<u>2,600</u>	<u>-</u>
<b><u>Net Assets, March 31, 2013</u></b>	<u>\$ 4,346,775</u>	<u>\$ 126,582</u>

The accompanying notes are an integral part of the financial statements.

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**STATEMENT OF CASH FLOWS**  
**FOR THE TWELVE MONTHS ENDED MARCH 31, 2013**

<b><u>Cash and Cash Equivalents, Beginning</u></b>	\$ 505,592
Cash flows from operating activities	70,664
Cash flows from investing activities	(467,173)
Cash flows from financing activities	<u>2,600</u>
 <b><u>Cash and Cash Equivalents, Ending</u></b>	 <b><u>\$ 111,683</u></b>
 <b><u>Cash Flows From Operating Activities</u></b>	
Total decrease in net assets	\$ (108,448)
Noncash items included in operations:	
Depreciation	160,835
Loss on sale of fixed asset	2,030
Decrease in other liabilities	16,439
Decrease in prepaid costs	3,544
Decrease in receivables	7,759
Decrease in deferred income	<u>(11,495)</u>
 Total	 <b><u>\$ 70,664</u></b>
 <b><u>Cash Flows From Investing Activities</u></b>	
Additions to fixed assets:	
Building improvements	\$ (32,313)
Equipment	(42,164)
Addition to investments	<u>(392,696)</u>
 Total	 <b><u>\$ (467,173)</u></b>
 <b><u>Cash Flows From Financing Activities</u></b>	
Escrows - net	<b><u>\$ 2,600</u></b>
 Total	 <b><u>\$ 2,600</u></b>
 <b><u>Additional Cash Flow Information</u></b>	
None	

The accompanying notes are an integral part of the financial statements.

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**MARCH 31, 2013**

**NOTE A – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING**  
**POLICIES**

St. Monica's Senior Citizens Home, Inc. (the Home) is accredited as a community based residential facility (CBRF) providing residential care and meals for senior citizens. The corporation that runs the Home is a non-stock non-profit corporation organized under the laws of the state of Wisconsin.

The Home is entitled to exemption from federal and state income tax according to section 501(c)(3) of the Internal Revenue Code. The Home has also been classified as an entity that is not a private Foundation within the meaning of section 509(a) and qualified for deductible contributions as provided in section 170(b)(1)(A)(vi). (See Note M)

The Home maintains its books on the accrual basis of accounting and reports the residential rental operation similar to that of a for-profit entity. Contributions are not a significant portion of revenues. The Home is not defined as a voluntary health and welfare organization.

Property and equipment are recorded at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the respective assets. Maintenance and repairs are charged to expense as incurred; major betterments are capitalized. When items of property or equipment are sold or retired, the related cost and accumulated depreciation are removed from the accounts and any gain or loss is reported in current results of operations.

Unrestricted contributions received since formation of the corporation have been in the form of cash or other property. Other property, when received, is recorded at the fair market value of the donation.

In accordance with the Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Not-for-Profit Organizations, the Home is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Home is required to present a statement of cash flows. These statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles, as generally accepted in the United States of America.

- C O N T I N U E D -

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**NOTES TO FINANCIAL STATEMENTS—CONTINUED**  
**MARCH 31, 2013**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that effect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**NOTE B – CASH AND CASH EQUIVALENTS**

March 31, 2012

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>
Cash on hand	\$ 300	\$ -
Checking and savings accounts	<u>460,292</u>	<u>30,000</u>
Totals	<u>\$ 460,592</u>	<u>\$ 30,000</u>

March 31, 2013

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>
Cash on hand	\$ 300	\$ -
Checking and savings accounts	<u>63,783</u>	<u>47,600</u>
Totals	<u>\$ 64,083</u>	<u>\$ 47,600</u>

The Home maintains accounts at various banks. Accounts at each bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash in banks exceeded federally insured limits by \$233,872 as of March 31, 2012. Cash in banks did not exceed insured limits as of March 31, 2013.

