

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

2014

OMB No 1545 0047

Department of the Treasury

Open to Public

In	tern	al Revenue	Service		Intermation	i about Form 990 and i			orm990.		<u> </u>	mspection	
A	\ F	or the 20	14 calend	lar year, or tax	year begir	ining	, 20	114, and ending	•			,	
B		Check if appl	licable	С						D Employe	er identi	fication number	
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සි		Amende	ed return							<b>G</b> Gross re	ceipts	\$    9,209,775.	
මූල		Application pending F Name and address of principal officer CRAIG MACKUS						H	(a) is this a	group return	for sub	oordinates? Yes X No	
38		_		SAME AS C	ABOVE			H	(b) Are all s	subordinates attach a list	included	d? Yes No	
<u> </u>		Tax-exem	nt status	X 501(c)(3)	501(c) (	) ◀ (insert no	o.) 4947(a)(1	) or   527(1) 2	n IT NO, a	aπach a list	(see ins	tructions)	
SCOPENSED STANDS		Website	<del> </del>	W.STANNCEN		<del></del>	, 10.1(=)(1	<del></del>	(a) Croup a	exemption nu	mbar 🏲	0928	
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•	Activities &				-	s of the governing				[	4	27	
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:	≣∣			of volunteers (							6	250	
	욉					Part VIII, column (					7a	0.	
		<b>b</b> Net	unrelated	business taxat	ole income	from Form 990-T,	line 34				7b	0.	
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)	.	8 Con	itributions	and grants (Pa	rt VIII, line	1h)		i	4	, 208, 3	11.	4,114,062.	
	<u> </u>									, 375, 9		3,382,905	
· ;	Hevenue		-			A), lines 3, 4, and	7d)		<u></u>	32,0		53,068	
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9 .						(must equal Part		) line 12)	<u> </u>	,197,9		8,157,077	
_	-+							,,					
-		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4).								27,4	23.	14,750	
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<u>.</u>	စ္							nes 5-10)	3	<u>, 406, 4</u>	<u>09.</u>	3,532,184	
2	Se					column (A), line 1							
=	De l	<b>b</b> Tota	al fundrais	ing expenses (	Part IX. co	lumn (D), line 25)	*^ F I / F F	<b>358,</b> 952.					
י ל	<u>ت</u>	17 Oth	er evnens	es (Part IX col	umn (A) li	nes 11a 11 <del>d, 116</del>	FAFIAFF	930,032.	<u> </u>	F 20 0	7.	2 470 660	
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		<b>19</b> Rev	enue less	expenses Sub	tract line	8 from   発 12リし			3	, 225, 2	<u>05.</u>	2,130,481.	
7 M	ĕ							T of		g of Current		End of Year	
	mi			Part X, line 16)		Ore	ADEM. U	F =	14	,777,2	91.	27,189,019	
9	5 5 1	<b>21</b> Tota	al liabilitie	s (Part X, line 2	26)	1	0-0-071	<u> </u>		845,4	95.	11,108,374.	
-4 ž	2	<b>22</b> Net	assets or	fund balances	Subtract I	ine 21 from line 20	)		1 3	,931,7		16,080,645	
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Form 990 (2014) NE 622 15

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Forr	η 990 (2014) ST ANN CENTER FOR INTERGENERATIONAL	39-1757756	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[X]
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed on the prior		
	Form 990 or 990-EZ? .	Yes	X No
	If 'Yes,' describe these new services on Schedule O	Ļ	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? Yes	X No
Ŭ	If 'Yes,' describe these changes on Schedule O		••
4		es as measured by e	expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total e	xpenses,
	and revenue, if any, for each program service reported		
4	a (Code) (Expenses \$3, 240, 849. including grants of \$) (Re	venue \$ <u>2,95</u>	8,872.)
	DAY SERVICES ADD TO THE QUALITY OF LIFE FOR THE YOUNG, FRAIL SENIOR	OR CITIZENS, A	AND
	PERSONS WITH DISABILITIES. SERVICES INCLUDE BATH, MASSAGE, BEAUTIC	CIAN, AQUATICS	5,
	CERAMICS PROGRAM, ART PROGRAM, ENTERTAINMENT, THERAPY. ALSO A NU	TRICIOUS HOT	LUNCH
	IS SERVED.		
	b (Code ) (Expenses \$ 1,114,791. including grants of \$ ) (Re	venue \$ 9	2 207 \
-	OTHER PROGRAMS: WE HAVE A "BUDDY PROGRAM" WHICH TEACHES MAINLY IN		3,287.)
	ARE GENERALLY IN THEIR TEENS THINGS LIKE HOW TO APPLY FOR A JOB, I		
	SELF WHEN INTERVIEWING FOR A JOB, THE RESPONSIBILITIES OF HAVING		LOAL
	EXPERIENCE OF HOLDING A JOB HERE AT ST. ANN CENTER, LEARNING WHAT		
	SERVICES RENDERED IS ALL ABOUT BY ACTUALLY RECEIVING A SMALL STIP		
	RENDERED HERE AT THE CENTER AND THE ACTUAL EXPERIENCE OF GOING TO	<u> A BANK AND A</u>	TIOALLY
	CASHING THAT CHECK.		
4	c (Code) (Expenses \$335,177. including grants of \$) (Re		4,091.)
	THERAPY ADDS TO THE QUALITY OF LIFE FOR FRAIL SENIORS, PERSONS WI'	TH DISABILITI	ES, AND
	THE INJURED. WE OFFER PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY TO	BOTH OUR OW	N
	CLIENTS AND PEOPLE IN THE COMMUNITY.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4	d Other program services (Describe in Schedule O )  SEE SCHEDULE O	<del></del>	<del></del>
-	(Expenses \$ 294,520. including grants of \$ ) (Revenue \$	288,602.	)
4	e Total program service expenses ► 4, 985, 337.	200,002.	

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part 11	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .	10		Х
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	', ', '	1. 5. C.	, å, 
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
I	<b>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? If 'Yes,' complete Schedule D, Part VII	11 b		х
(	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	Х	
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	h If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this creture?	20 6		

Х

Х

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37

organization? If 'Yes,' complete Schedule R, Part V, line 2

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Form, 990 (2014) 39-1757756 Page 4 ST ANN CENTER FOR INTERGENERATIONAL Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II Х 26 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? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II. Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Х 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х 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)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Note. All Form 990 filers are required to complete Schedule O BAA Form 990 (2014)

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? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Form 990 (2014) ST ANN CENTER FOR INTERGENERATIONAL 39-1757756 Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 1 1 10 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-167 ments, filed for the calendar year ending with or within the year covered by this return 2 a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. 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? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 h 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes.' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and  $\bar{\mathbf{X}}$ 7 a services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O.

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O BAA

13 b

13 c

b Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year?

which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand .

14 a

14<sub>b</sub>

 $\overline{\mathbf{X}}$ 

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 ınstructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 27 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 27 **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders?. 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a b Each committee with authority to act on behalf of the governing body? 8 b X 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 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. 12b Х 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 12 c Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 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 SEE SCHEDULE O Х 15 a **b** Other officers or key employees of the organization SEE SCHEDULE O 15<sub>b</sub> Х 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? 16 a 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? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > WI 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 X Another's website Upon request Other (explain in Schedule O) 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. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: JODI BAUER 2801 E. MORGAN AVENUE MILWAUKEE WI 53207 (414)977-5000

39-1757756

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any relati	ed organiz	ation	com	npen	sate	d any	y cu	rrent officer, direct	or, or trustee	_
	(C)									
(A) Name and Title	(B) Average hours per	15	both dir	an o ector/	fficer truste			(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) WILLIAM REILLEY	1									
DIRECTOR	70	Х						0.	0.	0.
(2) PRAVEEN RAO	1									
DIRECTOR	7-0	Х						0.	0.	0.
(3) JAMES P. LENAHAN	1									
DIRECTOR	0	Х						0.	0.	0.
(4) DOUG BARNES	11									
DIRECTOR	0	X						0.	0.	0.
(5) CARY CAMERON	1									
DIRECTOR	0	Х			į			0.	0.	0.
(6) JAMES GORMLEY	11									
VICE CHAIR	0	Х		Х				0.	0.	0.
(7) JACQUELINE HERD-BARBER	11									
DIRECTOR	0	Х						0.	0.	0.
(8) SHERRY HUSA	11									
DIRECTOR	0	X						0.	0.	0.
(9) CRAIG MACKUS	1									
CHAIR	0	X		Х				0.	0.	0.
(10) LINDA GRUNAU	1									
DIRECTOR	0	<u> </u>						0.	0.	0.
(11) SR HELENE MERTES, OSF	1									
DIRECTOR	0	X						0.	0.	0.
(12) REV. ROBERT GLOUDEMAN	1								·	
DIRECTOR	0	X		<u> </u>				0.	0.	0.
(13) SR MARY LOUISE SCHRAMER, OSF	1_									
DIRECTOR	0	Х		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$				0.	0.	0.
(14) JAMES LENAHAN II	_1_									
DIRECTOR	0	<u> </u>						0.	0.	0.
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Form 990 (2014)

Part VII   Section A. Officers, Directors, Tru		ney	EII	ърк	руе	es, and	nignest Com	ipensated Emp	oyees (continued)	
(A) Name and title	Average hours per week	box, offic	Position (do not check more than o box, unless person is both officer and a director/truste			than one is both an or/trustee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(15) MARJORIE_SINGERDIRECTOR	1_0	x					0.	0.	0.	
(16) JEFFERY KLECZKA	11									
DIRECTOR (17) TIMOTHY SULLIVAN	0	X					0.	0.	0.	
DIRECTOR	0	X					0.	0.	0.	
(18) THERESA JONES DIRECTOR	$-\frac{1}{0}$	Х					0.	0.	0.	
(19) SUSIE JELICH NEVINS	1_1_			-	-					
DIRECTOR (20) RONALD MALONE	1	X					0.	0.	0.	
DIRECTOR	0	X			_		0.	0.	0.	
C21) RAEJEAN KANTER DIRECTOR	$-\frac{1}{0}$	X					0.	0.	0.	
(22) PETER KORDUS DIRECTOR	1	X					0.	0.	0.	
(23) SR. ANN KELLEY, OSF DIRECTOR	$-\frac{1}{0}$	X					0.	0.	0.	
(24) SR. EDNA LONERGAN EXECUTIVE DIREC	_40_			v						
(25) JOHN GLASER	40			Х			65,812.	0.	3,600.	
CFO 1 b Sub-total	0			X			58,802.	0.	5,004.	
c Total from continuation sheets to Part VII, Secti	A					•	124,614.	<u> </u>	8,604.	
d Total (add lines 1b and 1c)	on A					<b>.</b>	6,250. 130,864.	0. 0.	8,604.	
Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	received				
from the organization > 0									Yes No	
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru ch individu	ıstee, <i>ıal</i>	ke	y en	nplo	yee, or h	nighest compensat	ed employee	3 X	
4 For any individual listed on line 1a, is the sum of the organization and related organizations greates such individual.	f reportab er than \$1	le co 150,0	mpe 00?	ensa If "	atior Yes'	and oth	er compensation the Schedule J for	from	4 X	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	ie comper	nsatio	n fr	om	any	unrelate	ed organization or	ındıvıdual		
Section B. Independent Contractors	s, compie	ete St	enec	auie	JTC	or sucn p	erson		5 X	
1 Complete this table for your five highest compen	sated ind	epen	den	t co	ntra	ctors tha	at received more the	nan \$100,000 of		
compensation from the organization. Report compensation for the calend  (A)  Name and business address						criaing	(B) Description of		r. (C) Compensation	
2 Total number of independent contractors (including t		ited to	o the	ose I	liste	d above)	who received more	than		
\$100,000 of compensation from the organization	<u> </u>	TEEAC	11000	034	00/15		<del></del>		Form 990 (2014)	