- CONTINUED -

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT



**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**NOTES TO FINANCIAL STATEMENTS—CONTINUED**  
**MARCH 31, 2013**

**NOTE C – ACCOUNTS RECEIVABLE**

Accounts Receivable of \$41,897 at March 31, 2012 and \$34,138 at March 31, 2013 are fully collectible.

**NOTE D – INVESTMENTS**

Under Generally Accepted Accounting Principles (GAAP), investments in marketable securities with readily determinable fair value and all investments in debt securities are valued at their fair value in the comparative statements of financial position. Unrealized gains and losses are included in the change in net assets.

In addition, GAAP defines fair value, establishes a framework for measuring fair values in accordance with generally accepted accounting principles and expands disclosures about fair value measurements. GAAP clarifies that the exchange price is the price in an orderly transaction between market participants to sell an asset or transfer a liability at the measurement date. The statement emphasizes that fair value is a market-based measurement and not an entity-specific measurement. Adoption of this standard has not had a material impact on the Home's financial statements. GAAP establishes a fair value hierarchy that prioritizes the inputs, which are summarized as follows:

Level 1—Quoted prices in active markets, e.g. NYSE, NASDAQ, etc., for assets identical to the securities to be valued. If a Level 1 input is available, it must be used.

Level 2—Inputs other than quoted prices that are observable for securities, either directly or indirectly. Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc...; quoted prices for similar assets in active markets; and inputs derived from observable market data by correlation or other means.

Level 3—Unobservable inputs, which contain assumptions by the party valuing those assets. For Level 3 inputs there is no market data or correlations with market assumptions. Examples would include limited partnership interests, closely held stock, etc.

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RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**NOTES TO FINANCIAL STATEMENTS—CONTINUED**  
**MARCH 31, 2013**

Investments are presented in the financial statements in the aggregate at market value. Unrealized gains and losses are included in the change in net assets in the accompanying statement of activities. Investments are comprised of the following:

	<u>2012</u>	<u>2013</u>
Mutual Funds – Unrestricted	\$ 1,053,614	\$ 1,420,466
Mutual Funds – Temporarily Restricted	115,914	126,582
Money Market Funds	10,539	2,986
Church Bonds	329,990	355,289
Common Stock	<u>23,650</u>	<u>21,080</u>
Total Investments	<u>\$ 1,533,707</u>	<u>\$ 1,926,403</u>

The following summarizes the investments by classification and method of valuation in accordance with generally accepted accounting principles:

<u>Description</u>	<u>March 31, 2013</u>	<u>Fair Value Measurement at Reporting Date Using</u>		
		<u>Quoted prices In Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Cash and Money Funds	\$ 114,669	\$ 114,669	\$ -	\$ -
Mutual Funds	1,547,048	1,547,048	-	-
Bonds	355,289	-	355,289	-
Common stock	<u>21,080</u>	<u>21,080</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 2,038,086</u>	<u>\$ 1,682,797</u>	<u>\$355,289</u>	<u>\$ -</u>

Investments are exposed to potential risks including interest rate risk, credit risk and overall market volatility. Accordingly, it is reasonably possible that changes in the value of investments will occur in the near term and such changes could be material in amount.

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RAYMOND G. FEEST  
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**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**NOTES TO FINANCIAL STATEMENTS—CONTINUED**  
**MARCH 31, 2013**

**NOTE E – PREPAID EXPENSES**

Prepaid supplies represents inventory of operating supplies on hand and based on physical inventory listings at cost of \$41,266.

Prepaid insurance represents the unexpired portion on existing policies of \$17,105.

Prepaid expenses represent major repairs incurred during the current year being amortized over variable lives from twelve to twenty-four months. Total at March 31, 2013 is \$12,279.

**NOTE F – CURRENT LIABILITIES**

Trade payables at balance sheet date represent vendors' invoices due and payable from one to thirty days.

Accrued expenses include amounts due for pension contributions of \$30,038 for March 31, 2012 and \$29,887 for March 31, 2013.