•	. Check if Schedule O contains a response or note to any	y line in this Part V	IIL		
2 r 2		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a Federated campaigns 1 a				ļ
in a	<b>b</b> Membership dues 1 <b>b</b>				,
عَ قِا	c Fundraising events 1c 78,417.				
IT IT	d Related organizations 1 d				
Contributions, Gifts, Grants and Other Similar Amounts	e Government grants (contributions) 1e 87,243.				[
हुं क्र	7 0772101				
돌	f All other contributions, gifts, grants, and similar amounts not included above 1f 3, 948, 402.				ļ
불회	g Noncash contributions included in lines 1a-1f \$				
등립	h Total. Add lines 1a-1f	4,114,062.			
	Business Code	4,114,002.			
ᇙ	2a DAY CARE FEE INCOME 624410	2,630,556.	2,630,556.		
<u>Š</u>	b RESPITE CENTER 623000	290,907.	290,907.	<del></del>	
e e	c WELLNESS FEE INCOME 624100	235, 326.	235, 326.	<del></del>	<del> </del>
ž	d THERAPY FEE INCOME 624100			<del></del>	L
୬		134,091.	134,091.		
ra	e CLIENT SERVICES FEES 624100 f All other program service revenue	92,025.	92,025.		
Program Service Revenue	g Total. Add lines 2a-2f	2 200 005		<del></del>	<u> </u>
		3,382,905.			
	3 Investment income (including dividends, interest and other similar amounts).	44,912.			44,912.
	4 Income from investment of tax-exempt bond proceeds	44,914.			44,312.
	5 Royalties				
	(i) Real (ii) Personal			· · · · · · · · · · · · · · · · · · ·	ļ
	6a Gross rents				}
	<b>b</b> Less rental expenses				
	c Rental income or (loss)				į
	d Net rental income or (loss)			<del></del>	
	(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory 302, 310. 3,530.				
	7 3027310: 37330:				
	b Less cost or other basis and sales expenses 287, 549. 10, 135.				i i
	c Gain or (loss) 14,7616,605.	,			
	d Net gain or (loss)	8,156.	-6,605.		14,761.
4.	· · ·	0,130.	-6,605.		14,/01.
돭	8a Gross income from fundraising events (not including \$				
Vel	of contributions reported on line 1c)				
Re	See Part IV, line 18 a 157, 441.				
Other Reven	b Less direct expenses b 49,191.				
捶	c Net income or (loss) from fundraising events	108,250.			108,250.
	9a Gross income from gaming activities.	100,230.		<del> </del>	100,230.
	See Part IV, line 19 a 1,063,850.				
	b Less direct expenses b 675,255.				·
	c Net income or (loss) from gaming activities	388,595.		· · · · · · · · · · · · · · · · · · ·	388,595.
	10a Gross sales of inventory, less returns	300,030.			300,333.
	and allowances a 122,788.				,
	b Less: cost of goods sold b 30,568.				1
	c Net income or (loss) from sales of inventory .	92,220.			92,220.
	Miscellaneous Revenue Business Code	22,2201			22,220.
	11a OTHER REVENUE 900099	17,977.	17,977.		
	b				
	c			<del></del>	
	d All other revenue.			<del></del>	<del></del>
	e Total. Add lines 11a-11d.	17,977.			,
	12 Total revenue. See instructions	8,157,077.	3,394,277.	0.	648,738.
BAA	TEEA	.0109L 11/13/14		<u></u> :	Form <b>990</b> (2014)

# Part IX Statement of Functional Expenses

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

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

<u> Sec</u>	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r	esponse or note to any	line in this Part IX	implete coluitiit (A)	
Do 6b,	not include amounts reported on lines 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 domestic organizations and domestic governments See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	14,750.	14,750.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	139,466.	114,044.	16,895.	8,527.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,026,254.	2,492,253.	349,797.	184,204.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,707.	39,310.	3,960.	4,437.
9	Other employee benefits	92,335.	64,664.	22,413.	5,258.
10	Payroll taxes	226, 422.	192,216.	19,069.	15,137.
	Fees for services (non-employees):	220, 322.	172,210.	13,003.	15,157.
	a Management				
	<b>b</b> Legal				<del></del>
	c Accounting	25,000.		25,000.	
	d Lobbying	25,000.		23,000.	·
	e Professional fundraising services See Part IV, line 17 .	- 1-7· · · · · · · · · · · · · · · · · · ·			<del></del>
	Investment management fees	<del></del>			
	3 Other. (If line 11g amt exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0)	74,828.	36,751.	35,094.	2,983.
12	Advertising and promotion	7,869.	586.		7,283.
13	Office expenses .	175,198.	117,357.	48,913.	8,928.
14	Information technology				
15	Royalties				
16	Occupancy	178,557.	176,707.	1,850.	
17	Travel	40,954.	37,991.	2,847.	116.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	757.	56.	659.	42.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	379,647.	230,736.	63,199.	85,712.
23		84,255.	65,295.	18,910.	50.
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).				
	BAD DEBT EXPENSE	1,078,855.	1,074,266.	471.	4,118.
	• FOOD	207,832.	207,832.		-,,
	EQUIP_RENTAL & MAINTENANCE	102,772.	75,116.	27,555.	101.
	d MISCELLANEOUS	38,977.	3,439.	29,537.	6,001.
	e All other expenses	84,161.	40,230.	17,876.	26,055.
	Total functional expenses. Add lines 1 through 24e	6,026,596.	4,983,599.	684,045.	358,952.
26	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)			, , , , , ,	
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Part X

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 694,586. 76,486 Cash - non-interest-bearing 2,512,291 2 14,538,858. Savings and temporary cash investments 2 3 3,764,913. 4,136,789 Pledges and grants receivable, net 465,429 4 397,288. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 4,725 8 5,771 Inventories for sale or use 69,676. Prepaid expenses and deferred charges 6,933 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 11,284,918. 10b 10 c b Less accumulated depreciation 4,753,066 6,410,072 6,531,852. Investments - publicly traded securities 771,208 11 829,021. 12 Investments - other securities. See Part IV, line 11 12 392,224 354,449. Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 15 Other assets See Part IV. line 11 1,134 15 2,605. 16 27,189,019. 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,777,291 17 Accounts payable and accrued expenses 221,667 17 202,360. 18 Grants pavable 18 19 Deferred revenue 19 24,533. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 544,555 23 10,760,462. 24 Unsecured notes and loans payable to unrelated third parties 24 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 79,273 121,019. 26 Total liabilities. Add lines 17 through 25 845,495 26 11,108,374. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 5,627,609 27 11,338,671. Temporarily restricted net assets 28 7,538,967 3,976,754. Permanently restricted net assets 765,220 29 765,220. Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 13,931,796 16,080,645. 34 Total liabilities and net assets/fund balances 34 14,777,291 27,189,019. BAA Form 990 (2014)