**NOTE G – BASIS OF LAND**

The land at 3920 North Green Bay Road was acquired from the Sisters of St. Rita at a cost of \$95,000 plus \$5,784.66 for improvements. Additional realty at 4046 North Green Bay Road was acquired in 1988-89 at a cost of \$82,615 of which \$55,517 has been allocated to land. During 1999-2000 the Home at 4046 North Green Bay Road was razed to make room for new construction. Net book value of the realty was added to land at a cost of \$17,715. In addition, site preparation costs for the new construction were \$46,669 and land received from the Sisters of St. Rita for the new link was valued at \$2,304.

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RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**NOTES TO FINANCIAL STATEMENTS—CONTINUED**  
**MARCH 31, 2013**

**NOTE H – CAPITAL CONTRIBUTIONS ACTIVITY**

Unrestricted contributions during the year were as follows:

	<u>2012</u>	<u>2013</u>
Balance, April 1	\$ 2,104,691	\$ 2,155,143
Contributions received –		
Cash donations	<u>50,452</u>	<u>45,459</u>
Balance, March 31	<u>\$ 2,155,143</u>	<u>\$ 2,200,602</u>

**NOTE I – ENDOWMENT FUND**

In the year ended March 31, 1998, a bequest was received by the Home for \$60,000 with the stipulation that the money is restricted to assist residents of the Home who cannot afford to remain without some form of financial aid. The board has resolved that the earnings generated by this fund be used to benefit residents who have lived in the Home a minimum of two years and find themselves in need of financial assistance in order to remain. As of March 31, 2013 earnings to date are \$66,582. The Home has not had a need to draw on this fund to date.

During the fiscal years ended March 31, 2012, and March 31, 2013, the Home had the following endowment related activities:

	<u>Temporarily Restricted</u>	
	<u>3-31-12</u>	<u>3-31-13</u>
Beginning of year	\$ 121,764	\$ 115,913
Contribution	-	500
<u>Investment Return</u>		
Investment income	2,128	346
Change in fair market value	<u>(7,979)</u>	<u>9,823</u>
Total Change in Endowment Fund	<u>(5,851)</u>	<u>10,669</u>
End of year	<u>\$ 115,913</u>	<u>\$ 126,582</u>

– CONTINUED –

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**NOTES TO FINANCIAL STATEMENTS—CONTINUED**  
**MARCH 31, 2013**

**NOTE J – PENSION PLAN**

All employees who qualify are participants in a defined contribution plan, approved by the Pension Benefit Guaranty Corporation. Contributions to the plan are at the discretion of the board of directors. The board of directors has approved a contribution of \$31,482 for the current fiscal year that approximates 3.5% of the payroll of eligible participants.

**NOTE K – CONTRIBUTED SERVICES**

The Home receives some services donated by outsiders in carrying out its mission. No amounts have been reflected in the financial statements for those services since they do not meet the criteria for recognition under SFAS No. 116, Accounting for Contributions Received and Contributions Made.

**NOTE L – ADVERTISING COSTS**

The Home expenses advertising costs as they are incurred. During the current fiscal year, advertising costs were \$12,314.

**NOTE M – INCOME TAXES**

The Home is exempt from federal and state income taxes on related exempt-function income under Section 501(c)(3) of the Internal Revenue Code and has been classified as other than a private foundation. The Home does not consider any of its support and revenues to be unrelated business income and accordingly, no provision for income taxes has been provided in the accompanying financial statements.

The Home has never been the subject of U.S. federal income tax examinations, however the books of the Home remain open for review by the Internal Revenue Service for three prior years.

**NOTE N – SUBSEQUENT EVENTS**

Management has evaluated subsequent events for possible recognition or disclosure through the date the financial statements were available to be distributed (June 6, 2013). There are no transactions that occurred subsequent to this date that require recognition or disclosure.