Forn	n,990 (2014) ST ANN CENTER FOR INTERGENERATIONAL	9-1	<u> 15775</u>	6	Pa	ge 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	L	1	8,1	57,0	)77 <u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		2	6,0	26,5	96.
3	Revenue less expenses. Subtract line 2 from line 1		3			181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	13,9	31,7	796.
5	Net unrealized gains (losses) on investments		5		20,1	.06
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).	L	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,082,383			
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ewed	on a			
	b Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both.	arate	)			
	X Separate basis Consolidated basis Both consolidated and separate basis					لـــــا
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	ıdıt,		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					-
3	a 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?	е		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audıt		3 b		
BAA				Form	1 <b>990</b>	(2014)

#### Form 990 '

### **Continuation Sheet for Form 990**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

39-1757756

ST ANN CENTER FOR INTERGENERATIONAL Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (C) (D) (E) (F) Estimated amount of other compensation from the organization and related organizations Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Average hours per week (list any hours for related Institutional trustee Individual trustee or director Former Highest compensated Officer employee Key employee organiza-tions below dotted line) JODI BAUER 40 VP OF FINANCE 0 6,250. 0. 0.

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public** Inspection

Schedule A (Form 990 or 990-EZ) 2014

Employer identification number Name of the organization ST ANN CENTER FOR INTERGENERATIONAL CARE INC 39-1757756 Part I Reason for Public Charity Status (All organizations must complete this part. See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described X in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 9 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). 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 in 11 lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement, and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization listed in your governing (v) Amount of monetary (iii) Type of organization (described on lines 1-9 above or IRC section (vi) Amount of other organization support (see instructions) support (see instructions) (see instructions)) document? Yes No (A) (B) (C) (D) **(E)** Total

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

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	tion failed to qualify unde	r Part III If the
organization fails to qualify under the tests listed below, please complete Pai		

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	1,325,532.	1,373,460.	4,469,470.	4,208,311.	4,114,062.	15,490,835.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3.	1,325,532.	1,373,460.	4,469,470.	4,208,311.	4,114,062.	15,490,835.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						5,499,733.
6	<b>Public support.</b> Subtract line 5 from line 4						9,991,102.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total
7	Amounts from line 4	1,325,532.	1,373,460.	4,469,470.	4,208,311.	4,114,062.	15,490,835.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,049.	31,441.	32,338.	33,007.	44,912.	167,747.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE TART VI	1,510,743.	1,449,840.	1,446,694.	1,300,606.	1,283,639.	6,991,522.
11	Total support. Add lines 7 through 10						22,650,104.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	16,690,657.
13	First five years. If the Form 990 is organization, check this box and	for the organization d <b>stop here</b>	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	•	•	ne 11, column (f)		. 14	44.11%
	Public support percentage from		,			15	40.48%
16 a	i 33-1/3% support test – 2014. If and stop here. The organization	the organization of the thick the th	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box
ŀ	33-1/3% support test – 2013. If and stop here. The organization	the organization of n qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more,	check this box
17 a	o 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop he	re. Explain in Part	t VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and the organization' in the organization of the organization	meets the 'facts-and-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> r a publicly support	r <b>e.</b> Explain in Part ed organization	t VI how the ►
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	·		
RΔΔ					0 1	andula A (Farm O	

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)

	to quality diluci the tests in						<del></del>
	tion A. Public Support	110	4 > 65	(*) 0010	4 B 0010	(-) 0014	(A) T. ( )
Calen 1	dar year (or fiscal yr beginning in) F Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 20,10	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
2	any 'unusual grants') 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			:			
	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		\				
t	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						
•	Add lines 7a and 7b			/			
8	<b>Public support</b> (Subtract line 7c from line 6.)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Cartin /		- 1 · 1 ·	g 11 g C 2	
Sec	tion B. Total Support			`	\		
Calen	idar year (or fiscal yr beginning in) 🕨	(a) 2010	<b>(b)</b> ,2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6		/		``		
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b						
-	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .				``		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	,					
	Total support. (Add lines 9, 10c, 11 and 12)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pu					· 1 3=	
	Public support percentage for 20		• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))	)	15	8
	Public support percentage from			·		16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage t				ımn (f))	17	8
18	Investment income percentage f	from <b>2013</b> Schedu	ile A, Part III, line	· 17	,	18	8
19 8	a <mark>33-1/3% support tests – 2014. l</mark> is not more than 33-1/3%, check	f the organization this box and sto	did not check the p here. The organ	e box on line 14, a nization qualifies a	and line 15 is mor as a publicly supp	re than 33-1/3%, a	and line 17
	<b>b 33-1/3% support tests – 2013.</b> If <sub>g</sub> line 18 is not more than 33-1/3%	f the organization 6, check this box	did not check a tand stop here. The	oox on line 14 or l ne organization qu	ine 19a, and line ialifies as a public	16 is more than 3 bly supported orga	33-1/3%, and
20	Private foundation. If the organi	ization did not che	eck a box on line	14, 19a, or 19b, c	theck this box and	d see instructions.	▶ 🗍

Schedule A (Form 990 or 990-EZ) 2014

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and F. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

Sec	tion A. All Supporting Organizations			
		-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
I	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4:	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
I	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
ا	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
1	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		<u> </u>
10	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer (b) below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		ne organization accepted a gift or contribution from any of the following persons?		-	
i	A pers gover	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a		
١	A fam	nily member of a person described in (a) above?	11b		
•	A 35%	6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	or elect Part V If the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in It how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove fors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year			
2	Did the that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees on the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	<del></del>	D. All Type III Supporting Organizations			
				Yes	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the dization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s)	2	ب سست	
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard	3		
Sec	ction E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	а 🗍 т	he organization satisfied the Activities Test. Complete line 2 below			
	ь∏т	he organization is the parent of each of its supported organizations. Complete line 3 below			
	$\equiv$	he organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ıs)		
•	_		-,		I
2	ACTIVI	ties Test Answer (a) and (b) below.		Yes	No
	suppo orgar respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was prize to those supported organizations, and how the organization determined that these activities constituted lantially all of its activities.	 2a		
					<del> </del>
	the o	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of inganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for inganization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement	 2b		
3	Parer	nt of Supported Organizations Answer (a) and (b) below.			
	a Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
		be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b	-	-

Schedule A (Form 990 or 990-EZ) 2014 ST ANN CENTER FOR INTERGENERATIONAL 39-1757756 |Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A — Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets. 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

BAA

temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 ST ANN CENTER FOR I			57756 Page <b>7</b>
Part V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	Current Year
Section D — Distributions		<del></del>	Current rear
1 Amounts paid to supported organizations to accomplish exempt pu	•	<u> </u>	
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	5, 	
3 Administrative expenses paid to accomplish exempt purposes of s	upported organizations	· ·	
4 Amounts paid to acquire exempt-use assets			<del></del>
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions		<u>.</u>	_
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details	
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			1
3 Excess distributions carryover, if any, to 2014			:
a			
<b>b</b> '			
С			
<b>d</b> :		"	e.
<b>e</b> From 2013			- 1
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount.			
i Carryover from 2009 not applied (see instructions)			!
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3 <sub>1</sub> and 4c			
8 Breakdown of line 7			
a	<u> </u>		
b			
C ·			
d Excess from 2013	T		

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e Excess from 2014

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Part VI: Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2014	2013	2012	2011	2010
FUNDRAISING GAMING INVENTORY OTHER TOTAL	\$ 79,024. 1,063,850. 122,788. 17,977. \$1,283,639.	1,101,800. 119,145. 18,190.	25,034.	1,189,440. 120,918. 33,755.	1,135,894.

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ST ANN CENTER FOR INTERGENERATIONAL

CARE INC	MEIGHTOMIE	39-1757756
Part I Organizations Maintaining Don	or Advised Funds or Other Similar Fu	inds or Accounts.
Complete if the organization an	swered 'Yes' to Form 990, Part IV, line	e 6.
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		<u> </u>
5 Did the organization inform all donors and d are the organization's property, subject to the	lonor advisors in writing that the assets held in one organization's exclusive legal control?	donor advised funds Yes No
6 Did the organization inform all grantees, dor for charitable purposes and not for the bene impermissible private benefit?	nors, and donor advisors in writing that grant fur fit of the donor or donor advisor, or for any other	nds can be used only er purpose conferring Yes No
Part II Conservation Easements.		
	iswered 'Yes' to Form 990, Part IV, line	e 7.
1 Purpose(s) of conservation easements held	_	
Preservation of land for public use (e.g	<b></b> /	of a historically important land area
Protection of natural habitat	Preservation	of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in the fo	orm 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>b</b> Total acreage restricted by conservation eas	sements	2 b
c Number of conservation easements on a cer		2 c
	` '	
structure listed in the National Register	d in (c) acquired after 8/17/06, and not on a hist	2 d
Number of conservation easements modified, tr tax year ►	ransferred, released, extinguished, or terminated by	the organization during the
4 Number of states where property subject to con	nservation easement is located >	
5 Does the organization have a written policy and enforcement of the conservation easem	regarding the periodic monitoring, inspection, hinents it holds?	andling of violations,  Yes No
6 Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation easements	s during the year
<ul><li>7 Amount of expenses incurred in monitoring, ins</li><li>►\$</li></ul>	specting, and enforcing conservation easements dur	ing the year
8 Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organization repo include, if applicable, the text of the footnot conservation easements	orts conservation easements in its revenue and expe ie to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Part III Organizations Maintaining Col	llections of Art, Historical Treasures, on swered 'Yes' to Form 990, Part IV, line	or Other Similar Assets.
art, historical treasures, or other similar assets	der SFAS 116 (ASC 958), not to report in its rev held for public exhibition, education, or research in nancial statements that describes these items.	renue statement and balance sheet works of furtherance of public service, provide,
b If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items	der SFAS 116 (ASC 958), to report in its revenu d for public exhibition, education, or research in furtl	e statement and balance sheet works of art, herance of public service, provide the
(i) Revenue included in Form 990, Part VIII	I, line 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X	,	<b>▶</b> \$
2 If the organization received or held works of art amounts required to be reported under SFA	t, historical treasures, or other similar assets for final S 116 (ASC 958) relating to these items:	ancial gain, provide the following
a Revenue included in Form 990, Part VIII, lin		. ►\$
<b>b</b> Assets included in Form 990, Part X		►\$