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**

**MARCH 31, 2013**

**SUPPLEMENTARY INFORMATION**

**RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT**

**RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT  
6929 FIVE MILE ROAD  
RACINE, WI 53402**

**Member American Institute of  
Certified Public Accountants**

**Member Wisconsin Institute of  
Certified Public Accountants**

**(262) 681-1111  
Fax (262) 681-2360**

**INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY  
INFORMATION**

Board of Directors  
St. Monica's Senior Citizens Home, Inc.  
3920 North Green Bay Road  
Racine, WI 53404

I have audited the financial statements of St. Monica's Senior Citizens Home, Inc. as of and for the year ended March 31, 2013, and my report thereon dated June 6, 2013, which expressed an unqualified opinion on those financial statements, precedes this report. My audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of net fixed assets and schedule of operating expenses is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Racine, WI 53402  
June 6, 2013

**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**SCHEDULE OF NET FIXED ASSETS**  
**FOR THE TWELVE MONTHS ENDED MARCH 31, 2013**

	Carrying Values			Balance 3/31/2013
	Balance 4/1/2012	Acquired	Retired	
Land	\$ 222,990	\$ -	\$ -	\$ 222,990
Building	3,936,838	-	-	3,936,838
Building improvements	1,187,714	32,313	2,498	1,217,529
Land improvements	231,827	-	-	231,827
Kitchen equipment	50,904	5,028	-	55,932
Furniture and equipment	266,467	37,136	17,852	285,751
Motor vehicle	8,400	-	-	8,400
Totals	<u>\$ 5,905,140</u>	<u>\$ 74,477</u>	<u>\$ 20,350</u>	<u>\$ 5,959,267</u>

	Accumulated Depreciation			Balance 3/31/2013
	Balance 4/1/2012	Provided	Retired	
Building	\$ 2,347,078	\$ 90,963	\$ -	\$ 2,438,041
Building improvements	590,625	49,265	2,184	637,706
Land improvements	187,615	7,464	-	195,079
Kitchen equipment	46,687	1,222	-	47,909
Furniture and equipment	229,362	11,781	16,134	225,009
Motor vehicle	8,260	140	-	8,400
Totals	<u>\$ 3,409,627</u>	<u>\$ 160,835</u>	<u>\$ 18,318</u>	<u>\$ 3,552,144</u>
Net Fixed Assets	<u>\$ 2,495,513</u>	<u>\$ (86,358)</u>	<u>\$ (2,032)</u>	<u>\$ 2,407,123</u>

The accompanying notes are an integral  
part of the financial statements.

RAYMOND G. FEEST  
CERTIFIED PUBLIC ACCOUNTANT



**ST. MONICA'S SENIOR CITIZENS HOME, INC.**  
**SCHEDULE OF OPERATING EXPENSES**  
**FOR THE TWELVE MONTHS ENDED MARCH 31, 2013**

	Total	Kitchen	House-keeping	Maintenance	Administrative	Other
Salaries - Administrator	\$ 62,138	\$	\$	\$	\$ 62,138	\$
- Nurses	515,690					515,690
- Others	733,742	289,381	88,022	105,142	235,350	15,847
Pension expense	31,482	5,813	2,233	3,177	8,019	12,240
Group insurance expense	216,254	37,212	21,615	26,232	60,826	70,369
Food	210,396	210,396 *				
Supplies and maintenance	156,942	24,178	4,396	85,973	22,801	19,594
Housing allowance	24,489				24,489	
Outside services	59,558		30,736	19,379		9,443
Car allowance	2,587				2,587	
Grounds upkeep	5,758			5,758		
Insurance	97,612			97,612		
Utilities	157,907			157,907		
Professional fees	18,917				18,917	
Advertising	12,314				12,314	
Training	5,742				5,742	
Meetings, entertainment and dues	18,655				18,655	
Real estate tax	3,215					3,215
Payroll Taxes	125,692	28,929	8,795	10,902	26,260	50,806
Totals	\$ 2,459,090	\$ 595,909	\$ 155,797	\$ 512,082	\$ 498,098	\$ 697,204

The accompanying notes are an integral part of the financial statements.

RAYMOND G. FEEST  
 CERTIFIED PUBLIC ACCOUNTANT