Schedule <b>D</b> (Form 990) 2014	ST A	ANN CENTER	FOR	INTERGENERATIONAL

Part III Organizations Mainta	ining Collection	s of Art, Histo	orical Treasures, o	Other Similar Ass	ets (c	ontınu	ed)
3 Using the organization's acquisition items (check all that apply)	, accession, and other			re a significant use of its	collectio	n	
a Public exhibition			or exchange programs				
<b>b</b> Scholarly research		e Other		<del></del>			
c Preservation for future gener							
4 Provide a description of the organiz Part XIII			-				
5 During the year, did the organiza to be sold to raise funds rather the	<u>han to be maintaine</u>	d as part of the o	organization's collection	7	Yes	[	No
Part IV   Escrow and Custodia   line 9, or reported an	I Arrangements amount on Form	. Complete if to 1990, Part X,	the organization an line 21.	swered 'Yes' to Fol	m 990	), Pari	: IV, 
1 a Is the organization an agent, trus on Form 990, Part X?				ner assets not included	Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and cor	npiete the followi	ng table		Amoun		
- December halance				1.	Amoun	·	
<ul><li>c Beginning balance</li><li>d Additions during the year</li></ul>				1 c			
e Distributions during the year				1 e			
f Ending balance	•	•		1 f			
2 a Did the organization include an a	Smount on Form 990	Part Y June 21	for accrow or custodial	* * *	Yes		No
<b>b</b> If 'Yes,' explain the arrangement					163		
Part V Endowment Funds. C	complete if the o	rganization ar	swered 'Yes' to Fo	rm 990 Part IV Jun	e 10		
- Indownient and o	(a) Current year	(b) Prior yea				Four year	s back
1 a Beginning of year balance	·····				1	,	
<b>b</b> Contributions		<u> </u>	-		1		
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships .					<del> </del>		
e Other expenditures for facilities					+		
and programs  f Administrative expenses					ļ		
g End of year balance		_			+		
2 Provide the estimated percentag	o of the current yea	r and halance (lir	no 1g. column (a)) hold		L		<del></del>
Board designated or quasi-endowm	-	end balance (III	ie rg, column (a)) neid	as			
<b>b</b> Permanent endowment ►	9	°					
c Temporarily restricted endowmer	nt <b>b</b>	9					
The percentages in lines 2a, 2b,							
	•						
<b>3 a</b> Are there endowment funds not in to organization by.	the possession of the	organization that a	are held and administered	d for the	ſ	Yes	No
(i) unrelated organizations					32(1)	162	NO
(ii) related organizations		•			3a(i) 3a(ii)		<del>                                     </del>
<b>b</b> If 'Yes' to 3a(ii), are the related	organizations listed	as required on Si	chedule R?		3b		├──
4 Describe in Part XIII the intended	-				30		Ь
Part VI Land, Buildings, and		Editori 3 Chaowini	ent lunus,				
Complete if the organ		d 'Yes' to Forr	n 990, Part IV, line	11a. See Form 99	0, Pari	X, lır	ne 10.
Description of property	(a) Co	st or other basis	(b) Cost or other	(c) Accumulated		Book va	
<b>1 a</b> Land	- + 0	nvestment)	basis (other)	depreciation			
<b>b</b> Buildings	-		6 000 474			0.00	265
c Leasehold improvements	·		6,009,474.	3,044,209.			<u>, 265.</u>
d Equipment .	·	<del></del> -	3,834,891.	1,150,941.			<u>, 950.</u>
e Other	<del>                                     </del>		717,273. 723,280.	557,916.			<u>, 357.</u>
Total. Add lines 1a through 1e. (Colum	n (d) must equal F	orm 990 Part X					<u>,280.</u> ,852.

BAA

6,531,852. Schedule **D** (Form 990) 2014

Page 3

Investments - Other Securities.   Complete if the organization answered	'Ves' to Form 990	N/A Part IV line 11b See Form 9	90 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(4) 5	(D) Cook Value	(c) medica of variation. cost of one	or your market value
<u></u>			
(2) Closely-held equity interests (3) Other			
(A)			
(B)			
(C)			<del></del>
(D)			<del></del>
(E)			
(F)			
(G)			
(H)			
(1)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments – Program Related. Complete if the organization answered	'Ves' to Form 990	N/A Part IV line 11c See Form 9	90 Part Y line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end	
	(b) Book value	(c) mound or valuation cost or one	. or your market value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.	N/A		
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 9	90, Part X, line 15.
	cription		(b) Book value
(1)			
(2)			
(3)		<del>,</del>	ļ
(4)		·	<del></del>
(5)			
(6)	<del></del>		
(7) (8)			<del></del>
(9)		·	
(10)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, column (E	R) line 15 )		
Part X Other Liabilities.	,, in c 13.)		1
Complete if the organization answered 'Yes' to Fo	rm 990. Part IV. line 11	e or 11f. See Form 990. Part X. line 25	
(a) Description of liability	(b) Book value	3 1 1 1 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1	
(1) Federal income taxes		7	,
(2) CLIENT DEPOSITS	10,02	3.	[
(3) DEFERRED VACATIONS	110,99	06.	!
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			1
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) (10)			
(5) (6) (7) (8) (9)	121,01		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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 Stater	ments With Revo	enue per Retu	ırn.	
. Complete if the organization answered 'Yes' to Form 99	0, Part IV, line 1	2a.		
1 Total revenue, gains, and other support per audited financial statements	-		1	8,220,123.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			., .,	
a Net unrealized gains (losses) on investments	2 a	20,106.	. `	
<b>b</b> Donated services and use of facilities	2 b	12,372.	.5 .5	
c Recoveries of prior year grants	2 c			
d Other (Describe in Part XIII) SEE PART XIII	2 d	30,568.	. B.	
e Add lines 2a through 2d	<b></b>		2 e	63,046.
3 Subtract line 2e from line 1	-		3	8,157,077.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		ž.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	33%		
<b>b</b> Other (Describe in Part XIII )	4 b			
c Add lines 4a and 4b.	•		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12) .		5	8,157,077.
Part XII Reconciliation of Expenses per Audited Financial State			eturn.	
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' to Form 99			eturn.	
			eturn. 1	6,069,536.
Complete if the organization answered 'Yes' to Form 99			eturn.	
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements			eturn.	
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25	0, Part IV, line 1	2a.	eturn.	
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments c Other losses	0, Part IV, line 1	2a.	eturn.	
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments	0, Part IV, line 1	2a.	eturn.	
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments c Other losses	0, Part IV, line 1	2a. 12,372.	eturn.	
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII) SEE PART XIII	0, Part IV, line 1	2a. 12,372.		6,069,536.
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII) SEE PART XIII  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	0, Part IV, line 1	2a. 12,372.	1 2 2 e	6,069,536. 42,940.
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII) SEE PART XIII  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.  a Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	2a.  12,372.  30,568.	1 2e 3	6,069,536. 42,940.
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII) SEE PART XIII  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII)	0, Part IV, line 1	2a.  12,372.  30,568.	1 2 e 3	6,069,536. 42,940.
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII) SEE PART XIII  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII)  c Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	2a.  12,372.  30,568.	1 2 e 3 4 c	42,940. 6,026,596.
Complete if the organization answered 'Yes' to Form 99  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) SEE PART XIII e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	2a 2b 2c 2d 4a 4b	2a.  12,372.  30,568.	1 2 e 3	6,069,536. 42,940.

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 XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

#### **PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION.MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN PREVIOUSLY FILED TAX RETURNS AND THOSE EXPECTED TO BE TAKEN IN FUTURE TAX RETURNS.AS OF DECEMBER 31, 2014, THE ORGANIZATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES.THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT

CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR.

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Schedule **D** (Form 990) 2014

39-1757756

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF GOODS SOLD

\$ 30,568. FOTAL \$ 30,568.

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOODS SOLD

TOTAL \$ 30,568.

#### Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

at www.irs.gov/form990.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection
Employer identification number

39-1757756 ST ANN CENTER FOR INTERGENERATIONAL Part | General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number of (d) Activities conducted in (e) If activity listed in (f) Total (a) Region (d) is a program service, describe specific type of employees, agents, and region (by type) (e.g , fundraising, program services, investments, offices in the expenditures for region and investments independent in region contractors grants to recipients service(s) in region in region located in the region) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total **b** Total from continuation sheets to Part I

0

c Totals (add lines 3a and 3b)

Page 2

ST ANN CENTER FOR INTERGENERATIONAL

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 39-1757756 Schedule F (Form 990) 2014

(i) Method of valuation (book, FMV, appraisal, other) FMV (h) Description of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) Amount of non-cash assistance (f) Manner of cash disbursement WIRE 14,750. (e) Amount of cash grant (d) Purpose of grant MANKIND атан (c) Region NW AFRICA (b) IRS code section and EIN (if applicable) 3 Enter total number of other organizations or entities (a) Name of organization € ₹ 9 9 8 ල  $\epsilon$ 8 ව 65 E (12) (13) <u>(14</u>) (15) 7

Schedule F (Form 990) 2014

Page 3

39-1757756

ST ANN CENTER FOR INTERGENERATIONAL

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2014 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance € 8 € (18) BAA ල (9) 6 9 (11) (12) (13) (5) (8) (OD) (14) (15) (1) (JE)

TEEA3503L 06/13/14

Sche	dule F (Form 990) 2014 ST ANN CENTER FOR INTERGENERATIONAL 3	9-1/5//56	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certa Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	ain Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certa Foreign Corporations (see Instructions for Form 5471)	ain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	ed Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990).	Yes	X No
BAA	TEEA3505L 06/16/13	Schedule F (F	orm 990) 2014

#### Part V : Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

# SCHEDULE-G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

iaine o	CARE INC	K FOR INTE	RGENER	ATIONAL			39-175775	
Part	Fundraising Activities. Comp Form 990-EZ filers are not re	lete if the orga	nization a	nswered '\	es' to Form 990, Part	IV, line	17	
	Indicate whether the organization				owing activities Check	all that	apply	
·	Mail solicitations		, , ,	е	Solicitation of non-			
b	Internet and email solicitations	S		f	Solicitation of gove	_	-	
c	Phone solicitations			g	Special fundraising	events		
d	In-person solicitations			J				
2 a	Did the organization have a written o	r oral agreemen	t with any i	ndıvıdual (ı	ncluding officers, directo	rs, truste	es or key	
	employees listed in Form 990, Par	•		•				Yes X No
b	If 'Yes,' list the ten highest paid indivicempensated at least \$5,000 by the	riduals or entities ne organization:	s (fundraise	ers) pursuai	nt to agreements under v	which the	fundraiser is to	be
	Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Ar	nount paid to	(vi) Amount paid to
• • •	or entity (fundraiser)		have custo	dy or control ibutions?	from activity	(or r	etained by) aiser listed in	(or retained by) organization
			OI CONIII	ipulioiis:			olumn (i)	Organization
			Yes	No				
1		1						
			<del> </del>		. <del></del>	ļ		
2								
3								
4								
5								
6	<del></del>							
7					<del></del>			<del> </del>
8			<del> </del>			<u> </u>		
9							_	
10								
Fotal		•	<del></del>	•				
	List all states in which the organizati	on is registered	or licensed		ontributions or has been	notified	it is exempt from	0.
	or licensing						·	-
•								
•								
•								
		<b>-</b> -						
			<b>_</b>		·	<b>-</b> -		

Schedule G (Form 990 or 990-EZ) 2014 ST ANN CENTER FOR INTERGENERATIONAL 39-1757756 Page 2 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) through column (c)) (c) Other events (b) Event #2 (a) Event #1 OTHER **NEVINS** (event type) (event type) (total number) 12,585 1 Gross receipts 198,107. 25,166. 235,858. 2 Less Contributions. 78,417. 78,417. 3 Gross income (line 1 minus line 2). 12,585 119,690. 25,166. 157,441. Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses 39,174. 10,017 49,191. 10 Direct expense summary Add lines 4 through 9 in column (d). 49,191. Net income summary Subtract line 10 from line 3, column (d) 108,250. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (a) Bingo (c) Other gaming (add column (a) through column (c)) bingo/progressive bingo Gross revenue 1,063,850. 1,063,850. 2 Cash prizes 386,225. 386,225. EXPENSES 3 Noncash prizes Rent/facility costs Other direct expenses 289,030 289,030. A CONTRACTOR OF THE STATE OF TH Yes 0 % Yes 0 % X Yes 10 <sup>%</sup> Volunteer labor X No No 7 Direct expense summary Add lines 2 through 5 in column (d). 675,255. Net gaming income summary Subtract line 7 from line 1, column (d). 388,595. 9 Enter the state(s) in which the organization conducts gaming activities. WI

<b>b</b> If 'No,' explain		·	X res	∐ NO
10 a Were any of the organiz	 	 year?	Yes	
	 	 ·	· <b>-</b>	

reading the bearing the conduct assume activities in each of these states?

Sche	edule G (Form 990 or 990-EZ) 2014 ST ANN CENTER FOR INTERGENERATIONAL	39-175°	7756	Page 3
11	Does the organization operate gaming activities with nonmembers?		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	1	Yes	XNo
13	Indicate the percentage of gaming activity conducted in	1 1		
	The organization's facility	13a	1	8 0.00
	an outside facility	13b		8
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name ► JOHN GLASER			
	Address > 2801 EAST MORGAN AVENUE, MILWAUKEE, 53207			
1	a Does the organization have a contact with a third party from whom the organization receives gaming revenue of 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ [If 'Yes,' enter name and address of the third party		☐ <b>Yes</b> int	XNo
	Name ►			1
	Address •		·	
16	Gaming manager information.			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided	. – – – -		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	X No
I	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year > \$	n the	——————————————————————————————————————	
Pai	At IV Supplemental Information. Provide the explanations required by Part I, line 2b, can and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	olumns ny addit	(III) and ( tional	(v),

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

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.

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

ST ANN CENTER FOR INTERGENERATIONAL CARE INC

Employer identification number 39–1757756

#### FORM 990, PART III. LINE 1 - ORGANIZATION MISSION

TO PROVIDE A CHEERFUL, HOMEY PLACE WHERE CLIENTS & THEIR FAMILIES RECEIVE A FULL RANGE OF CARE & THERAPIES IN ONE SETTING. THE ORGANIZATION HAS A COMMITMENT TO PROVIDE MANY OPPORTUNITIES FOR THE GENERATIONS-YOUNG & OLD-TO COME TOGETHER FOR LEARNING, LOVING AND LAUGHTER AS WELL AS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE OF ALL AGES IN OUR COMMUNITY REGARDLESS OF FAITH, CULTURE, OR ABILITY TO PAY.

#### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

RESPITE CENTER: WE HAVE NINE OVERNIGHT BEDS WHERE CLIENTS OVER AGE 18 CAN STAY UP TO TWENTY-ONE DAYS/NIGHTS GIVING CAREGIVERS A BREAK.

RETAIL SERVICES SELLS FOOD ITEMS FOR STAFF AND VISITORS, WHICH IS USUALLY EATEN IN OUR ADJACENT CAFE. ALSO SOLD ARE UNIQUE JEWELRY ITEMS, NOVELTIES, AND PAINTINGS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

990 WILL BE PROVIDED TO THE AUDIT COMMITTEE FOR APPROVAL ANNUALLY PRIOR TO FILING

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

BY ANNUAL REVIEW SUBJECT TO THE CHAIRMAN OF THE BOARD

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

BY ANNUAL REVIEW SUBJECT TO THE PRESIDENT OF THE CORPORATION

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ORGANIZATION PROVIDES DOCUMENTS AVAILABLE TO PUBLIC UPON REQUEST OR ON THE WEBSITE.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2014

OMB No 1545-0047

Employer identification number 39-1757756 ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ST ANN CENTER FOR INTERGENERATIONAL CARE INC

Partাঞ্জ Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity	trolling /
(I)							
	<del>, , ,</del> , , , , , , , , , , , , , , , ,	<u> </u>					
			:				
(2)							
(3)	i i			i			
Partilla Identification of Related Tax-Exempt Organizations Complete if the one or more related tax-exempt organizations during the tax year.	anizations Complete lons during the tax ye	is Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had ig the tax year.	answered 'Yes	on Form 990,	Part IV, line 34 b	ecause it h	ıad
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity		(g) Sec 512(b)(13) controlled entity?
						Yes	S S
(1) ST ANN CENTER PROPERTIES INC	HOLDS REAL	:				<u>-</u>	<b>,</b>
47-2308420	ESTATE	IM	501 (C) (2)		N/A		×
(3)	:						<u> </u>
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.		TEEA5001L 08/22/14		Sche		90) 2014

Schedule R (Form 990) 2014 ST ANN CENTER FOR INTERGENERATIONAL

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

•	General or Percentage* managing ownership partner?	No								-	 (0) (1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Yes No								
	Code V-UBI Gen amount in box mar 20 of Schedule par K-1 (Form	(56) Yes									 nd-of- Percentage ets ownership									-
		No 100		<del></del>	<u></u>						 ar.  (g) Share of end-of-year assets				1					
	of Dispropor- ear tionate s allocations?	Yes									of the tax ye  (f)  Share of total income									
He lax year.	(g) Share of end-of-year assets							-			 ion or trust during (e)  Type of entity (C corp., S corp.)	or trust)					_			
strip during t	(f) Share of total income										s a corporation (d)  Direct Controlling (C c									
rreated as a partitlership during the tax year.	Predominant income (related, unrelated, excluded from tax	512-514)									Controlling	- 1								
	(d) Direct controlling entity			_							d organization of activity Legal (state	8								
ted organi		country)									ore related organ			<del>-</del>	·			<del></del>		<del> </del>
pecause it had one or more related organizations	(b) Primary activity						-				line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d				           					
Decause II Hau C	(a) Name, address, and EIN of related organization		(I)			(2)			(3)	1 1 1 1 1 1	Name, address, and EIN of related organization    Primary activity   P		(d)			(2)			(3)	

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Schedule R (Form 990) 2014 ST ANN CENTER FOR INTERGENERATIONAL

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	2	ı
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?				'	1 .
a Receipt of (f) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	•		1 a		×	
<b>b</b> Gift, grant, or capital contribution to related organization(s)		•	- -	L	×	ı
c Gift, grant, or capital contribution from related organization(s)			10		×	ı
d Loans or loan guarantees to or for related organization(s)			19	<u> </u>	×	1
e Loans or loan guarantees by related organization(s)			_ _	_	×	1
						l i
f Dividends from related organization(s)			-		×	l
g Sale of assets to related organization(s)			1g		×	
h Purchase of assets from related organization(s)			1 1		×	1
i Exchange of assets with related organization(s)			;=		$\times$	1
j Lease of facilities, equipment, or other assets to related organization(s)	: .		=	L	×	ı
k Lease of facilities, equipment, or other assets from related organization(s)			F		×	- 1
I Performance of services or membership or fundraising solicitations for related organization(s)			=		×	1
m Performance of services or membership or fundraising solicitations by related organization(s)			- E	_	×	ı
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			=		×	
o Sharing of paid employees with related organization(s)			10		×	
			*	,		- 1
<b>p</b> Reimbursement paid to related organization(s) for expenses			1 P	_	×	- 1
q Reimbursement paid by related organization(s) for expenses			-	×		
				,		
r Other transfer of cash or property to related organization(s).			-	_	×	
ωl	-	-	18	_	×	
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	relationships and trar	saction thresholds		١		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	f deter	mınıng İved	വ
(1) ST ANN CENTER PROPERTIES INC	Ø	45, 392.	FMV			
(2)						
(3)						
(4)			i 			
(5)						- 1
(9)						
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ST ANN CENTER FOR INTERGENERATIONAL Schedule R (Form 990) 2014 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

		,									
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Income (related, unre-	Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?		(K) Percentage ownership
			from tax under	organizations?			_	K-1 Form (1065)			
			section 512-514)	Yes No			Yes No	Г	Yes	No	
(I)	Ţ										
					_						
	_				• • •						
(2)											
	·										
(3)											
(4)											
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).